OREGON DEPARTMENT OF HUMAN SERVICES
WAYS AND MEANS REFERENCE DOCUMENT
2021-23

https://www.oregon.gov/dhs/ABOUTDHS/DHSBUDGET/20212023Budget/ODHS-2021-2023-Ways-and-Means-Reference.pdf

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Oregon
Kate Brown, Governor

Department of Human Services
Office of the Director
500 Summer St. NE, E-15
Salem, OR 97301
Voice: 503-945-5600
Fax: 503-581-6198

December 31, 2020

2021-23 Oregon Department of Human Services Governor's Budget
Director Fariborz Pakseresht, Oregon Department of Human Services

Our vision of safety, health and well-being for all Oregonians is what drives our work at the Oregon Department of Human Services (ODHS). Our services touch one in four Oregonians. With your support, we make sure that everyone can reach their potential and fully contribute to our communities.

Our role as a human services agency has become increasingly important in the current environment, as we plan for the 2021-23 biennium. The COVID-19 pandemic has led to a sharp economic downturn that will be felt for many years, and it has exacerbated historic inequities among communities of color. The pandemic has illustrated what we have known for some time – that an individual's ability to experience health, safety and economic stability (our Department's core values) is significantly influenced by the neighborhood they grew up in, their family's socioeconomic status, the color of their skin, and other elements of systemic bias and inequity.

The need for our Department's services grows significantly during economic downturns, when state resources are tight. To be the best stewards of scarce resources, we have focused our 2021-23 Agency Request Budget on the following areas:

- **Equity and inclusion.** Disparities shown in our data reflect systemic racism, historic injustice, and inequitable distribution of power and resources in Oregon communities. Many investments proposed for the 2021-23 budget focus on improving access to programs and services for historically underserved populations who have been most significantly impacted by the pandemic, including communities of color and tribes, and Oregonians with intellectual and developmental disabilities.
- **Safety and prevention.** While safety will always be a priority for the Department, providing upstream preventative services for Oregonians, particularly children and families, can help reduce the need for intervention and provide stability.
- **Empowerment, enforcement and accountability.** We will continue to support our providers and empower them to provide the highest quality of

services to our children, families, consumers and service recipients. At the same time, we will make enhancements to the Department's licensing and enforcement units to help us better protect the most vulnerable Oregonians, such as children, older adults, and people with intellectual and developmental disabilities.

- **Efficiencies and alignment.** We will continue implementing the ODHS Management System focusing on outcomes and results. We will continue to refine our focus on research, data and analytics to inform decisions. Investments in technology and efforts to align standards and services make our Department more efficient and easier to access for Oregonians.

While we are supporting Oregonians through the current crisis, we continue working toward a delivery system that provides services in a seamless and integrated manner across the entire continuum of life, and in strong partnership with other public, private and community organizations. This framework – called the Human Services Value Curve – is used by many human services organizations and recognizes that:

- People and programs are interconnected.
- Service continuums must be designed with individual and community outcomes in mind. It is important to pay as much attention to the environment as we do to the individual.
- Each individual and family's health, well-being and needs must be approached holistically, addressing each factor that determines their survival and security, always with service equity at the center.
- A multi-generational approach is necessary to help families move beyond the daily struggle to survive and achieve lasting economic stability, keeping in mind historical realities, trauma and epigenetics.

Our success in the current crisis and into the future will depend on how well we work with other system partners and our communities to create a continuum of care and services that provide Oregonians with best opportunities to succeed and thrive. The Department is undergoing an assessment to chart a path that will lead to forward movement on the Human Services Value Curve. This is the first assessment of the entire department since the separation of the Department of Human Services and Oregon Health Authority in 2011. The findings will also inform the optimal organizational structure for ODHS to best serve Oregonians.

The more than 9,000 Department employees working across Oregon meet the needs of Oregonians with the help of many public, private and community

organizations. We value their partnership, dedication and commitment to continuous improvement. It is on behalf of our employees, our partners and the more than 1 million Oregonians we serve that I respectfully submit the ODHS Governor's Budget.

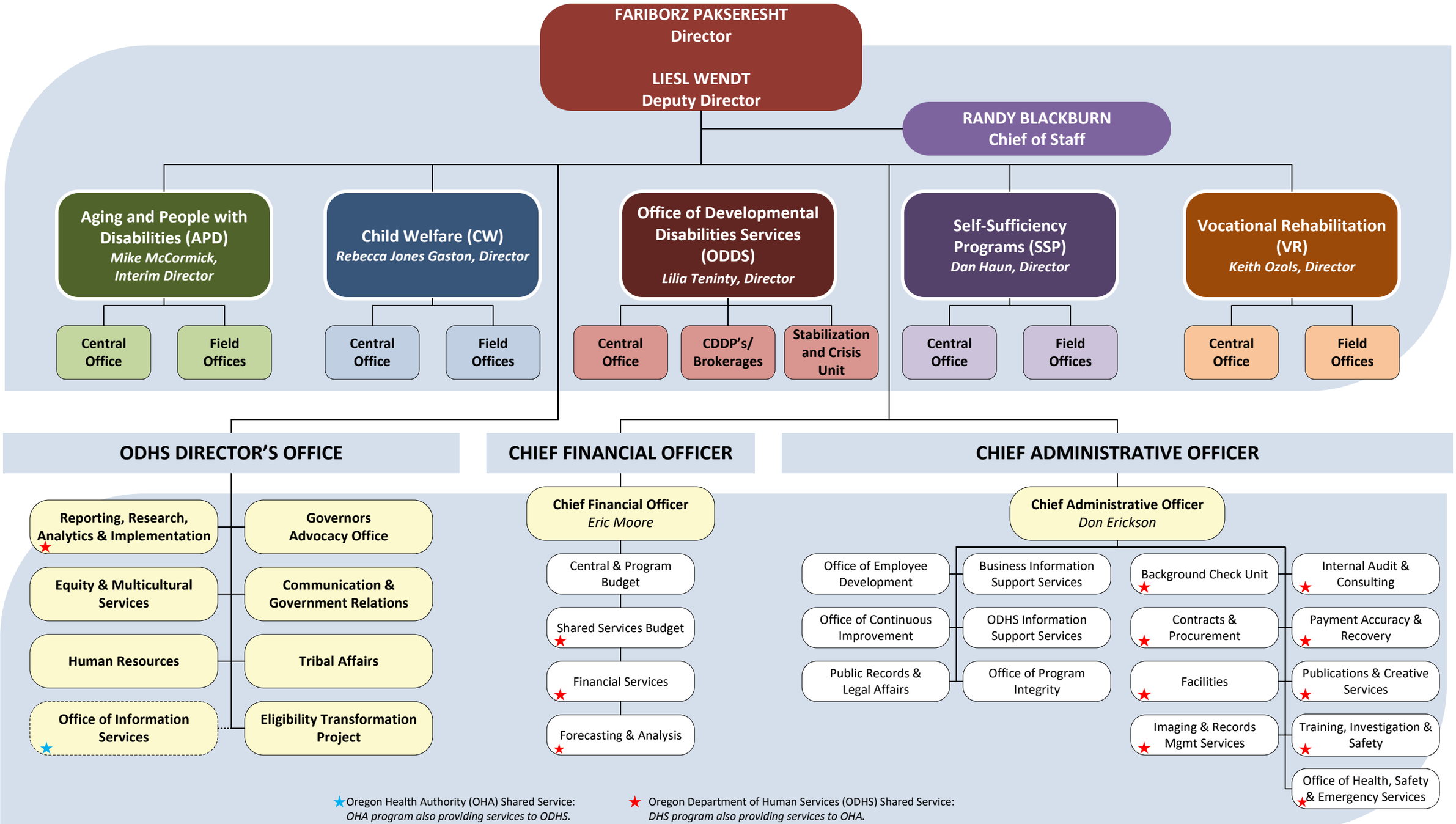
Sincerely,



Fariborz Pakseresht
Director, Oregon Department of Human Services

OREGON DEPARTMENT OF HUMAN SERVICES (ODHS)

LAST UPDATED 08/26/2020



Oregon Department of Human Services

Overview

The mission of the Oregon Department of Human Services (ODHS) is to help Oregonians in their own communities achieve safety, well-being and independence through services that protect, empower, respect choice and preserve dignity. As described in more detail in the ODHS Director's Letter the following ODHS budget is based on the following guiding principles:

- Safety for Children and Vulnerable Adults
- Independence, Dignity, Choice and Self-Determination for Older Adults, People with Disabilities
- Reducing Families and Individuals in Poverty
- Employment for People with Disabilities, and
- Program Performance and Operational Efficiency and Effectiveness

Funding

The ODHS Governor's Budget recommends a General Fund investment of $4.5 billion General Fund and $14.67 Billion total funds for the 2021-23 biennium.

ODHS	GF	OF	FF - inc NL FF	TF	POS	FTE
LAB 19-21	3,716,663,915	774,819,849	8,841,235,784	13,332,719,548	9,573	9,365.74
GB 21-23	4,497,036,224	669,370,817	9,500,592,689	14,666,999,730	9,898	9,819.55
Difference LAB - GB	780,372,309	(105,449,032)	659,356,905	1,334,280,182	325	453.8
% Difference LAB - GB	21.00%	-13.61%	7.46%	10.01%	3.39%	4.85%

ODHS	GF	OF	FF	TF	POS	FTE
CSL 21-23	4,507,409,226	639,640,131	8,398,887,875	13,545,937,232	9,693	9,633.66
GB 21-23	4,497,036,224	669,370,817	9,500,592,689	14,666,999,730	9,898	9,819.55
Difference CSL - GB	(10,373,002)	29,730,686	1,101,704,814	1,121,062,498	205	185.89
% Difference CSL - GB	-0.23%	4.65%	13.12%	8.28%	2.11%	1.93%

Major changes from LAB to CSL are driven mainly by:

- Roll up of 19-21 investments
- Standard inflation aside S&S inflation which was removed in GB
- Forecasted Cost per Case and Caseload changes including related staffing
- Backfill of General Fund for one-time revenues and capped federal fund grants
- Changes in Federal Medicaid Assistance Percentages (FMAP)

Strategic Funding Investments

POPs at GB	GF	OF	FF	TF	POS	FTE
103 - OPI Expansion and Family Caregiver Support	-	-	34,805,145	34,805,145	-	-
105 - HR Staffing Policy Option Proposal	10,992,974	-	-	10,992,974	40	39.50
107 - Diversity, Equity and Inclusion	4,376,753	18,371	1,203,434	5,598,558	7	6.16
111 - Increase Child Welfare Training Capacity	992,940	-	2,978,570	3,971,510	19	16.72
114 - Family Preservation and Preservation Servs	4,607,137	-	1,535,672	6,142,809	29	25.52
115 - Governor's Child Foster Care Adv Commission	166,400	-	55,466	221,866	1	0.88
116 - Respite Care Prog Foster Family Recruit Team	19,443,093	-	1,165,112	20,608,205	1	0.88
118 - CW Stabilization	15,859,656	1,007,800	9,473,622	26,341,078	99	87.12
119 - Implementation of the New Rate Models	34,414,903	-	66,874,523	101,289,426	-	-
125 - EAU Business Process Change/Prog Integrity	-	1,392,101	-	1,392,101	4	3.52
130 - Survivor Investment Partnership	10,000,000	-	-	10,000,000	3	2.64
131 - Social Security Cost Reimbursement	-	-	170,746	170,746	1	1.00
206 - Integrated Eligibility	37,118,353	-	32,558,094	69,676,447	24	24.00
207 - Provider Time Capture M&O	1,814,048	-	1,000,000	2,814,048	-	-
POP Total	139,786,257	2,418,272	151,820,384	294,024,913	228	207.94

Descriptions of each Policy Option Package (POP) is included in the appropriate programs budget narrative in the following sections of the ODHS GB document.

Conclusion

For the 21-23 biennium, The Governor's Budget proposes a package of services that promote safety, wellness, diversity and the economy for some of Oregon's most Vulnerable. These investments will help ODHS meet the needs of Oregonians in this period of change and growth.

Oregon Department of Human Services
Central Services

Overview

ODHS Central Services consist of the Office of the Director and Policy including the Chief of Staff, Tribal Affairs, the Deputy Director, the Office of the Chief Financial Officer the Office of the Chief Administrative Officer. Central office also includes the Office of Equity and Multicultural Services (OEMS), the Office of Human Resources, the Central ODHS Budget, Planning and Analysis Office, the Public Affairs office which includes Legislative Relations and Communications, the Office of Program Integrity, the Office of Reporting Research, Analytics and Implementation, the Office of Business Information Services, the Office of Information Support Services and the Integrated Eligibility and Medicaid Eligibility ONE Project Office. These offices provide essential business supports to programs in achieving the department and programs mission, vision and outcomes.

The ODHS Central, budgets are structured and administered according to the following principles:

Control over major costs. ODHS centrally manages many major costs. ODHS also strongly supports and actively participates in statewide efforts to locate work across the enterprise and install performance management systems to perform administrative functions more efficiently and effectively.

Performance management system. ODHS has implemented a performance management system containing the following key elements:

- A fundamental understanding of ODHS' functions; what is the work we are doing;
- A clear statement of the outcomes ODHS must achieve;
- Descriptions of the processes ODHS uses to achieve its outcomes;
- Owners for our processes and outcome measures;
- A quarterly all-leadership review of progress on each measure and strategy.

ODHS is implementing the same system within each program and support service category and revisiting the management system to better align with the agency mission and goals. The system is contained in the Director's Office and is managed by the entire executive team.

The ODHS Governor's Budget request for Central Services is $108.5 million General Fund and $222.4 million Total funds:

Central	GF	OF	FF	TF	POS	FTE
LAB 19-21	52,026,057	45,220,191	183,353,459	280,599,707	280	260.14
GB 21-23	108,479,079	2,802,883	111,119,774	222,401,736	362	354.95
Difference LAB - GB	56,453,022	(42,417,308)	(72,233,685)	(58,197,971)	82	94.81
% Difference LAB - GB	108.51%	-93.80%	-39.40%	-20.74%	29.29%	36.45%

Central	GF	OF	FF	TF	POS	FTE
CSL 21-23	60,248,150	2,402,495	85,595,958	148,246,603	230	229.12
GB 21-23	108,479,079	2,802,883	111,119,774	222,401,736	362	354.95
Difference CSL - GB	48,230,929	400,388	25,523,816	74,155,133	132	125.83
% Difference CSL - GB	80.05%	16.67%	29.82%	50.02%	57.39%	54.92%

Major changes from LAB to CSL include mainly:

- Standard inflation aside S&S inflation removed at GB.
- Tranfer of Shared Human Resource to DHS and OHA Central HR Office
- Phase out of the IE/ME ONE project – include in GF ONE M&O.

Strategic Funding Investments

	Central SCR Total					
	GF	OF	FF	TF	Positions	FTE
105 - HR Staffing Policy Option Proposal	10,992,974	-	-	10,992,974	40	39.50
107 - Diversity, Equity and Inclusion	3,786,753	18,371	728,434	4,533,558	7	6.16
118 - CW Stabilization	4,438,678	132,774	4,379,008	8,950,460	34	29.92
206 - Integrated Eligibility	27,527,605	-	19,833,204	47,360,809	20	20.00

POP 105 - Human Resource Staffing

The Office of Human Resources provides a broad range of workforce management services to support the operation of all ODHS programs serving to 1.5 million vulnerable Oregonians. The size and complexity (approximately 10,000 employees, nearly 1/3 of state government) requires multiple specialized divisions within the Office of Human Resources to ensure that all DHS program areas can recruit, select, retain and appropriately manage their human resources. The Office of Human Resources provides the following services to ODHS:

1. Training and Legal Compliance: The Office of Human Resources establishes, maintains and provides crucial workforce trainings regarding Harassment Free Workplace, Violence Free Workplace, Respectful

Workplace, Human Resources Essentials, Workday Support, Interviewing, Selection and Hiring, and other human resource topics.

2. The Office of Human Resources collaborates with multiple labor unions, with other State Agencies- DAS, DAS-Risk, BOLI, ERB, DOJ Labor & Employment, Trial and Appellate Divisions to assess and mitigate risk for the Agency.
3. The Office of Human Resources administers State and Federal Leave Laws (FMLA, OFLA, Extended FMLA), the American with Disabilities Act, State and Federal Labor Laws as defined by the Equal Employment Opportunities Commission (EEOC) and the Oregon Bureau of Labor and Industries (BOLI).
4. Workforce Management: The Office of Human Resources manages approximately 300-350 workforce management issues which includes conducting investigations, drafting non-disciplinary and disciplinary documents, investigating and responding to union grievances, managing TORT responses, and lawsuits against the organization.
5. Program Staffing: Annually ODHS also has approximately a 14 percent turnover rate. The Office of Human Resources opens more than 2,000 job recruitments, receives over 120,000 applications and assesses applications to identify top candidates to hiring managers. HR works closely with managers to develop their recruitment and selection strategies and management's ongoing performance management and supervision priorities.
6. Classification & Compensation: ODHS completes 3,500 Pay Equity Assessments, approximately 300 position allocation reviews and classification studies. ODHS processes over 1,000 Pay Differential Requests annually. Human Resources supports managers with their workforce management classification and salary administration requirements.

<u>POP 107 Diversity Equity and Inclusion</u>

The purpose of this request is to advance equity initiatives that will result in more equitable, accessible service delivery to communities of color and historically disadvantaged groups. The four initiatives contained within this POP include: 1) Rebranding the agency to align the agency's image with our values, 2) Rebranding the Oregon Trail card (Electronic Benefit Transfer card) to achieve greater cultural sensitivity and mitigate stigma experienced by SNAP participants, 3) Investment in the Office of Development Disabilities Services to provide greater language

access, and 4) Investment in the agency's Office of Equity and Multicultural Services to increase capacity for equity expertise and implementation of strategies.

POP 118 Child Welfare Stabilization

The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare program have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 99 positions (87.12 FTE) throughout various Child Welfare units as well as some Central and Shared office units that are critical to Child Welfare's stability.

POP 206 Integrated Eligibility/ONE Maintenance and Operations

This is part of a larger POP to move the IE project to the Maintenance and Operations stage. This POP requests resources and funding to provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called ONE that integrates eligibility determination for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. This system represents an essential lifeline to vulnerable Oregonians in need. The IE program is an umbrella under which multiple inter-dependent yet disparate bodies of work fall.

- The core system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period to resolve defects, add minor enhancements and help staff adjust to the new system.
- Major enhancements to the system will be needed to add functionality that was not included in the original system requirements. These include functionality such as:
    - Mandated changes for Asset Verification Services
    - Updates to Medicare information
    - Mandated and/or required reports for all programs
    - Additional federal reporting or federal changes that have been passed nationally regarding the SNAP program
    - Increased functionality for operational efficiency to ensure Oregonians receive the services they need in the most efficient method possible

- User Acceptance Tools need to be upgraded to support further enhancements. For example, Team Foundation Server must be upgraded to the latest version (Azure DevOps Server) before it reaches end-of-life. All UAT activities are currently supported by the State and are not provided by Deloitte.
- The Eligibility Transformation team which provides trainers, subject matter experts and leadership will need to continue to provide support services into the 2021-23 biennium.
- Ongoing support of the Legacy systems relied upon by IE. Changes made to the IE core system typically require changes to the legacy systems, which ultimately pays out benefits for clients. Test environments created to support user acceptance testing and ongoing support and maintenance for the existing automated test suite were not included in previous funding requests. Additional resources will be needed to ensure the environment and tools can support system changes, system enhancements, testing and training. Disaster Recovery functionality and testing needs to be established for IE core.
- On-going Maintenance & Operational (M&O) support will be provided by Deloitte for the core system. Funding is requested through this POP for those M&O expenses.

The Integrated Eligibility (IE) program must meet the needs of the Oregonians in which it serves. Enhanced Federal funding will continue to be available to finance a portion of the requests outlined for enhancements. Items that are M&O or not new development are not eligible for enhanced funding but can receive funds under the maintenance and operational federal match.

Below is an overview of the offices within the Central Budget.

Office of the Director

The ODHS Director's Office is responsible for overall leadership, policy development, resource allocation, and administrative oversight for all programs, staff and offices in ODHS in a manner that supports equitable outcomes for Oregon's diverse population. These functions are coordinated by the Chief of Staff with the Governor's Office, the Legislature, other state and federal agencies, Tribes, partners and stakeholders, communities of color, LGBTQIA+ communities, local governments, advocacy and client groups, and the private sector.

Chief of Staff
The Chief of Staff also oversees the Governor's Advocacy Office (GAO) - This office handles client complaints, including civil rights and discrimination, related to ODHS services. This office operates independently in the investigations performed manages the status and histories of the complaints. The team in this office works closely with field and central office staff; program staff; the Governor's Office; key stakeholders; and the ODHS Director's Office to successfully, equitably and respectfully reach a conclusion.

Tribal Affairs
The ODHS Director's Office is also home to Tribal Affairs. We are committed to positive working relationships with the nine tribes in Oregon. Staff regularly engages with tribal governments through tribal liaisons and continually strives to ensure these communities receive equitable, sufficient and appropriate human services.

Office of the Deputy Director
The ODHS Deputy Director is responsible for Internal Audits, the Office of Reporting, Research, Analytics and Implementation (ORRAI), the Office of Continuous Improvement, Office of Business Information Services, the Office of Training, Investigations and Safety, the Office of Program Integrity, and the Office of Payment Accuracy and Recovery. Note: ODHS is currently relooking at organizational structure of central office so the reporting relationships may change.

Office of the Chief Financial Officer
Office of the Chief Financial Officer (OCFO) provides optimal business services to ensure accountability, data driven decisions, and stewardship of resources in support of the mission of ODHS. This is done by working closely with ODHS and OHA programs and the OHA Chief Financial Officer, to ensure accurate, timely and efficient recording and management of financial resources; culturally competent and equitable services; authorizing the redistribution of available resources to meet changing needs; and establishing administrative controls.

Office of the Chief Administrative Officer

Office of the Chief Administrative Officer (CAO) provides leadership and direction for the ODHS Shared Services and selected Central Services. The CAO works with the shared and central service managers to maintain updated service level agreements that define and guide the service array and delivery for each unit. In addition, the CAO partners with ODHS and OHA leadership to ensure that the services provided by each unit utilize the most current best practices from their respective fields to optimize services in the most fiscally responsible and equitable manner possible. The CAO insures that all services and business practices are conducted in a culturally responsive and equitable manner.

Office of Human Resources

The Office of Human Resources serves as a strategic partner to its customers in, providing proactive and comprehensive human resources services, in alignment with agency and program mission and goals. HR works closely with internal customers on Workforce Strategies that support agency and program needs and strategies, and building a healthy and inclusive workplace culture of ongoing development and feedback to ensure the agency has a diverse workforce with the right people with the right skills, training, and support to do their work, now and in the future. The Office of Human Resources ensures compliance with all Federal, state, and local laws pertaining to personnel matters, including affirmative action and equal employment opportunity.

Budget, Planning and Analysis

This office functions as the central budget for ODHS based programs working under the guidance of the OCFO. Main duties include development and preparation of the department's biennial budget documents and leadership of the DHS budget with the Governor's Office, Legislature, Department of Administrative Services (DAS), Legislative Fiscal Office (LFO) and ODHS partners. Initiating, coordinating and developing the department's budget rebalance plans and Legislative Emergency Board items. Providing fiscal analysis of proposed legislation and responses to inquiries regarding fiscal impacts of policy changes. And providing management accurate budget and projections to assist in

the management of the overall ODHS budget of over 14.6 billion total funds and over 9800 budgeted positions.

Public Affairs Office

The ODHS Public Affairs Office is made up of four work units: Communications, Legislative, Legal, and Hearing and Rules. The office provides ODHS with unified support and coordination in outreach and communication, legislative action and strategy:

- Communications Unit - This office supports the mission by providing accurate information to a diversity of employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, the news media, targeted audiences and the general public. The unit prides itself on culturally relevant and linguistically competent communication practices. Effective communication is the primary vehicle to demonstrate public transparency, accountability, and trust. The office also provides support to the department's priority projects as defined by the ODHS Director and executive team.
- Legislative Relations Unit - This unit is essential to the agency's core functions through ensuring that any statutory, policy and budget implications are positively impacting the Oregonians that we serve. This team coordinates all DHS legislative matters with legislative offices, key stakeholders and the Governor's Office. The government relations unit also supports both field and central office staff providing consultation and support in legislative and policy changes, primarily working with central office staff on policy development for program services. During a legislative session, this unit tracks, assigns, reviews and focuses on policy implications of upwards of 600 bills related to ODHS program and operations. Staff in this unit support the director of ODHS, the directors of all program and operations in ODHS and the district managers in field offices. Legislative work is conducted with the intent of eliminating existing inequities and to promote equitable outcomes, using a comprehensive equity lens.
- Legal Unit - This Unit manages all lawsuits, tort claims, and subpoenas related to ODHS program and operations. Staff in this unit provide expert consultation to ODHS field and central office staff, Department of Justice (DOJ) and Department of Administrative Services (DAS) Risk Management

in policy related to legal matters. This team ensures timely completion of the required judicial documents to move smoothly through a complicated legal matter.

- Hearing and Rules Unit supports all ODHS field office and central office programs by managing administrative rules and administrative hearings. This unit provides expert technical support to hearing representatives in DHS field services and liaison to the Office of Administrative Hearings and DOJ regarding ODHS notices, hearing requests, and contested case hearings. This unit provides expert technical support to program staff writing rules and rule-related documents and handles rule filing and the public comment process for ODHS programs, including assuring notices, hearings and other public processes are accessible and inclusive for clients with limited English proficiency, low literacy, and disabilities, as well as to Oregon's linguistic and cultural diversity. The Rules Coordinator advises, consults, leads, coordinates and trains staff in drafting, interpreting, defining and developing the intent and scope of administrative rules. In addition, the rules coordinator monitors and reviews contested case orders, trains hearing representatives, assists with legal issues and acts as liaison with the Office of Administrative Hearings to discuss performance measures.

Office of Equity and Multicultural Services

Office of Equity and Multicultural Services (OEMS) provides leadership and direction in supporting the integration of equity, diversity and inclusion policies and initiatives throughout the agency. As an office that assists all ODHS program areas, OEMS has two main charges. The first is to guide the agency to ensure a diverse workforce that has the cultural agility and language skills to serve the needs of all Oregonians; and second is to help the agency work toward equitable outcomes for all populations using ODHS services. OEMS accomplishes this mission though policymaking, strategic planning, quality improvement consulting, technical assistance, research, Employee Resource Groups (ERGs), Diversity Committees, community engagement, advocacy, ally-ship, partnerships, and continuous learning.

Office of Program Integrity

Office of Program Integrity (OPI) conducts analysis and tests to determine whether ODHS is implementing programs in the way they were designed, and trains caseworkers based on their findings to improve program integrity. Specifically,

they conduct operational and case reviews of major program areas, many mandated by state and federal law, to determine how accurately each program is making eligibility, program quality and other determinations. The Quality Assurance Unit and the Centers for Medicare and Medicaid Services Waiver Group conducts field reviews to assess program quality, including assuring compliance with civil rights laws and culturally responsive best practices.

Office of Reporting, Research, Analytics, and Implementation

The Office of Reporting, Research, Analytics, and Implementation (ORRAI) compiles reports, conducts research, analyzes data, implements research, and provides caseload/workload estimates for five ODHS programs. ORRAI provides mission critical information to directors, legislators, partner agencies, and the public. The office translates data into information and develops practitioner tools to insure decisions are data informed. The Office is reliant on predictive analytics to improve outcomes for children and families. ORRAI also implements an equity analyses to identify inequities and progress towards equitable outcomes, as well as to inform agency programs and decision-making.

Office of Business Information Services

The Office of Business Information Services is responsible for ensuring DHS program and policy integrity in Enterprise IT Projects and in operations and maintenance efforts. OBIS specialize in standards and practices of Business Analysis and User Acceptance Testing Services related to Enterprise IT solutions. OBIS contribute to the ODHS mission and program integrity through the following services:

- Provides collaboration and strategic planning with State, Agency, Program and other related business and IT organizations regarding governance, priority and resource management of IT projects and enhancement, as related to State and ODHS Business Information Services
- Provides vendor, contract and budgetary oversight, as directed, for some Enterprise IT projects and operations and maintenance solutions, as defined
- Design and application of Enterprise level business analytic and testing service standards and practices
- Provides centralized Business Analytic support to Enterprise level IT projects and enhancements

- Provides centralized Business Analysis and User Acceptance Testing services for the Oregon Eligibility system
- Provides a scalable central BA and UAT model for other IT solutions, as defined
- Collaborates with all other agency Business Support Units (BSUs), Business Information Service units (BISs) and other to promote best practices, process improvement and increased program integrity across all Business Analytic services bridge the gap between IT solutions and business need. They assist ODHS program policymakers maximize strategic use of technology, while defining clarity and precision in our business solutions. Rigorous Business Analytics and system testing improve our projects, systems and increase program integrity across our Enterprise.

Information Support Services (ISS)

ISS collects and unifies DHS program data in a central repository to support reporting, research and analytics across the Department. ISS also develops and maintains data collection solutions to replace ineffective manual processes, support program initiatives and legislative requirements and facilitate continuous quality improvement, including implementation of Race, Ethnicity, Language and Disability data quality standards.

Integrated Eligibility and Medicaid Eligibility Project Office

Integrated Eligibility and Medicaid Eligibility (IE/ME) Project Office has been established to carry out the requirements of the Integrated Eligibility and Medicaid Eligibility IT Project, as described in the Budget Narrative of this document, including promoting and protecting civil rights of Medicaid clients.

Oregon Department of Human Services
Shared Services

Overview

Customer-driven shared services. When the agency split, ODHS and OHA agreed to maintain many infrastructure functions as shared services to prevent cost increases, maintain centers of excellence, and preserve standards that help the agencies work together.

ODHS Shared Services supports both ODHS and OHA by providing optimal business services to ensure accountability, data driven decisions, and stewardship of resources. Shared Services are completely Other Funded and provide services to both ODHS and OHA. Funding for Shared Services is included in the Shared Services Funding portion of the Statewide and Enterprise-wide Costs (SAEC) budget.

ODHS and OHA govern their shared services through a joint committee composed of leaders of the two agencies. This approach ensures that shared services are prioritized and managed to support program needs. The board and its subgroups have established documented service level agreements and performance measures for each service, moved staff in and out of shared services to rationalize service delivery, and begun implementing more integrated systems to support the performance of all our employees.

ODHS Shared Services

The overall GB for shared services is $157 million Other Funds 680 positions and 674.79 FTE.

Shared Services	GF	OF	FF	TF	POS	FTE
LAB 19-21	-	152,947,750	-	152,947,750	670	668.23
GB 21-23	-	157,008,515	-	157,008,515	680	674.79
Difference LAB - GB	-	4,060,765	-	4,060,765	10	6.56
% Difference LAB - GB	0.00%	2.66%	0.00%	2.66%	1.49%	0.98%

Shared Services	GF	OF	FF	TF	POS	FTE
CSL 21-23	-	163,567,538	-	163,567,538	679	674.24
GB 21-23	-	157,008,515	-	157,008,515	680	674.79
Difference CSL - GB	-	(6,559,023)	-	(6,559,023)	1	0.55
% Difference CSL - GB		-4.01%		-4.01%	0.15%	0.08%

Major changes between LAB and CSL include:

- Phase in of investments made in 2019-21

- Standard Inflation Aside S&S inflation removed at GB.

Strategic Funding Investments

Proposed investments in Shared services include:

	Shared Services SCR Total					
	GF	OF	FF	TF	Positions	FTE
118 - CW Stabilization	-	785,512	-	785,512	6	5.28
125 - EAU Business Process Change/Prog Integrity	-	643,241	-	643,241	4	3.52

In some cases, the shared service investment is only part of the larger POP with the remainder in other program areas.

POP 118 Child Welfare Stabilization
The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare program have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 99 positions (87.12 FTE) throughout various Child Welfare units as well as some Central and Shared office units that are critical to Child Welfare's stability. Shared services requests six positions and 5.28 FTE to support Child Welfare.

POP 125 Estate Administration Unit (EAU) Business Process Change/Prog Integrity
The primary objective of the policy package is to increase recoveries for reinvestment in ODHS programs and to improve integrity to ODHS programs through increased identification and recovery of overpaid benefits. Additional revenues for ODHS will be provided to the Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Employee Related Daycare (ERDC) and Medical Programs.

The Overpayment Writing and Overpayment Recovery Units have successfully redesigned and are now rightsized for the incoming work. Prior to this, they have been creating backlogs of work. The backlogs are not completely eliminated yet, however, they are not adding to the backlogged work either and are slowly pecking away.

We are anticipating similar processes redesign work in our Fraud Investigation unit, which should add an additional 50 cases a month to ORU and OWU workloads. This additional work translates into 2 additional overpayment writers (Compliance Specialist 2) and 1 additional recovery agent (Revenue Agent 2) needed. It would also likely result in an additional $2 million per biennium for the SNAP, TANF, Medicaid and ERDC programs.

This investment was funded through the reduction of program costs anticipated to be offset by staff collections. Therefore, it was a net GF $0 investment.

Overview of Shared Services

ODHS Shared Services contains the following key offices and programs:

Shared Services Administration provides leadership and direction for shared services offices as well as managing the business continuity planning efforts for both ODHS and OHA.

The Budget Center provides program and administrative budget planning, financial analysis and technical budget support for ODHS and OHA shared service and SAEC budgets. These services are provided for department leadership, program, policy and field managers, staff and external policymakers.

The Office of Forecasting, Research and Analysis provides an independent, externally reviewed, forecast of the usage of ODHS and OHA programs used for budget forecasts and legislative decision-making. OFRA also creates an integrated client dataset across programs to facilitate research on the combined effects of ODHS and OHA programs.

The Office of Enterprise Data Analytics (OEDA) which conducts inter-agency research and advanced statistical modeling to answer cross agency and/or cross programmatic operational questions.

The Office of Financial Services provides accounting services, administers employee benefits and payroll, prepares financial reports, and collects funds owed to ODHS and OHA. This office provides accurate, accountable and responsive financial management and business services to ODHS and OHA clients, providers, vendors, stakeholders and employees in support of both agencies' missions and in compliance with state laws and federal policies, rules and regulations.

The Office of Human Resources provides essential HR administrative functions and services for ODHS and OHA, and supports organizational development and an improved common culture of leadership and engagement across both agencies, through background checks and fitness determinations; personnel records management; leave administration; centralized position administration; safety and risk response and management; staff and management training; facilitation services and LDMS coaching; HR data analysis and reporting; HR policy administration; and internal communication strategies and resources for managers and staff.

Background Check Unit
The Background Check Unit (BCU) provides a comprehensive background screening process to determine if an individual should be allowed to have access to vulnerable people, IT systems or client information. BCU also provides centralized support for FBI Criminal Justice Information Services (CJIS) clearance and training for ODHS and OHA staff. BCU is also Oregon's point of contact for processing out-of-state child protective service check requests in support of federal legislation.

The Office of Facilities Management manages 2.7 million square feet of leased property for OHA and DHS statewide, including managing maintenance, remodeling, furniture acquisition and reconfiguration, staff relocations, coordination with DAS and state brokers on lease negotiations, and analysis of the costs and benefits of space utilization, ADA compliance, and energy conservation.

The Office of Imaging and Records Management provides document and records management services for ODHS and OHA through imaging, electronic workflow, data entry, archiving and retention services.

The Office of Contracts and Procurement provides contract and procurement services for ODHS and OHA by making purchases, conducting solicitations, and preparing and processing contracts with other government agencies, businesses and service providers.

The Office of Investigations, Training and Safety conducts and oversees statewide protective services investigations of abuse and neglect, provides technical assistance to community-based mental health and developmental disability programs, and delivers training on investigations and abuse prevention services for ODHS and OHA.

The Internal Audit and Consulting conducts independent audits on OHA, and ODHS programs identified in the agencies' risk assessment and audit plan and coordinates the agencies' engagement in and responses to external audits. The Secretary of State and federal agencies conduct 30-50 external audits and reviews of ODHS/OHA programs each year.

The Office of Payment, Accuracy and Recovery provides recovery services for ODHS and OHA by identifying and recovering moneys paid in error to clients or providers; investigates allegations of fraudulent activities; investigates and recovers state funds expended for services when a third party should have covered the service and the recovery of claims made by a client; and recovers funds from the estates of Medicaid recipients for the cost of cash and medical benefits provided.

Publications and Creative Services
Publications and Creative Services manages the writing, design, development, printing and distribution of ODHS and OHA publications for internal and external audiences, which includes accessible formats and multiple languages. Publications and creative services provides consulting to plan professional quality publications that reflect ODHS and OHA style guidelines; edit and proof materials created by staff experts and partners in their individual fields; provide graphic design, layout, original and digital illustration, forms creation, graphic artwork and Web and electronic materials.

Oregon Department of Human Services
Child Welfare Programs

Overview

The Oregon Child Welfare Division believes children do best growing up in a family and their community. To support families, we provide prevention, protection, and regulatory programs for Oregon's most vulnerable children – keeping them safe and improving their quality of life. Prolonged economic stress, in addition to COVID-19, is increasingly putting Oregon children in unsafe situations. These issues are disproportionately affecting communities of color and contributing to their over-representation in both the child welfare and corrections systems. The demand for state-funded services in the future is directly related to our ability to prevent and mitigate these traumas today.

Engaging Families

Our strategies depend on building an environment that is safe for Oregonians. The first step is supporting initiatives that are geared toward minimizing risk by transforming interventions to better meet the challenges families are facing. This will enhance our ability to engage individuals who are less able to care for themselves, their families and communities. This creates a stronger continuum of efforts to prevent abuse and neglect and efforts to hold perpetrators of that abuse and neglect accountable.

Our budget proposal seeks to ensure that Oregonians are safer in the future than they are today by focusing on strategies that have proven to result in the greatest reduction in overall risk. We aim to achieve the following outcomes:

- A clear focus on safety strategies for the most vulnerable citizens in care in Oregon.
- A better array of evidence-based interventions with community-based supports for families before, during and after involvement with the Child Welfare system, including strategies to safely and equitably reduce the number of children who experience foster care. This includes available services and supports so children are not at risk for re-entry into foster care and families can be stabilized.
- Improved services for children and families disproportionally represented in the child welfare population by targeting culturally appropriate strategies to provide intervention and services and using decision point analysis to address disparities.
- And finally, to increase staffing to lower caseloads.

Funding

The Governor's Budget proposes to be $889.9 million General Fund and $1.47 billion total funds for the 21-23 biennium.

CW	GF	OF	FF	TF	POS	FTE
LAB 19-21	792,863,003	39,096,027	570,719,266	1,402,678,296	3,290	3,237.19
GB 21-23	889,934,481	31,561,699	552,406,853	1,473,903,033	3,398	3,345.28
Difference CSL - GB	97,071,478	(7,534,328)	(18,312,413)	71,224,737	108	108.09
% Difference CSL - GB	12.24%	-19.27%	-3.21%	5.08%	3.28%	3.34%

CW	GF	OF	FF	TF	POS	FTE
CSL 21-23	861,468,468	37,791,256	554,119,567	1,453,379,291	3,272	3,232.36
GB 21-23	889,934,481	31,561,699	552,406,853	1,473,903,033	3,398	3,345.28
Difference CSL - GB	28,466,013	(6,229,557)	(1,712,714)	20,523,742	126	112.92
% Difference CSL - GB	3.30%	-16.48%	-0.31%	1.41%	3.85%	3.49%

Major changes from LAB to CSL are driven mainly by:

- Standard inflation except for Services and Supplies which was removed at GB
- Forecasted increases in Caseload and Cost Per Case
- General Fund backfill of capped federal fund sources

Strategic Funding Investments

Children and Families: Child Welfare services represent a continuum of supports with the ultimate goal of keeping children safe. Historically in Oregon, this has equated to the removal and placement into foster care. Based on research and feedback from children, youth and families who experience our system, it is clear there needs to be strategic efforts to refocus the service continuum to ensure safety while also focusing on child well-being, family stability and, when possible, avoid removal and placement in foster care by supporting families to safely parent their children in their home. Post-adoption and guardianship support help sustain permanency for children, again preventing them from returning to foster care.

These strategies include:

1. Increased focus and culture of Safety in Child Welfare
2. Design programs to strengthen, preserve and reunify families involved in the child welfare system, preventing entry into the foster care system and shortening the length of stay for children that do enter;
3. Focus on addressing disproportionality of children entering and remaining in

the foster care system; and

4. Target resources for more families in extreme poverty at risk of involvement with Child Welfare Program funding investments are intertwined in the Child Safety, Child Welfare Design and Delivery, and Permanency Programs

	CW SCR Total					
111 - Increase Child Welfare Training Capacity	992,940	-	2,978,570	3,971,510	19	16.72
114 - Family Preservation and Preservation Servs	4,607,137	-	1,535,672	6,142,809	29	25.52
115 - Governor's Child Foster Care Adv Commission	166,400	-	55,466	221,866	1	0.88
116 - Respite Care Prog Foster Family Recruit Team	19,443,093	-	1,165,112	20,608,205	1	0.88
118 - CW Stabilization	10,961,898	45,474	4,654,665	15,662,037	59	51.92

POP 111 Increase Child Welfare Training Capacity

Increase Child Welfare Internal Training and Workforce Development Capacity in accordance with recommendations made by Alvarez & Marsal under Executive Order 19-03. Recommendations included increased staff and resources to provide improved in-field supports, transfer of learning, advanced supervisor training, and accountability for training and workforce development. Capacity would take the form of additional positions and fiscal resources necessary to enhance Instructional Design, Training Delivery, Quality Assurance, Data Analysis, and Performance Evaluation of our workforce as they navigate their respective training paths. In addition, a comprehensive framework will be developed to inform clear paths to proficiency, competency, and expertise through formal instruction, field training, ongoing professional development, and promotional opportunities. These combined efforts will increase retention and the skills of our workforce.

POP 114 Family Preservation and Prevention Services

Families that are at high risk or with specific needs can be connected to community-based resources to support the family without a more intrusive level of Child Welfare intervention. Child Welfare must develop a Continuous Quality Improvement program to ensure effective and quality services are provided.

POP 115 Governor's Child Foster Care Advisory Committee

This policy option's proposal accompanies a legislative concept that is effectively a re-introduction of HB 2332 – A of 2019.

HB2332 – A increases the membership of the commission from 11 to 13 and makes modifications to appointments and membership requirements. It also

appropriates money to the commission for compensation and expense reimbursement of members and directs the Oregon Department of Human Services (ODHS) to provide staff and support including a full-time equivalent policy analyst.

POP 116 Respite Care Resource Family Recruitment Team

Oregon does not currently have a formalized respite care program. Respite care is short-term childcare services that offer temporary relief, improves family stability, and have been shown to reduce the risk of abuse or neglect. This Policy Option Package is derived from the recommendation from the assessment conducted by the consulting firm Alvarez & Marsal. Respite care provides foster parents with short-term childcare services that offer temporary relief, improves family stability, and reduces the risk of abuse or neglect. Respite can be planned on an ongoing basis or offered during emergencies or times of crisis.

This Policy Option Package seeks a multifaceted approach to solve a longstanding problem by providing respite services to foster parents. One approach would create a formalized, consistent, structured statewide respite program. This program would bolster foster family supports for those with limited resources, increase retention of foster families and increase placement stability. The other approach will provide emergency/crisis respite to ODHS certified families and Tribal Certified families with children in their homes in the custody of ODHS by overlaying the Behavioral Rehabilitative Services (BRS) infrastructure. This respite plan relies on the BRS infrastructure, primarily the Proctor Care system, to diversify their placement services by adding respite supports. Current BRS rules note that Proctor homes can serve 1 or 2 youth whom are not BRS clients, depending on the adult to child ratios natural to the home.

POP 118 Child Welfare Stabilization

The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare program have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 99 positions (87.12 FTE) throughout various Child Welfare units (59 positions

and 51.92 FTE) as well as some Central and Shared office units that are critical to Child Welfare's stability (40 positions 35.20 FTE).

Conclusion

We want to break the cycle that causes harm to individuals and drives Oregonians into expensive state-sponsored programs. Our strategies focus on helping ensure that Oregonians are safer in the future than they are today by increasing resources proven to result in the greatest reduction in overall risk. Though those strategies require some upfront, taxpayer investment, we are committed to being accountable for needed service delivery and performance metrics focused on improvements in the lives of those we serve and long-term reductions in the demand for state services. We know that abuse and neglect will never totally be eliminated, but we believe that Oregon should be a place where our children, are safe, and we believe our budget proposal will improve the state's ability to work with individuals and communities to achieve that goal, while reducing the demand for costly state services in the future.

Oregon Department of Human Services
Self Sufficiency Programs

Overview

Oregonians access self-sufficiency services when they are in need and have no other alternatives. From all corners of the state, we served over one million Oregonians last year through our Supplemental Nutrition Assistance Program (SNAP). Most Oregonians seeking assistance need help meeting a variety of needs such as nutritious food or basic needs such as shelter and utilities costs in addition to basic household supplies such as toothpaste, bedding, and other basic hygiene needs through cash assistance for families with children living in extreme poverty, or assistance with quality child care so parents can remain employed and maintain a path of financial stability. Programs also help low-income families impacted by domestic violence or refugees seeking a safe area to live. Some programs require participation in employment services or job training to help them move to supporting themselves and their families. Families can also receive help to apply for other federal programs (SSI) if employment is not a viable option due to a severe disability.

Challenges

When adequately resourced, staff delivering these programs help break the cycle of poverty and help Oregonians transition to jobs. This keeps families safe and stable, supporting the healthy development of young children. Unfortunately, with program reductions, an economic recession that triggered a dramatic increase in demand for services from Oregonians, and a slow economic recovery, these programs have been significantly challenged to achieve results. Additionally, caseloads remain high in SNAP.

Staff at the state and local levels continue to collaborate and build upon existing agency and community partnerships in order to help families find the resources and services they need. There is also a need, and an opportunity, to further connect with the multiple redesigns of state systems (Workforce, Early Learning and Health) that touch or should touch families served by the ODHS self-sufficiency programs. In particular, the economy is recovering slowly and unevenly creating challenges for people throughout the state to have access to jobs that build a path to self-sufficiency.

Seeking Self-Sufficiency

These programs are designed to help break the cycle of poverty, help Oregonians transition to jobs, support the healthy development of young children and help

keep families stable, preventing children from being abused or neglected and from requiring out-of-home placement in more expensive foster care.

The TANF program funds are used in efforts that maximize the dollars for benefits that are targeted at building participant progression in work related activities, and identifying and building on skills and leveraging community collaborations to provide solid foundations that lead not only to employment placement but retention and advancement.

For budget purposes, TANF is not considered a mandated program. The last forecast (fall 2020) projected an increase of approximately $33 million TF in the 21-23 biennium in both the Basic and UN (2-parent) caseloads. The projected TANF caseload is not fully funded in the GB.

Currently, caseload trends are not as high as projected, however, the caseload is projected to be higher than the current budget for 21-23. The TANF caseload increase was funded by the Legislature during the 19-21 biennium, but those increases in costs were not "rolled" into the CSL budget after being funded. This means the program either needs to take a reduction or additional funding is needed. While it appears less will be needed than anticipated, there is still a portion of the anticipated TANF caseload that is not funded. And, it is possible we have not seen the full increase in this caseload yet. If limitation is provided for Basic, TANF FF can likely cover these costs. TANF UN is a GF only program with an estimated need of around $9 million GF.

For the 21-23 biennium we plan to continue program improvements.

The proposed Self Sufficiency Governor's Budget is $480.5 million General Fund and $4.15 billion total funds primarily driven by SNAP benefits.

SSP	GF	OF	FF - inc NL FF	TF	POS	FTE
LAB 19-21	456,786,264	138,516,683	3,115,355,469	3,710,658,416	2,611	2,520.10
GB 21-23	480,502,270	119,875,381	3,554,704,971	4,155,082,622	2,600	2,596.89
Difference CSL - GB	23,716,006	(18,641,302)	439,349,502	444,424,206	(11)	76.79
% Difference CSL - GB	5.19%	-13.46%	14.10%	11.98%	-0.42%	3.05%

SSP	GF	OF	FF	TF	POS	FTE
CSL 21-23	480,302,803	119,814,326	2,534,295,264	3,134,412,393	2,621	2,617.30
GB 21-23	480,502,270	119,875,381	3,554,704,971	4,155,082,622	2,600	2,596.89
Difference CSL - GB	199,467	61,055	1,020,409,707	1,020,670,229	(21)	(20.41)
% Difference CSL - GB	0.04%	0.05%	40.26%	32.56%	-0.80%	-0.78%

Major changes from LAB to CSL are driven mainly by:

- Standard inflation aside S&S inflation removed at GB
- Phase in of investments from 2019-21
- Mandated caseload and staffing increases
- TANF is not a mandated caseload and forecasted caseload increases were not fully funded in GB.

Strategic Funding Investments

	SSP SCR Totals					
130 - Survivor Investment Partnership	10,000,000	-	-	10,000,000	3	2.64
206 - Integrated Eligibility	458,832	-	688,252	1,147,084	4	4.00

POP 130 Survivor Investment Partnership

In partnership with the Governor's Office, ODHS Self-Sufficiency is proposing the Survivor Investment Partnership (SIP) Program to increase accessibility of advocacy services and meaningful financial support to survivors of domestic violence and sexual assault including Tribal members, individuals without children, and vulnerable populations. Domestic Violence is disproportionally prevalent in vulnerable populations:

• Prevalence rates for Tribal members experiencing domestic violence is at 44% nationally.

• 2017 Adult Protective Services reports show out of 3,672 founded community allegations investigated for abuse, 85% of those cases were individuals that may have experienced some form of domestic violence

• In Federal Fiscal Year 2018, 21.5% of children in Child Welfare that were victims of Child Abuse were children of color.

Survivors of domestic violence and sexual assault need access to culturally responsive advocacy services and meaningful financial support. There are high rates of domestic and sexual violence in Oregon and services to support survivors are underfunded. There are current gaps in services, where culturally specific

services are not available across the state, there is a need for additional services in Tribal Communities, and survivors of domestic violence and sexual assault (DVSA) need access to funding that both supports underserved and vulnerable populations and that is accessible and meaningful.

The intention is to expand services in a meaningful way and to reach underserved populations. This proposal will focus on increasing partnerships and access to meaningful financial supports by contracting with these partners to increase capacity and advocacy in their agencies and open resources for survivors through the survivor investment dollars. This program will focus on providing culturally responsive advocacy and financial support to survivors. This proposal is still in development with ongoing workgroups, partners, Tribes, and the Governor's Office.

POP 206 Integrated Eligibility Maintenance and Operations

This is part of a larger investment to move the IE project to the Maintenance and Operations stage. This investment provides resources and funding to provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called ONE that integrates eligibility determination for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. This system represents an essential lifeline to vulnerable Oregonians in need. The IE program is an umbrella under which multiple inter-dependent yet disparate bodies of work fall.

- The core system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period to resolve defects, add minor enhancements and help staff adjust to the new system.
- Major enhancements to the system will be needed to add functionality that was not included in the original system requirements. These include functionality such as:
    - Mandated changes for Asset Verification Services
    - Updates to Medicare information
    - Mandated and/or required reports for all programs
    - Additional federal reporting or federal changes that have been passed nationally regarding the SNAP program

- Increased functionality for operational efficiency to ensure Oregonians receive the services they need in the most efficient method possible
- User Acceptance Tools need to be upgraded to support further enhancements. For example, Team Foundation Server must be upgraded to the latest version (Azure DevOps Server) before it reaches end-of-life. All UAT activities are currently supported by the State and are not provided by Deloitte.
- The Eligibility Transformation team which provides trainers, subject matter experts and leadership will need to continue to provide support services into the 2021-23 biennium.
- Ongoing support of the Legacy systems relied upon by IE. Changes made to the IE core system typically require changes to the legacy systems, which ultimately pays out benefits for clients. Test environments created to support user acceptance testing and ongoing support and maintenance for the existing automated test suite were not included in previous funding requests. Additional resources will be needed to ensure the environment and tools can support system changes, system enhancements, testing and training. Disaster Recovery functionality and testing needs to be established for IE core.
- On-going Maintenance & Operational (M&O) support will be provided by Deloitte for the core system. Funding is requested through this POP for those M&O expenses.

The Integrated Eligibility (IE) program must meet the needs of the Oregonians in which it serves. Enhanced Federal funding will continue to be available to finance a portion of the requests outlined for enhancements. Items that are M&O or not new development are not eligible for enhanced funding but can receive funds under the maintenance and operational federal match.

Conclusion

These proposed investments for 2021-23 will, in the short run, maximize results for clients and further reduce the TANF caseload by maximizing employment outcomes. Improving participation and employment outcomes will also help avoid penalties to the federal government, keeping our limited state dollars in Oregon. Note: The TANF caseload will either need to be funded at LAB or changes to the program must occur to either eligibility or benefit levels.

In the long run, these investments will improve service quality and equity, ensure that ODHS clients benefit from coordination with other child and family serving systems (including health, education, and workforce systems), and allow the Department to maximize results for families.

Oregon Department of Human Services
Aging and People with Disabilities Programs

Overview

The Department of Human Services Aging and People with Disabilities (APD) program mission is to assist Oregon's diverse population of older adults and people with disabilities achieve well-being through opportunities for community living, employment, family support and services that promote independence, choice and dignity.

The state of Oregon is a leader in long term care systems and was ranked number four nationally in AARP's latest ranking. In 1981 Oregon received the first waiver nationwide for long term care services allowing Oregonians receiving Medicaid to choose services in their own home or their communities rather than an institutional facility such as a nursing home. In 2013, Oregon transitioned most of its services into the 1915(K) State Plan Option. The K Option provides significant benefits to the State in cost savings and allows Oregonians individual choices to best serve their needs. Oregonians value receiving long term care services in a non-institutional setting with nearly 88% choosing alternatives that allow them to remain independent and safe.

Long Term Care Setting (as of Mar 2020)	**# of Recipients**	**% of LTC Caseload**
Nursing Facility	4,345	12.2%
In Home	18,944	53.3%
Community Based Setting	12,220	34.5%
Total	**35,509**	**100%**

Oregon's population is aging

Our 65+ population is projected to grow from 791,000 to 1,000,000 by 2030. While we prepare for this growth, we know we must do more than create cost effectiveness in the choices of long-term care. We must also look at preventative measures Oregonians can implement now so they never need publicly funded long-term care services.

We have prepared a strategic budget to focus on continuing modernization and improvements to help Oregonians sustain long term care services, become more independent and safer.

Funding

The cost to operate the Aging and People with Disabilities (APD) Governor's Budget is $1.41 billion general fund and $4.35 Billion total funds for the 2021-23 biennium.

APD	GF	OF	FF	TF	POS	FTE
LAB 19-21	1,122,702,557	293,858,869	2,529,429,387	3,945,990,813	1,544	1,503.74
GB 21-23	1,413,041,541	267,382,496	2,664,518,069	4,344,942,106	1,692	1,683.43
Difference LAB - GB	290,338,984	(26,476,373)	135,088,682	398,951,293	148	179.69
% Difference LAB - GB	25.86%	-9.01%	5.34%	10.11%	9.59%	11.95%

APD	GF	OF	FF	TF	POS	FTE
CSL 21-23	1,481,364,327	238,998,859	2,686,892,994	4,407,256,180	1,713	1,704.43
GB 21-23	1,413,041,541	267,382,496	2,664,518,069	4,344,942,106	1,692	1,683.43
Difference CSL - GB	(68,322,786)	28,383,637	(22,374,925)	(62,314,074)	(21)	(21.00)
% Difference CSL - GB	-4.61%	11.88%	-0.83%	-1.41%	-1.23%	-1.23%

Major changes from LAB to CSL are driven mainly by:

- Standard inflation except for Services and Supplies removed at GB
- Forecasted Cost per Case and Caseload changes including AAA staff funding
- Changes in Federal Fund Match Rates
- One-time Nursing Facility Provider Tax Backfill

Strategic Funding Investments

The following Independence, Safety and Health investments are being proposed to improve services to Oregonians:

	APD SCR Total					
	GF	OF	FF	TF	Positions	FTE
103 - OPI Expansion and Family Caregiver Support	-	-	34,805,145	34,805,145	-	-
207 - Provider Time Capture M&O	1,814,048	-	1,000,000	2,814,048	-	-

POP 103 OPI Expansion and Family Caregiver Support

This policy package was altered to only include what is hoped to be approval by CMS to match the OPI program. ODHS APD will be working with OHA and CMS to determine if OPI can be approved for match without opening the entire waiver for discussion. If the entire waiver is open, ODHS, at the direction of the legislature, will not pursue this match.

POP 207 Provider Time Capture Maintenance and Operations

The Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) in-home care programs need a system that will increase program integrity and comply with the federal 21st Century CURES Act for Electronic Visit Verification (EVV) System and the U.S. Department of Labor Fair Labor Standards Act (FLSA). This would be done with the implementation of a time, attendance and payment system for the program's Home Care Workers and Personal Support Workers (HCW/PSW). The drivers for this work include a need for: 1. Improved timeliness and accuracy of data 2. Improved compliance with federal, state, and bargaining requirements 3. Increased efficiency and internal controls 4. Decreased duplication of efforts across agencies 5. HCW/PSW to accurately and timely report services provided across programs 6. Decrease dependency on outdated legacy systems This POP requests General Fund to implement ongoing maintenance and enhancements that build upon a base system implemented in the 2021-23 biennium that would result in an integrated solution that meets the 21st Century Cures Act criteria and helps protect vulnerable Oregonians. Not funding this POP would limit Oregon's ability support the system. The positions originally in this POP were removed as positions were approved in 19-21 that will roll into 21-23 without a further request.

Conclusion

For the 21-23 biennium, APD is proposing a package of services that promote safety and well-being for Oregon's older adults and people with disabilities. This is the Department's highest priority and an area that has been lacking investment in past biennia. These investments will help ODHS meet the needs of Oregonians in this period of change and growth.

Oregon Department of Human Services
Intellectual and Developmental Disabilities Program

Overview

ODDS provide services to cover a lifetime of support to Oregonians with intellectual/developmental disabilities. People with disabilities of all ages want the same opportunities every Oregonian wants: not just to survive, but to thrive. They want to live in their communities and make decisions about daily activities, so they can go to school, work, church, enjoy recreation and participate fully in their communities. We currently help over 30,000 children; adults and their families have the best quality of life possible at all stages of their lifespan. Most individuals with developmental disabilities are eligible for a Medicaid waiver or state plan which allows them to receive supports in their family home or community. Our mission is to help them be fully engaged in life and, at the same time, address their critical health and safety needs.

History and Future State

The state of Oregon is recognized nationally as an innovative leader in developing community-based services for individuals with intellectual/developmental disabilities. Oregon is one of few states that have no state or privately operated institutional level services specifically for people with developmental disabilities. In fact, the majority of individuals with intellectual/developmental disabilities in Oregon, approximately 76 percent, are served in their own home or their family's home.

The I/DD program fulfills its mission and carries out its responsibilities while adhering to the following values:

- Choice, self-determination and person-centered practices
- Children and families together
- Health, safety and respect
- Community inclusion and community living
- Strong relationships
- Service equity and access

Oregon home and community-based services for people with Intellectual and Developmental Disabilities are provided under several Medicaid authorities including Community First Choice Option (CFCO), also known as K-Plan; and five 1915c waiver programs. Supports provided under K-Plan are services such as attendant services that support individuals in accomplishing Activities of Daily

Living and Instrumental Activities of Daily Living (ADL/IADL), relief care, behavioral support services, transportation, environmental modifications, and assistive technology and devices.

The Lane v. Brown Settlement has added additional requirements to I/DD programs around placement of those with I/DD into integrated settings and moving away from sheltered workshops. In September 2020, ODDS ended all sheltered workshop funding for people with IDD.

However, to serve the increasing number of people with intellectual and developmental disabilities, maintain those high levels of satisfaction and to further advance the inclusion of people with intellectual/developmental disabilities in their communities, the system has an urgent need to continue its evolution in a fiscally sustainable manner.

To that end, we have prepared a strategic budget designed to further improve the customer experience and advance efficiencies to maximize resources. Specifically, we seek to achieve the following outcomes and goals:

- Assure the health and safety of individuals served.
- Increase provider rates to create a more stable and competent workforce for I/DD services
- Be responsive to emerging consumer demands for individualized, self-directed services and sufficient service choices.
- Promote maximum consumer independence and engagement in their communities.
- Leverage use of available federal funding options.
- Address improvements in business practices such as payment and information systems to achieve overall operational efficiencies.

Funding

The proposed Governor's Budget to operate the Intellectual & Developmental Disability (I/DD) program for the 2021-23 biennium is $1.25 billion in General Fund and $3.59 billion total funds.

I/DD	GF	OF	FF	TF	POS	FTE
LAB 19-21	969,618,696	47,888,987	2,140,980,373	3,158,488,056	917	916.17
GB 21-23	1,244,534,205	30,133,392	2,314,588,403	3,589,256,000	917	916.17
Difference LAB - GB	274,915,509	(83,075)	87,930,854	91,847,463	-	-
% Difference LAB - GB	28.35%	-0.17%	4.11%	2.91%	0.00%	0.00%

I/DD	GF	OF	FF	TF	POS	FTE
CSL 21-23	1,240,534,521	30,216,467	2,226,657,549	3,497,408,537	917	916.17
GB 21-23	1,244,534,205	30,133,392	2,314,588,403	3,589,256,000	917	916.17
Difference CSL - GB	3,999,684	(83,075)	87,930,854	91,847,463	-	-
% Difference CSL - GB	0.32%	-0.27%	3.95%	2.63%	0.00%	0.00%

Major changes from LAB to CSL are driven mainly by:

- Standard inflation except for Services and Supplies which was removed at GB
- Forecasted Cost per Case and Caseload changes including CDDP and Brokerage funding
- Changes in Federal Fund Match Rates

Strategic Initiatives

With the ultimate goal of preventing or delaying access to the highest cost services within our system, we plan to direct funds to improve outcomes, expand on service innovations and strategically advance initiatives in the following areas:

- Stable and competent workforce for I/DD services through implementation of transparent rate models
- Service Equity and language access
- Increased safety
- Service Capacity

	I-DD SCR Total					
	GF	OF	FF	TF	Positions	FTE
107 - Diversity, Equity and Inclusion	590,000	-	475,000	1,065,000	-	-
119 - Implementation of the New Rate Models	34,414,903	-	66,874,523	101,289,426	-	-

POP 107 Diversity, Equity and Inclusion Joint POP with OEMS in Central

This is part of a larger Diversity Equity and Inclusion POP for ODHS. In order to provide the necessary level of language access, an intentional resource investment is needed. Within existing capacity, ODDS is unable to provide sufficient language

access supports and services to meet minimum requirements. Further, ODDS is unable to reach its vision for service equity and eliminating language barriers.

ODDS is committed to its obligations under law, rule, and policy, in addition to its vision for an equitable system that is easy to use and navigate.

POP 119 Implementation of the New Rate Model
Requests funds to cover the cost of transition to the new rate models for certain services. This funding will cover transition from the old rate structure and groupings of individuals according to their level of need based on the old assessment instruments to the new Service Groups based Oregon Needs Assessment (ONA) and new rate model Payment Categories. This POP does NOT include funding to allow ODDS to implement the new rate models with an additional rate increase to move new rates closer to full implementation.

Conclusion

This proposal represents a substantive level of strategic planning that will allow the I/DD system to improve the quality of service it offers to Oregonians with intellectual/developmental disabilities and their families that support them. The primary focus is on sustainable, quality service programming that accounts for the short- and long-term budget realities that shape our implementation planning. Focusing our efforts on helping people with disabilities remain at home or in their community provides not only financial benefits, but better quality throughout their life. We are confident that this plan will maximize resources and strengthen the service system, enhancing its ability to produce results for those we serve.

Oregon Department of Human Services
Vocational Rehabilitation Programs

Overview

We help Oregonians with disabilities become employed through specialized training and new skills. This includes helping youth with disabilities transition to jobs as they become adults, helping employers overcome barriers to employing people with disabilities, and partnering with other state and local organizations that coordinate employment and workforce programs. Approximately 425,992 work age Oregonians, under age 65, experience a disability but only 37 percent are employed. Employment helps people with disabilities become more self-sufficient, involved in their communities and live more engaged, satisfying lives. Investments through this program provide outcomes for individuals, improving their lives, helping them become productive members of our society, contributing to local economies and reducing a reliance on expensive state and federal programs.

The Workforce Innovation and Opportunity Act (WIOA) which passed in July of 2014 reauthorized Title I the State Vocational Rehabilitation Services program and Title VI the Supported Employment program. WIOA makes significant changes to Title I strengthen alignment with core components of the workforce development system, redefining employment outcome to be competitive integrated employment, defining students with disabilities and youth with disabilities as specific populations requiring defined services. Title VI now requires that supported employment be in a competitive integrated setting and places a focus on youth with the most significant disabilities. The act further set aside portions of the federal funds to be dedicated to specific populations as well requiring specific services be delivered to those populations. There is a significant increase in reporting requirements and an emphasis on job retention and credential attainment.

Current funding levels

The Proposed Agency Request Budget to operate the Vocational Rehabilitation (VR) program is $29.2 million General Fund and $121.2 million total funds for the 21-23 biennium.

VR	GF	OF	FF	TF	POS	FTE
LAB 19-21	33,750,118	10,972,402	109,423,839	154,146,359	261	260.04
GB 21-23	29,187,767	10,574,496	81,447,687	121,209,950	249	248.04
Difference CSL - GB	(4,562,351)	(397,906)	(27,976,152)	(32,936,409)	(12)	(12.00)
% Difference CSL - GB	-13.52%	-3.63%	-25.57%	-21.37%	-4.60%	-4.61%

VR	GF	OF	FF	TF	POS	FTE
CSL 21-23	37,649,137	3,085,205	84,461,192	125,195,534	261	260.04
GB 21-23	29,187,767	10,574,496	81,447,687	121,209,950	249	248.04
Difference CSL - GB	(8,461,370)	7,489,291	(3,013,505)	(3,985,584)	(12)	(12.00)
% Difference CSL - GB	-22.47%	242.75%	-3.57%	-3.18%	-4.60%	-4.61%

Major changes from LAB to CSL are driven mainly by:

- Standard inflation except for Services and Supplies which was removed at GB.
- Changes in Federal Reallotment funding

Governor's Budget Changes (including Essential Packages):

There is one investment in the Governor's Budget (noted further in this document within POP table), in addition to the regular essential packages that are part of the normal budget build process.

Permanent Options Package (POP) 131 – approved 1 position for TF's of $170,746. This will be a self-funded position that will also be revenue generating. This will bring in additional funds that do not require match. This will assist in keeping the VR program out of the Order of Selection while increasing client service dollars at the same time.

- Federal funds limitation was phased out by ($4,446,741) due to the end of federal period clean-up in CSL.
- Pkg 090; Funding shift incorporated as One-Time event utilizing YTP funds; increasing impact on OF and decreasing GF accordingly of ($7,529,827) Total Funds (TF) within VR program's - Basic Rehabilitation Services.

In addition, the Governor's Budget imposed reductions as follows:

- Pkg 090; Analyst adjustment resulting in an elimination of (13) VACANT positions, largely made up of field "counselors", TF $(2,862,395).
- Standard package reductions impacting both DELIVERY and DESIGN include the following:
- Pkg 091; eliminate most inflation for Supplies & Services, DELIVERY at TF ($161,961) and DESIGN at TF ($151,584)
- Pkg 092; additional 3% Vacancy savings applied, DELIVERY at TF ($1,057,705) and DESIGN TF ($8,310)
- Pkg 096; reduction for DAS service charges, DELIVERY TF ($36,134)

- Pkg 097; reduction for Attorney General services charges, DESIGN TF ($6,920)

Strategic funding proposals

We have prepared a strategic budget to improve our programs effectiveness and enhance the program's ability to provide further employment outcomes for Oregonians. Continuous program improvements focus on return-on-investment through outcomes for our clients. The requested investment focusses on implementation of part of the WIOA through the youth transition career technical education program.

	VR SCR Totals					
	GF	OF	FF	TF	Positions	FTE
131 - Social Security Cost Reimbursement	-	-	170,746	170,746	1	1.00

Social Security Cost Reimbursement

Currently Vocational Rehabilitation (VR) is not fully capturing all Social Security reimbursement available to its consumers who received Social Security Insurance (SSI) and/or Social Security Disability Insurance (SSDI) benefits and who become employed as a result of VR services. Proposed changes in the Ticket to Work program will create a revenue stream to fund ongoing supports for individuals with the most severe disabilities.

Conclusion

As the economy continues to recover from the impact of the pandemic, the focus on workforce development, employment and opportunity for *all* Oregonians will increase. The Vocational Rehabilitation program welcomes the opportunity to help the growing number of Oregonians with disabilities meet their employment goals.

This proposal represents the next phase of strategic investments required to leverage employment services to enhance the lives of Oregonians and contribute to local economies. VR will also continue to identify new ways to enhance its work with the Oregon Workforce Investment Board, Local Workforce Investment Boards, and the Workforce Policy cabinet in the implementation of the Oregon Workforce Talent Development Board's strategic plan and local board's efforts to better align economic and workforce development activities. All of these efforts will provide greater access for Oregonians who experience disabilities who are

seeking competitive integrated employment. This is an intentional approach to equity for people with disabilities as the core mission for VR.

However, the impact of the proposed budget and reduction of (13) FTE will greatly impact our service delivery and possibly force the program into the Order of Selection. An Order of Selection is a process for prioritizing eligible individuals into a waitlist and delays some individuals from receiving VR services due to limitations. Invoking the Order of Selection would have a negative cascading impact in the program and for the state. VR is committed to achieving the outcomes identified in the Governor's Executive Order for Employment for People with I/DD and the Lave v. Brown settlement. And to this date we have met those expectations with our existing budget and staff. Operating a program under Order of Selection could greatly impact meeting the benchmarks of this settlement agreement and could lead to more delayed services of eligible individuals. The VR program has worked hard to maintain proper position authority and limited position vacancies.

Oregon Department of Human Services Central and Shared Services, and State Assessments and Enterprise-wide Costs

Mission

To help Oregonians in their own communities achieve safety, well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

Goals

- Every Oregon child and youth in our care deserves to grow up safely – with support for success in school.
- Every Oregon adult deserves to live in safety – free from abuse, neglect and financial exploitation.
- Every Oregonian has the right to live as independently as possible – with dignity, choice and self-determination.
- Every Oregonian can work to the best of their abilities and contribute to their family and their community.
- All Oregonians deserve efficient and effective services from ODHS.

Overview

ODHS Central and Shared Services provide critical leadership and business supports necessary to achieve the agency's mission: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

ODHS and OHA govern their shared services through a board composed of operational leaders of the two agencies, ensuring that shared services are prioritized and managed to support program needs. The board and its subgroups have established service level agreements and performance measures for each service, implemented recent budget cuts selectively, moved staff in and out of shared services to rationalize service delivery, and begun implementing more integrated systems to support the performance of all our employees.

ODHS Central Services

ODHS Central Services provide essential supports to programs in achieving the department and programs mission, vision and outcomes.

Office of the Director

The ODHS Director's Office is responsible for agency leadership, policy development, resource allocation, and administrative oversight for all programs, staff and offices in ODHS in a manner that supports equitable outcomes for Oregon's diverse population. These functions are led by the Director and Deputy Director, and coordinated by the Director Cabinet members, with the Governor's Office, the Legislature, other state and federal agencies, Tribes, partners and stakeholders, communities of color, LGBTQIA+ communities, local governments, advocacy and client groups, and the private sector. The Director and Deputy Director oversee Internal Audits and the Office of Training, Investigations and Safety, which provide shared services for both ODHS and OHA.

Chief of Staff

The Chief of Staff (COS) to the agency is a critically important role, enabling the Director to work most effectively with internal and external stakeholders to fulfill commitments to achieve agency mission, goals and outcomes. This is a highly strategic and facilitative role that requires a combination of focus and flexibility, as well as a willingness to play an active, behind-the-scenes role as the Director's "trusted advisor."

Tribal Affairs

The Tribal Affairs Unit within the ODHS Director's Office is a team committed to all Oregon tribal communities thriving mentally, physically, spiritually, and emotionally. Tribal Affairs works with all five ODHS programs to create and provide tribally appropriate programming, services, policies, and support. Through tribal consultation with Oregon's Nine Federally Recognized Tribes, ODHS ensures programming, services, and policies meet the needs of Oregon tribal communities.

Office of the Chief Financial Officer

The Office of the Chief Financial Officer (OCFO) provides optimal business services to ensure accountability, data-driven decisions, and stewardship of resources in support of the ODHS mission. This is done by working closely with ODHS and OHA programs and the OHA Chief Financial Officer, to ensure accurate, timely and efficient recording and management of financial resources; culturally competent and equitable services; authorizing the redistribution of available resources to meet changing needs; and establishing administrative controls. This office also oversees budget, planning and analysis functions for

ODHS-based programs and leadership of the ODHS budget with the Governor's Office, Legislature, Department of Administrative Services (DAS), Legislative Fiscal Office (LFO) and ODHS partners.

Office of the Chief Administrative Officer

The Office of the Chief Administrative Officer (CAO) provides leadership and direction for the ODHS Shared Services and selected Central Services. The CAO oversees the service level agreements (SLA) between Shared Services and OHA. Through SLAs, the CAO provides leadership to ensure that the services provided by each unit utilize the most current best practices from their respective fields to optimize services in the most fiscally responsible and equitable manner possible. The CAO ensures that all services and business practices are conducted in a culturally responsive and equitable manner. This oversight includes that of the Office of Program Integrity, which provide operational and case reviews, often mandated by law, to determine how accurately the agency is making eligibility determination; the office provides training where needed. The CAO also oversees Information Support Services and the Office of Business Information, again to ensure policy integrity through data and IT solutions.

Office of Human Resources

The Office of Human Resources serves as a strategic business partner to managers and staff by providing comprehensive human resource services in alignment with agency and program mission and goals. The Office of Human Resources works closely with agency management and labor on workforce strategies that support organizational and program strategic priorities and a healthy workplace culture. Our goal is to ensure ODHS has a diverse workforce with the right skills, training, and support to perform their work effectively and successfully. The Office of Human Resources ensures compliance with all federal, state and local laws, rules and regulations pertaining to personnel matters, affirmative action and equal employment opportunity.

Office of Communications

This office supports the mission by connecting Oregonians with the information they need to access and receive services from the department. The communications team also helps engage the public in the work of ODHS, which leads to more effective and inclusive policy making. This includes implementing communication plans, coordinating social media and website content, writing direct notices to clients, and talking with the media and legislature. The Office of Communications engages with diverse audiences, including employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, tribes, the news

media, targeted audiences, as well as the public. The unit strives to use culturally relevant and linguistically competent communication practices to effectively reach Oregonians. Effective communication is the primary vehicle to demonstrate public transparency, accountability and trust. The office also provides support to the department's priority projects as defined by the ODHS Director and executive team.

Office of Government Relations

This unit is essential to the agency's core functions through ensuring that any statutory, policy and budget implications positively impact the Oregonians that we serve. This team coordinates all ODHS legislative matters, key stakeholders, federal partners and the Governor's Office. The government relations unit also supports both field and central office staff providing consultation and support in legislative and policy changes. Staff in this unit support the director of ODHS, the directors of all programs and operations in ODHS and the field. Legislative work is conducted with the intent of eliminating existing inequities and to promote equitable outcomes, using a comprehensive equity lens.

Office of Legal Relations

This unit manages all lawsuits, tort claims, and subpoenas related to ODHS program and operations. Staff in this unit provide expert consultation to ODHS field and central office staff, Department of Justice (DOJ) and Department of Administrative Services (DAS) Risk Management in policy related to legal matters. This team ensures timely completion of the required judicial documents to move smoothly through a complex legal matter.

Public Records Unit

The ODHS Public Records Unit (PRU) reviews, completes and responds to requests from clients, the media, and other public entities and individuals. The unit focuses on consistency, transparency and adherence to public records law across all programs within the agency. The centralized team affords the ODHS workforce, as well as partners, with streamlined responses for records requests and serves as a single point of contact for questions. The Public Records Unit also provides ODHS with the opportunity to deliver equitable services and to better support the needs of customers we serve.

Office of Equity and Multicultural Services

The Office of Equity and Multicultural Services (OEMS) provides leadership and direction in supporting the integration of equity, diversity and inclusion policies and initiatives throughout the agency. As an office that assists all ODHS program areas,

OEMS has two main charges. The first is to guide the agency to ensure a diverse workforce that has the cultural agility and language skills to serve the needs of all Oregonians; and second is to help the agency work toward equitable outcomes for all populations using ODHS services. OEMS accomplishes this mission though policy-making, strategic planning, quality improvement consulting, technical assistance, research, Employee Resource Groups (ERGs), Diversity Committees, community engagement, advocacy, ally-ship, partnerships and continuous learning.

Office of Reporting, Research, Analytics, and Implementation

The Office of Reporting, Research, Analytics, and Implementation (ORRAI) compiles reports, conducts research, analyzes data, implements research, and provides inter-agency program as well as enterprise wide data. ORRAI provides mission-critical information to directors, legislators, partner agencies, and the public. The office utilizes predictive analytics, workload modeling, and ODHS and inter-agency program data to improve outcomes for children and families. The office translates data into information and develops practitioner tools to ensure decisions are data informed.

Integrated Eligibility Project Office

The Integrated Eligibility Project Office was established to carry out the project's requirements, as described in the Budget Narrative of this document, including promoting and protecting civil rights of Medicaid clients.

Office of Organizational Development

The Office of Organizational Development oversees organizational capacity for continuous advancement toward the ODHS mission critical goals. This includes building enterprise partnerships within the community; managing a portfolio of projects impacting organizational development; supporting employee development towards change; employing Lean principles through continuous improvement activities; implementing the ODHS performance management system; and supporting volunteerism centrally in ODHS and throughout field operations.

Shared Services

ODHS Shared Services supports both ODHS and OHA by providing optimal business services to ensure accountability, data-informed decisions, and stewardship of resources. ODHS Shared Services contains the following key offices and programs that serve both ODHS and OHA.

Budget Center

This area provides budget planning, financial analysis, position management consultation, facilities and motor pool coordination, and technical budget support

for ODHS and OHA. These services are provided for department leadership, program, policy and field managers, staff and external policymakers.

Office of Forecasting and Research and Analysis
Office of Forecasting and Research and Analysis (OFRA) supports ODHS and OHA by providing accurate, timely, unbiased caseload forecasts, and related research and analysis to support budgeting, policy development, identification and elimination of inequitable outcomes, and operational planning. This unit reports to the ODHS OCFO.

The Office of Enterprise Data Analytics (OEDA) and Geospatial Information Systems (GIS)
This office conducts inter-agency research and advanced statistical modeling to answer cross agency and/or cross programmatic operational questions. GIS provides geospatial analysis for OHA, ODHS and other state agencies.

Office of Financial Services
This office provides shared financial services to ODHS and OHA. Services include receipting, recording and applying state and federal revenue, disbursing resources to clients, providers, vendors, contractors, administering employee payroll and benefits, ensuring accounting transactions are accurately recorded, reconciled and reported to state and federal partners, managing financial systems, and ensuring a proper control environment. This office reports to the ODHS OCFO and the OHA CFO.

Human Resources Center (HR)
This office provides essential HR administrative functions and services for ODHS and OHA, and supports organizational development and an improved common culture of leadership, diversity, inclusion, and engagement across both agencies, through: personnel records management; leave administration; ADA reasonable accommodations, centralized position administration; staff and management training; facilitation service; HR data analysis and reporting; HR policy administration; and internal communication strategies and resources for managers and staff.

ODHS|OHA Occupational Health, Safety & Emergency Management Program (OHSE)
This office provides employee services to both ODHS and OHA. Services include employee occupational health and safety, workers' compensation tracking and program analysis, property loss tracking, threat management assessments and tracking, continuity of operations planning, emergency preparedness, trauma-

informed services, suicide prevention program, administration of the Employee Assistance Programs (EAP) and risk management. Work within these program areas includes the development and delivery of training, regulatory compliance monitoring, strategic planning and legislative tracking. OHSE also maintains responsibility for statewide emergency management and recovery operations under the Oregon Emergency Operations Plan and the Oregon Recovery Plan and represents ODHS on the Oregon Emergency Response Council.

Background Check Unit

The Background Check Unit (BCU) provides a comprehensive background screening process to determine if an individual should be allowed to have access to vulnerable people, IT systems or client information. BCU also provides centralized support for FBI Criminal Justice Information Services (CJIS) clearance and training for ODHS and OHA staff. BCU is also Oregon's point of contact for processing out-of-state child protective service check requests in support of federal legislation.

Office of Facilities Management

This office provides the management and oversight of all facility and leasing related matters for ODHS and OHA administrative offices, branch offices, and other facilities statewide. Its staff and operations support the departments' missions by ensuring that buildings are safe and universally accessible, and by maintaining and operating buildings, telecommunications, and their physical infrastructure in a cost-effective, sustainable and environmentally responsible manner. This office collaborates with both ODHS and OHA leadership to develop long-term strategic plans for the facilities needs of both organizations.

Office of Imaging and Records Management

This office provides services tailored to the business and program operational needs related to: agencies' delegated authority regarding imaging, electronic and physical document and records management; data entry of documents to send data to mainframe applications to generate payment to medical and child care providers; image and data capture of source documents into a central repository; image and data capture of documents into electronic workflow eliminating the need for the customer(s) to process physical documents; archive storage of physical records; tracking of archived records; shipping of archived records; and destruction of physical documents/records per agreement and Secretary of State's Office retention schedule.

Office of Contracts and Procurement

The Office of Contacts and Procurement (OC&P) supports all offices of ODHS,

OHA, and the Home Care Commission by procuring supplies and services in the most cost-effective manner through innovative and responsible solutions. The unit provides guidance, training and support as needed to meet the contracting and procurement needs of both organizations. OC&P assists agencies with their supplier diversity programs that seek to include women, minority and emerging small businesses.

Office of Training Investigations and Safety (OTIS)

This office is responsible for conducting and coordinating abuse investigations and providing protective services statewide in response to reports of abuse and neglect to people they serve, including:

- Adults over the age of 65
- Adults with physical disabilities
- Adults with intellectual or developmental disabilities
- Adults with mental illness
- Children receiving residential treatment services

Office of Internal Audit and Consulting

This unit provides independent and objective information and consulting services for ODHS/OHA. The internal audit team reviews all areas of ODHS/OHA including centralized operations and programs, field offices and institutions. The unit provides other services such as consultation on internal controls and process improvement efforts, facilitation of risk assessment activities, coordination of external audits and tracking and follow-up on both internal and external audit findings.

Office of Payment Accuracy and Recovery

This office provides recovery services by identifying and recovering funds paid in error to clients or providers; investigates allegations of fraudulent activities; investigates and recovers state funds expended for services when a third party should have covered the service; and recovers funds from the estates of Medicaid recipients for the cost of cash and medical benefits provided.

Publications and Creative Design Services

Publications and Creative Design Services manages the writing, design, development, printing and distribution of ODHS and OHA publications for internal and external audiences, which includes accessible formats and multiple languages. This unit plays a central role in document translation services for both agencies. P&D provides consulting to plan professional quality publications that reflect ODHS and OHA style guidelines; edits and proofs

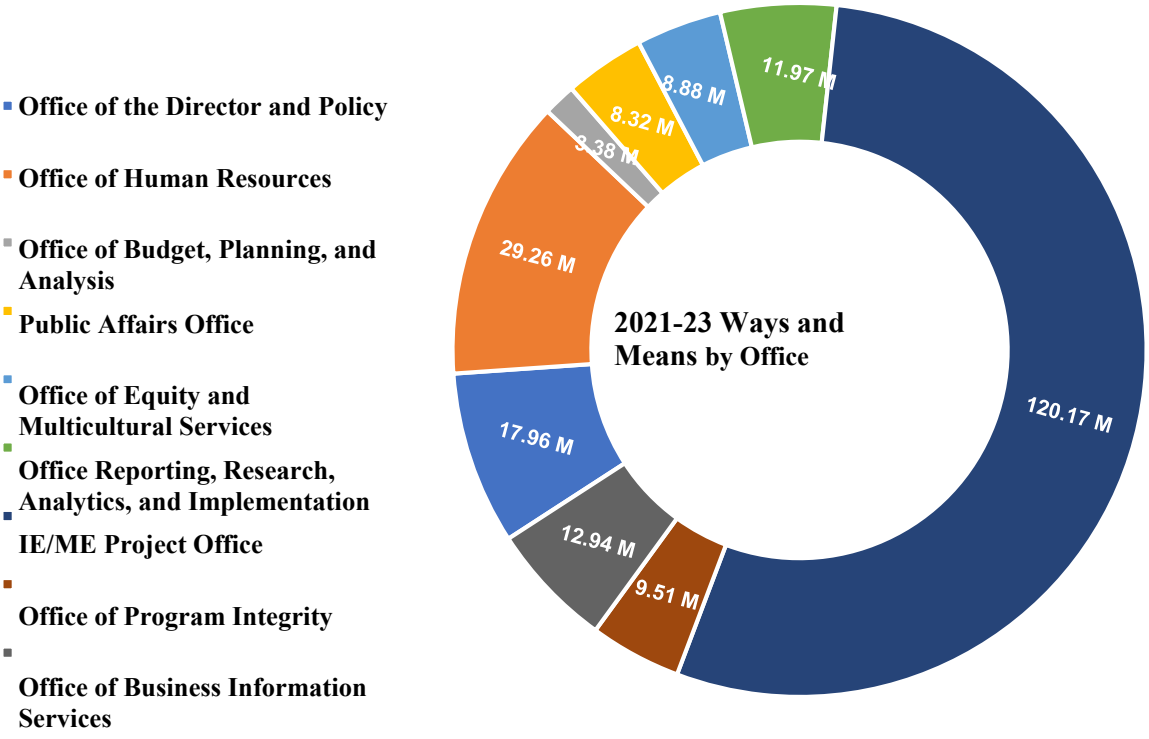
materials created by staff experts and partners in their individual fields; provides graphic design, layout, original and digital illustration, forms creation, graphic artwork and Web and electronic materials.

State Assessments and Enterprise-wide Costs

ODHS also has statewide assessments that include DAS charges such as the State Government Service Charge, Risk Assessment and State Data Center Charges. Rent for all of ODHS is in the Facilities budget, IT Direct is for all computer replacement needs. The Shared Services funding is the revenue for the ODHS portion of ODHS and OHA shared services and Debt services is to pay off Certificates of Participation or Q-Bond loans taken for major ODHS projects. Each service, both shared and assessed, are important for ODHS to attain its programmatic outcomes. It is critical to continue to look for efficiencies in our systems, processes or staffing.

Oregon Department of Human Services: Central Services

Primary Long-Term Focus Area: Excellence in State Government
Secondary Long-Term Focus Area: N/A
Program Contact: Eric Moore



Program Overview

ODHS Central Services' budget consists of the Office of the Director and Policy, the Office of Human Resources, the Office of Budget, Planning, and Analysis, Public Affairs Office, the Office of Equity and Multicultural Services (OEMS), the Office of Reporting Research Analytics Implementation (ORRAI), Office of Business Information Systems, and the Integrated Eligibility/Medical Eligibility Project Office. These offices provide essential business supports to programs in achieving the department and programs mission, vision and outcomes.

Program Funding Request

	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
2019-21 LAB	49,192,572	44,907,776	180,890,447	274,990,795	244	240.54
2021-23 GB	108,479,079	2,802,883	111,119,774	222,401,736	362	354.95
Difference	59,286,507	-42,104,893	- 69,770,673	52,589,059	118	114.41
Percent change	120.52%	-93.76%	-38.57%	- 19.12%	48.36%	47.56%

Office of the Director and Policy
The Director's Office is responsible for overall leadership, policy development, and administrative oversight. These functions are coordinated with the Governor's Office, the Legislature, other state and federal agencies, partners and stakeholders, local governments, advocacy and client groups, and the private sector.

The Director's Office provides leadership in achieving the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity. The office supports all ODHS field offices and central office programs by managing legislative and legal matters, communications, client concerns, written rules, and contested hearings.

Governor's Advocacy Office (GAO)
This office responds to concerns and complaints, including civil rights and discrimination, related to ODHS programs and services. This office operates independently of ODHS programs and reports directly to the Governor and ODHS Director by providing a quarterly report on the status of patterns of complaint. This team of ombudsmen works closely with field and central office staff, the Governor's Office, legislators, community partners, and the ODHS Director's Office to successfully, equitably and respectfully reach resolution.

Chief of Staff
The Chief of Staff (COS) to the agency is a critically important role, enabling the Director to work most effectively with internal and external stakeholders to fulfill commitments to achieve agency mission, goals and outcomes. This is a highly strategic and facilitative role that requires a combination of focus and flexibility, as well as a willingness to play an active, behind-the-scenes role as the Director's 'trusted advisor'. Chief Strategist/Policy Advisor, Leadership of Special

Projects/Initiatives, Issue Identification, Preparation for, and facilitation of, agency critical meetings, Communication and Executive Team Communication Support.

Tribal Affairs
The ODHS Director's Office is also home to Tribal Affairs. ODHS is committed to positive working relationships with the nine confederated tribes in Oregon. Staff regularly engage with tribal governments through tribal liaisons and continually strive to ensure these communities receive equitable and appropriate human services.

Office of the Deputy Director
The ODHS Deputy Director is responsible for Internal Audits, Business Intelligence, Licensing and Regulatory Oversight, Continuous Improvement, Information Technology (IT) Business Supports, Adult Abuse Prevention and Investigations, Program Integrity, Office of Payment Accuracy and Recovery, and the Chief Financial Officer.

Office of Program Integrity (OPI)
OPI conducts analysis and tests to determine whether ODHS is implementing programs in the way they were designed, and trains caseworkers based on their findings to improve program integrity. The office conducts operational and case reviews as well as field visits, many mandated by federal law, to determine how accurately each program is making eligibility and other program determinations.

Office of Human Resources (Dedicated HR)
Human Resources serves as a strategic partner to our staff, providing proactive, comprehensive human resources services, in alignment with agency and programs' mission and goals. This office works closely with internal customers and management on Workforce Strategies that support agency and program needs and strategies, and building a healthy workplace culture of ongoing development and feedback to ensure the agency has a diverse workforce with the skills, training, and support to do their work, now and in the future.

Public Affairs Office
The Public Affairs Office is made up of three work units: Communications, Legislative, and Legal. The office provides ODHS with unified support and

coordination in community outreach and communication, legislative action and strategy:

- Communications Unit - This office supports the mission by providing accurate information to employees, clients, legislators, stakeholders and interest groups, providers and partners, local governments, other state and federal agencies, policymakers, news media, targeted audiences and the general public. Effective communication is the primary vehicle to demonstrate public transparency, accountability, and trust. The office also provides support to the department's priority projects as defined by the Director and executive team.
- Government Relations Unit - This unit is essential to the agency's core functions by ensuring any statutory, policy and budget implications are positively impacting Oregonians. This team coordinates all ODHS legislative matters with legislative offices, key stakeholders and the Governor's Office. The government relations unit also supports field and central office staff providing consultation and support in legislative and policy changes, primarily working with central office staff on policy development for program services. During a legislative session, this unit tracks, assigns, reviews and focuses on policy implications related to ODHS programs and operations. Staff in this unit support the director of ODHS, the directors of all program and operations in ODHS and the district managers in field offices. Legislative work is conducted with the intent of eliminating existing inequities and to promote equitable outcomes, using a comprehensive equity focus.
- Legal Unit - This Unit manages all lawsuits, tort claims, and subpoenas related to ODHS programs and operations. Staff in this unit provide consultation to ODHS field and central office staff, Department of Justice (DOJ) and Department of Administrative Services (DAS) Risk Management in policy related to legal matters. This team ensures timely completion of the required judicial documents to move smoothly through complicated legal matters.

Office of Equity and Multicultural Services (OEMS)

The Office of Equity and Multicultural Services provides leadership and direction in supporting equity, diversity and inclusion initiatives throughout the agency. OEMS guides systemic changes to both internal workforce developments as well as improve service delivery to all Oregonians. The goals of the office include reducing service disparities in all program areas; ensuring a diverse and culturally competent workforce; removing barriers to a welcoming work environment; and improving life outcomes for all ODHS clients.

Office of Reporting, Research, Analytics, and Implementation
The Office of Reporting, Research, Analytics, and Implementation (ORRAI) creates reports, conducts research, analyzes data, implements research, and provides caseload/workload estimates for all programs. ORRAI provides mission critical information to the director and executive staff, program directors, legislators, partner agencies, and the public. The office translates data into information and develops practitioner tools to ensure decisions are data informed. The Office is reliant on predictive analytics to improve outcomes for children and families. ORRAI also implements an equity analyses to identify inequities and progress towards equitable outcomes, as well as to inform agency programs and decision-making.

Office of Business Information Services
The Office of Business Information Services (OBIS) is responsible for ensuring ODHS program and policy integrity in Enterprise IT Projects and in operations and maintenance efforts. OBIS specialize in standards and practices of Business Analysis and User Acceptance Testing Services related to Enterprise IT solutions. OBIS support the ODHS mission and program integrity through the following services:

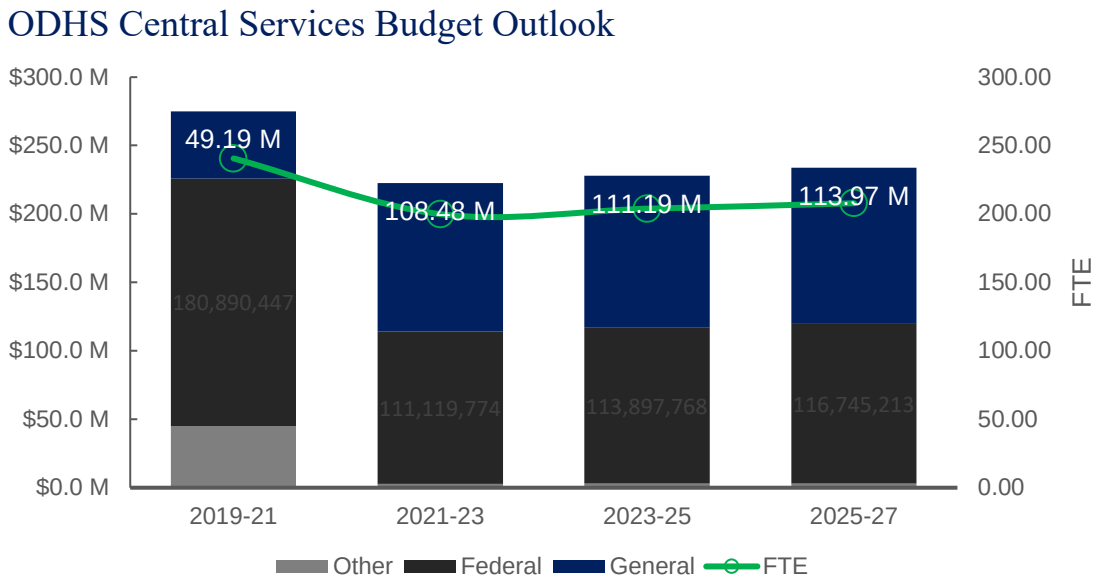
- Provides collaboration and strategic planning with State, Agency, Program and other related business and IT organizations regarding governance, priority and resource management of IT projects and enhancement, as related to State and ODHS Business Information Services
- Provides vendor, contract and budgetary oversight, as directed, for some Enterprise IT projects and operations and maintenance solutions, as defined
- Design and application of Enterprise level business analytic and testing service standards and practices
- Provides centralized Business Analytic support to Enterprise level IT projects and enhancements
- Provides centralized Business Analysis and User Acceptance Testing services for the Oregon Eligibility system
- Provides a scalable central BA and UAT model for other IT solutions, as defined
- Collaborates with all other agency Business Support Units (BSUs), Business Information Service units (BISs) and other to promote best practices, process improvement and increased program integrity across all Business Analytic services bridge the gap between IT solutions and business need. They assist

ODHS program policymakers maximize strategic use of technology, while defining clarity and precision in our business solutions. Rigorous Business Analytics and system testing improve our projects, systems and increase program integrity across our Enterprise.

Integrated Eligibility and Medicaid Eligibility Maintenance and Operations Office

Integrated Eligibility and Medicaid Eligibility (IE/ME) Maintenance and Operations Office has been established to carry out the requirements of the Integrated Eligibility and Medicaid Eligibility IT Project, as described in the Budget Narrative of this document, including promoting and protecting civil rights of Medicaid clients.

Program Justification and Link to Focus Areas



Central Services provide critical leadership and business supports necessary to achieve the mission of the agency: helping Oregonians achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity. Central Services include the cost of ODHS Budget, Planning and Analysis, the Director, Governor's Ombudsmen, Legislative and Communications & support, Diversity and Dedicated Human Resources.

The ODHS Central Services budgets are structured and administered according to the following principles:

Control over major costs
The department centrally manages many major costs. Some of these costs, like many DAS charges, are essentially fixed to the agency. Others, like facility rents, are managed centrally to control the costs. Also, the department strongly supports and actively participates in statewide efforts to locate work across the enterprise and install performance management systems to perform administrative functions more efficiently and effectively.

Performance management system
The department uses a performance management system containing the following key elements:

- A clear statement of the outcomes ODHS must achieve.
- Descriptions of the processes ODHS uses to achieve its outcomes.
- Measures of success for each outcome and process.
- Owners for each measure.
- Written "breakthrough" strategies for each initiative that will significantly improve outcomes and processes.
- A quarterly all-day all-leadership review of progress on each measure and strategy.
- Best practices in installing performance management require specific skills - especially in project management, Lean tools, data analysis, and professional development of managers. ODHS has reallocated resources and used savings to make some of these investments, but it must increase these skills as much more needs to be done.

Enabling Legislation/Program Authorization

ORS 409.010

Funding Streams

- Allocated Costs – Costs benefiting more than one federal or state program are charged to a cost allocation pool. The allocating grant numbers accumulate costs until the monthly cost allocation process is run.
- Direct Charge – Costs benefiting a single federal or state program are charged directly to the grant number representing the program. There is no additional allocation for these costs.
- Monthly Process – The process runs each month based on actual accumulated costs. On a monthly basis, statistics are generated to complete the allocation

process. The cost allocation pools are cleared each month by the operation of the cost allocation process to transfer the costs to the final grant and cost objective.

- Federal Financial Participation (FFP) Calculation – After costs are allocated to final cost objectives, ODHS calculates and records the level of Federal Financial Participation for the specific grant.

Funding Justification and Significant Changes to CSL

There were five policy option packages included in Central Services' Governor's Budget.

PACKAGE NO.	PACKAGE TITLE				
70	**Revenue Shortfall**				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
0	0	(651,505)	(651,505)		
PACKAGE DESCRIPTION Several federal block/capped grants are used to fund positions and Services and Supplies in Central Services offices through cost allocation. These grants include TANF, SSBG, OCAN and VR Basic 110. The budget building process inflates the underlying costs for Personal Services each biennium due to step increases, COLAs, etc. This creates FF limitation without an actual revenue source for the portion related to block grants. To address this, there needs to be an adjustment of the budgeted fund split for positions in Central Services. Central Services Offices included in this POP proposal include ODHS Director's Office, BPA, HR, OEMS, Public Affairs, ORRAI, and Program Integrity.					

PACKAGE NO.	PACKAGE TITLE				
105	**HR Staffing Stabilization**				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
10,992,974	0		10,992,974	40	39.50

PACKAGE DESCRIPTION
The purpose of this request is to create permanent positions for current staff working within the ODHS HR Department in unfunded positions. As ODHS is the largest state agency providing critical services to 1.5 million vulnerable Oregonians, ODHS Programs must be able to recruit, select, retain and appropriately manage their human resources.

If this POP is not approved, ODHS will be at significant risk for employment litigation, lack of staffing resources for ODHS Programs and impacted services for Oregon's most vulnerable citizens.

PACKAGE NO.	PACKAGE TITLE				
107	**Diversity, Equity and Inclusion**				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
3,786,753	18,371	728,434	4,533,558	7	6.16

PACKAGE DESCRIPTION
The Office of Human Resources provides a broad range of workforce management services to support the operation of all ODHS programs serving to 1.5 million vulnerable Oregonians. The size and complexity (approximately 10,000 employees, nearly 1/3 of state government) requires multiple specialized divisions within the Office of Human Resources to ensure that all ODHS program areas can recruit, select, retain and appropriately manage their human resources. The Office of Human Resources provides the following services to ODHS: Training and Legal Compliance: The Office of Human Resources establishes, maintains and provides crucial workforce trainings regarding Harassment Free Workplace, Violence Free Workplace, Respectful Workplace, Human Resources Essentials, Workday Support, Interviewing, Selection and Hiring, and other human resource topics. The Office of Human Resources collaborates with multiple labor unions, with other State Agencies- DAS, DAS-Risk, BOLI, ERB, DOJ Labor & Employment, Trial and Appellate Divisions to assess and mitigate risk for the Agency. The Office of Human Resources administers State and Federal Leave Laws (FMLA, OFLA, Extended FMLA), the American with Disabilities Act, State and Federal Labor Laws as defined by the Equal Employment Opportunities

Commission (EEOC) and the Oregon Bureau of Labor and Industries (BOLI). Workforce Management: The Office of Human Resources manages approximately 300-350 workforce management issues which includes conducting investigations, drafting non-disciplinary and disciplinary documents, investigating and responding to union grievances, managing TORT responses, and lawsuits against the organization. Program Staffing: Annually ODHS also has approximately a 14 percent turnover rate. The Office of Human Resources opens more than 2,000 job recruitments, receives over 120,000 applications and assesses applications to identify top candidates to hiring managers. HR works closely with managers to develop their recruitment and selection strategies and management's ongoing performance management and supervision priorities. Classification & Compensation: ODHS completes 3,500 Pay Equity Assessments, approximately 300 position allocation reviews and classification studies. ODHS processes over 1,000 Pay Differential Requests annually. Human Resources supports managers with their workforce management classification and salary administration requirements.

PACKAGE NO.	PACKAGE TITLE				
118	**CW Stabilization**				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
4,438,678	132,774	4,379,008	8,950,460	34	29.92

PACKAGE DESCRIPTION

The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare program have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 99 positions (87.12 FTE) throughout various Child Welfare units as well as some Central office units that are critical to Child Welfare's stability

PACKAGE NO.	PACKAGE TITLE				
206	**Integrated Eligibility**				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
27,527,605	0	19,833,204	47.360.809	20	20.00

PACKAGE DESCRIPTION

This POP requests resources and funding to provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called ONE that integrates eligibility determination for Non-MAGI Medicaid, Sup+P2plemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. This system represents an essential lifeline to vulnerable Oregonians in need.

The IE program is an umbrella under which multiple inter-dependent yet disparate bodies of work fall.

o The core system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period to resolve defects, add minor enhancements and help staff adjust to the new system.

o Major enhancements to the system will be needed to add functionality that was not included in the original system requirements. These include functionality such as:

o Mandated changes for Asset Verification Services

o Updates to Medicare information

o Mandated and/or required reports for all programs

o Additional federal reporting or federal changes that have been passed nationally regarding the SNAP program

o Increased functionality for operational efficiency to ensure Oregonians receive the services they need in the most efficient method possible

o User Acceptance Tools need to be upgraded to support further enhancements. For example, Team Foundation Server must be upgraded to the latest version (Azure DevOps Server) before it reaches end-of-life. All UAT activities are currently supported by the State and are not provided by Deloitte.

o The Eligibility Transformation team which provides trainers, subject matter experts and leadership will need to continue to provide support services into the 2021-23 biennium.

o Ongoing support of the Legacy systems relied upon by IE. Changes made to the IE core system typically require changes to the legacy systems, which ultimately pays out benefits for clients. Test environments created to support user acceptance testing and on going support and maintenance for the existing automated test suite were not included in previous funding requests. Additional resources will be needed to ensure the environment and tools can support system changes, system enhancements, testing and training. Disaster Recovery functionality and testing needs to be established for IE core.
o On-going Maintenance & Operational (M&O) support will be provided by Deloitte for the core system. Funding is requested through this POP for those M&O expenses.
The Integrated Eligibility (IE) program must meet the needs of the Oregonians in which it serves. Enhanced Federal funding will continue to be available to finance a portion of the requests outlined for enhancements. Items that are M&O or not new development are not eligible for enhanced funding but can receive funds under the maintenance and operational federal match.

The Governor's Budget proposes reductions as follows:

- Reduction in Professional Service and Office expenses
- Additional 3% Vacancy Savings
- Eliminate most inflation for Supplies and Services
- Reduction for Attorney General services charges
- Reduction for DAS service charges
- Received 14 A&M positions from August 2020 Special Session

Oregon Department of Human Services: Shared Services

Primary Long-Term Focus Area: Excellence in State Government
Secondary Long-Term Focus Area:
Program Contact: Eric Moore

Shared Service Programs

ODHS Shared Services	GF	OF	FF	TF	POS	FTE
Shared Services Administration		1,735,094		1,735,094	5	5.00
Budget Center		4,060,992		4,060,992	15	15.00
Office of Forecasting & Research Analysis		3,989,607		3,989,607	12	12.00
Office of Financial Services		31,599,263		31,599,263	149	147.88
Human Resources Center		-		-	-	-
Facilities Center		6,320,504		6,320,504	29	29.00
Imaging & Records Management Svcs		15,264,858		15,264,858	81	79.37
Office of Contracts & Procurement		11,560,419		11,560,419	46	45.60
Office of Training, Investigations & Safety		20,224,580		20,224,580	78	77.45
Internal Audit and Consulting		2,438,165		2,438,165	9	8.97
Office of Payment Accuracy & Recovery		33,854,718		33,854,718	156	155.52
Publications and Creative Sevices Office		3,657,758		3,657,758	17	17.00
Background Check Unit		18,050,444		18,050,444	67	66.50
Oregon Enterprise Data and Analytics		3,353,544		3,353,544	12	12.00
Occupation Health, Safety & Emergency Mgmt		898,569		898,569	4	3.50
ODHS Shared Services Total	**-**	**157,008,515**	**-**	**157,008,515**	**680**	**674.79**

Program Overview

ODHS Shared Services supports ODHS and OHA by providing optimal business services to ensure accountability, data driven decisions, and stewardship of resources.

Program Funding Request

SHARED SERVICES	GF	OF	FF	TF
LAB 19-21	$ -	$ 147,436,690	$ -	$ 147,436,690
GB 21-23	$ -	$ 157,008,515	$ -	$ 157,008,515
Diff.	$ -	$ 9,571,825	$ -	$ 9,571,825
% Diff.	0%	6%	0%	6%

Program Description

ODHS Shared Services contains the following key offices and programs:

Shared Services Administration

This office provides leadership and direction for the shared services offices.

The goals of the Shared Services offices are to:

- Implement standardized business practices that are used throughout ODHS/OHA;
- Increase the efficiency, effectiveness and coordination of administrative services through the consolidation of functions across ODHS/OHA;
- Provide relevant information and recommendations regarding budget, forecasting and analysis of policy issues;
- Ensure effectiveness and efficiency in program management and measurement of results;
- Develop clear, concise information to support effective decision-making;
- Work effectively across ODHS/OHA to ensure department policies are incorporated and appropriately reflected in both agencies' budgets; and
- Provide reliable caseload and cost-per-case forecasts for all major programs, incorporating impacts of policy changes, changing demographics and any other relevant information available.

Budget Center

This office provides program and administrative budget planning, financial analysis and technical budget support for ODHS and OHA. These services are provided for department and program leadership, policy and field managers, staff and external policymakers.

- Monthly & Quarterly Budget Financial Services
- Budget & Position Tracking & Reporting Services
- Legislative Fiscal Coordination
- Budget & Position Technical Assistance & Training
- Shared Services Budget Committee Staffing

Office of Forecasting, Research and Analysis (OFRA)
This office provides client caseload forecasting services for ODHS and OHA. The Office of Forecasting, Research and Analysis provides critical forecasting and technical support to assist program managers to determine projected need for services and to develop the department budget to address these needs, anticipate changes in federal and other funding streams that may affect the ability to provide services, assure compliance with federal funding regulations and requirements, manage appropriation allotments and cash flow throughout the biennium, provide analysis and estimates to respond to inquiries from internal and external parties, and provide information and assistance in managing the ODHS/OHA budgets during the biennium.

- Client caseload forecasting:
- Producing semi-annual caseload forecasts for various ODHS programs (divisions);
- Monitoring actual client counts compared to the forecast; and
- Tracking and researching local, state and national trends affecting client caseloads

Geographic Information Systems (GIS) – Location Data Services
The GIS Location Data Services group is a part of the Office of Forecasting, Research and Analysis. This group develops, codes and maintains spatial data sets related to program areas within the ODHS and OHA. The team is responsible for,

- mapping existing data
- spatial coding of data
- data development
- overlay Analysis
- travel-time and least-cost path analysis

Office of Financial Services (OFS)
This office provides accounting services, administers employee benefits and payroll, prepares financial reports, and collects funds owed to ODHS and OHA. This office provides accurate, accountable and responsive financial management and business services to ODHS and OHA clients, providers, vendors, stakeholders and employees in support of both agencies' missions and in compliance with state laws and federal policies, rules and regulations. OFS is organized by functional area with the goal of maximizing operational efficiency. OFS works closely with

the DAS State Controller's Division, other state agencies and the federal government.

- The **Accounts Receivable Unit** produces invoices, collects funds due back to ODHS/OHA, and provides ODHS/OHA Accounts Receivable collection data annually to the Legislative Fiscal Office (LFO). This unit also receives, and processes garnishments levied on the department.

- The **Receipting Unit** deposits all negotiable instruments received by ODHS/OHA; accurately records the revenue and reduction of expense transactions into SFMA for these receipts, as well as from credit card and ACH activity in ODHS/OHA Treasury accounts.

- The **Disbursements and Travel Unit** processes invoices for goods and services including rent, utilities, supplies, interagency services, SPOTS VISA and travel claims for ODHS/OHA employees and other authorized non-state individuals.

- The **Contract Payments Unit** processes contract payments for services with providers and local governments, ensures payments are within contract limitations, and processes contract settlements as needed.

- The **Payroll Unit** processes agency payroll data and ensures that each employee of ODHS/OHA receives proper compensation in pay and benefits for work done.

- The **Strategic Systems Unit** takes financial data from the various ODHS/OHA proprietary payment and receipting systems, converts the data and interfaces the data into SFMA. Interfaced transactions include payments, payment cancellations, accounts receivable and recoupments. This unit is also responsible for the SFMA structures and cash flow management,

- The **Management Reporting and Cost Allocation Unit** develops, maintains and implements the department-wide cost allocation plan to allocate indirect administrative expenditures to federal, state and other sources; and provides data management support to internal customers as well as division support in the monitoring of budget to actual reporting.

- The **Statewide Financial Reporting and Trust Accounting Unit** prepares annual financial report information for inclusion in the statewide Combined Annual Financial Report; manages trust accounts.

- The **Reconciliation Unit** completes all reconciliation reports, compares results in SFMA, the State Treasury and ODHS/OHA proprietary systems.
- The **Federal and Grant Reporting Unit** maintains, analyzes reviews and reports on various grant types such as entitlement, block and categorical grants; and submits, receipts, and distributes federal draw requests for federal expenditure disbursements.
- The **Portland Accounting Unit** provides accounting services for Public Health Division (PHD) programs including accounts payable, monitoring sub-contractor expenditures, cash receipting, accounts receivable, audit coordination, and grant financial review and reporting.
- The **Internal Control and Policy Unit** monitors system security and control structure. Forgery Services Section handles and researches overpayments, forged, counterfeit and altered checks.

Office of Human Resources Center (HRC)
This office provides essential HR administrative functions and services for ODHS and OHA, and supports organizational development and an improved common culture of leadership and engagement across both agencies, through background checks and fitness determinations; personnel records management; leave administration; centralized position administration; safety and risk response and management; staff and management training; facilitation services and Lean Daily Management System (LDMS) coaching; HR data analysis and reporting; HR policy administration; and internal communication strategies and resources for managers and staff.

- Employee Records and Benefits Administration;
- Workforce Capacity Reports;
- Safety, Health and Wellness;
- Leave Law interpretation/ADA/Workers' Compensation
- Organizational Advancement

Office of Facilities Management (OFM)

The Facilities Center is a shared service office that provides Facilities functions for ODHS/OHA. The office acquires and administers leases and contracts for approximately 173 ODHS/OHA facilities statewide; coordinates construction, remodeling and modifications of facilities to meet service delivery needs; plans and manages modular furniture installations; monitors energy use; manages mail and parcel delivery; plans, develops, installs, and repairs ODHS/OHA telecommunications systems; audits the ODHS/OHA telephone bills; and conducts detailed research and analysis of phone systems to determine the most appropriate systems for both agencies' operations.

Facilities Management works with community colleges, cities and county governments to deliver its services. It also helps ODHS/OHA managers, staff and community partners develop and organize offices to meet the service delivery needs. Services include:

- Acquisition and administration of ODHS/OHA leases and contracts for an estimated 173 leased facilities statewide;
- Coordination of construction and remodeling of leased facilities, facilities project management; and
- Plans modifications of workspace to accommodate changes in program service delivery needs.

Central Services serves administrative offices located in five buildings in Salem and Portland. Services include:

- Coordination of building maintenance and management of energy use;
- Management of mail and parcel delivery at the Barbara Roberts Human Services Building and the Portland State Office Building;
- State vehicle management and scheduling at the Barbara Roberts Human Services Building and the Portland State Office Building;
- Lobby reception at the Barbara Roberts Human Services Building;
- Security and evacuation management at the Barbara Roberts Human Services Building; and

- Management of the furniture purchasing and centralized furniture warehouse in Salem, including inventory tracking.

Telecommunications administers the ODHS/OHA telecommunications. Services include:

- Planning, development and installation of telecommunications systems in 173 buildings statewide;
- Upgrading and repairing current systems;
- Telephone billing audits; and
- Detailed research and analyses of phone systems to determine the most appropriate systems for the department's operations.

Office of Imaging and Records Management Services (IRMS)
This office provides document and records management services for ODHS and OHA through imaging, electronic workflow, data entry, archiving and retention services.

- Data capture services for billing claims related to medical and dental services, hospitals, nursing homes, in-home services, home-delivered meals and childcare
- Imaging services related to Oregon Health Plan applications, SNAP applications, Senior Prescription Drug applications, ODHS case management files, Human Resources documents, checks, hearing documents, intentional program violations, childcare, medical claims, sterilization consent forms, Financial Services documents, and client case records.
- Electronic and physical records archival, retrieval and coordination of destruction services

This office electronically images more than 300,000 documents each month. These are related to the Oregon Health Plan, SNAP program, Direct Pay Unit/Child Care programs, Financial Services, Oregon Health Authority, Background Check Unit, and provider and client hearings. IRMS provides images of checks to Financial Services to allow for timely receipt and deposit of funds and provides images to

the Background Check Unit to assist in expediting retrieval of records to answer provider questions.

IRMS also receives an average of 29,000 paper claims and checks each month for data capture. Most are for medical and dental services, hospitals, nursing homes, in-home services, home-delivered meals, and childcare. IRMS provides data and images, which allow SNAP programs, Oregon Health Plan and Oregon Health Authority staff to answer provider and client questions regarding eligibility and payment. The Electronic Document Management System (EDMS) electronically images documents and stores the images on a Storage Area Network (SAN), providing a single repository resulting in immediate accessibility to all authorized ODHS/OHA staff throughout the state of Oregon.

Office of Contracts and Procurement (OC&P)
This office provides contract and procurement services for ODHS and OHA by making purchases, conducting solicitations, and preparing and processing contracts with other government agencies, businesses and service providers.

There are approximately 560 ODHS/OHA program personnel who work directly with OC&P to put contracts in place which support both agencies. Additionally, there are approximately 1,000 ODHS/OHA administrative support personnel who require OC&P services related to purchases supporting ODHS/OHA business operations.

Office of Training Investigations and Safety (OTIS)
This office conducts investigations and provides protective services in response to reported abuse and neglect of seniors and people with physical disabilities; adults with developmental disabilities or mental illness; and children receiving residential treatment services. The types of abuse we investigate may include physical, sexual, verbal and financial abuse; neglect, involuntary seclusion, and wrongful restraint. (See also individual Program Unit Forms for more details)

Internal Audits and Consulting (IAC)
This unit provides independent and objective information about ODHS and OHA operations, programs and activities to help management make informed decisions and improve services.

The unit assists management through reviews of ODHS/OHA programs and activities, ensuring effective and efficient use of resources to achieve the department's goals and outcomes. The unit performs independent audits and reviews, which include:

- Reliability and integrity of financial and operational information,
- Effectiveness and efficiency of operations,
- Safeguarding of assets,
- Evaluation of management controls (which may be related to investigations of alleged misconduct and illegal activities), and
- Compliance with laws and regulations, contracts, and grant awards.
- These services are important because they:
- Help decrease the amount of fraud, waste and abuse;
- Ensure the reliability and integrity of financial and operational information;
- Ensure effectiveness and efficiency of operations;
- Ensure adequacy of internal controls to prevent or minimize alleged misconduct and illegal activities; and
- Ensure compliance with laws and regulations, contracts and grant awards.

Office of Payment Accuracy and Recovery (OPAR)
This office provides recovery services for ODHS and OHA by identifying and recovering moneys paid in error to clients or providers; investigates allegations of fraudulent activities; investigates and recovers state funds expended for services when a third party should have covered the service and the recovery of claims made by a client; and recovers funds from the estates of Medicaid recipients for the cost of cash and medical benefits provided.

OPAR strives to improve program integrity, payment accuracy and financial recovery on behalf of many ODHS/OHA programs (SNAP, Medicaid, Temporary Assistance to Needy Families (TANF), Child Care, and others). Specific services provided include:

- Audits and investigations
- Establishment of overpayment debts and collection of those debts
- Facilitation of third-party recoveries
- Identification of third-party resources
- Assistance to ODHS field staff with data integrity issues
- Recovery of Medicaid, Clawback and General Assistance funds from estates of deceased clients

Publication and Creative Services (PCS)
This section manages the writing, design, development, printing and distribution of ODHS and OHA publications for internal and external audiences, which includes alternate formats and alternate languages. Provides consulting to plan professional quality publications that reflect ODHS and OHA style guidelines; edit and proof materials created by staff experts and partners in their individual fields; provide graphic design, layout, original and digital illustration, forms creation, graphic artwork and Web and electronic materials.

Office of Background Checks (BCU)
The Background Check Unit provides a comprehensive background screening process to determine if an individual should be allowed to have access to vulnerable people, IT systems or client information. BCU also provides centralized support for FBI Criminal Justice Information Services (CJIS) clearance and training for ODHS and OHA staff. BCU is also Oregon's point of contact for processing out-of-state child protective service check requests in support of federal legislation.

Oregon Enterprise Data Analytics (OEDA)
The 2015 Oregon State Legislature created Oregon Enterprise Data Analytics. This group produces evidence-based, actionable information though inter-agency research to improve the lives of Oregonians. They collaborate across state agencies such as OHA, Education, Housing, Oregon Youth Authority and others to create useful insights and supportive.

Program Justification and Link to Focus Areas
ODHS Shared Services provide critical and program supports necessary to achieve the mission of the agency: helping Oregonians achieve well-being and

independence through opportunities that protect, empower, respect choice and preserve dignity.

ODHS Shared Services include:

- Payments to DAS and third parties for goods and services that serve the whole agency, such as facility rents, enterprise technology services, the DAS risk assessment, DAS government service charges, computer replacement, and debt service.
- Payments for ODHS's share of the cost of services shared with OHA. When the agency split, ODHS and OHA agreed to share information technology, financial, investigations, and other services to avoid cost increases and permit a greater focus on improving performance and efficiency.
- The cost of the ODHS/OHA shared services provided by ODHS. These costs are entirely Other-funded, paid for by the payments described in the 2nd bullet above and there are similar payments in the OHA budget. From a total fund perspective, these costs are double counted in the ODHS and OHA budgets but are needed in order for the offices to perform their daily operations.

The ODHS Shared Services budget is structured and administered according to the following principles:

Control over major costs
ODHS centrally manages many major costs. Some of these costs, like many DAS charges, are essentially fixed to the agency. Others, like facility rents, are managed centrally to control the costs. ODHS also strongly supports and actively participates in statewide efforts to locate work across the enterprise and install performance management systems to perform administrative functions more efficiently and effectively.

Customer-driven shared services
When the agency split, ODHS and OHA agreed to maintain many administrative functions as shared services to prevent cost increases, maintain centers of excellence, and preserve standards that help the agencies work together.

Shared Governance
ODHS and OHA govern their shared services through committees composed of operational leaders of the two agencies. This approach ensures shared services are

prioritized and managed to support program needs. The committee and its subgroups have established service level agreements and performance measures for each service, implemented recent budget cuts selectively, moved staff in and out of shared services to rationalize service delivery, and started implementing more integrated systems to support the performance of all our employees.

Best practices in installing performance management require specific skills - especially in project management, Lean tools, data analysis, and professional development of managers. ODHS has reallocated resources and used savings to make some of these investments, but in order to increase these skills much more needs to be done.

Enabling Legislation/Program Authorization
ORS 409.010

Funding Streams
Funding streams are billed through an approved cost allocation plan. The model contains a billing allocation module and a grant allocation module.

The billing allocation module allocates Shared Service costs to the two agencies. The billing module allocates costs to customers within each agency. It does not allocate costs directly to Federal grants.

The grant allocation module allocates costs within ODHS to State and Federal grants. These costs include those directly incurred by ODHS, Shared Service costs allocated to ODHS by the billing allocation module, and external costs allocated to ODHS by other State agencies.

Both modules allocate aggregated costs on a monthly basis and use similar allocation methods.

Funding Justification and Significant Changes to GB

Shared Services	GF	OF	FF	TF	POS	FTE
GB Build - POPS	**-**	**(6,532,023)**	**-**	**(6,532,023)**	**1**	**0.55**
POP 084 - June 2020 Special Session	-	215,123		**215,123**	1	1.00
POP 087 - August 2020 Special Session	-	(4,471,742)	-	**(4,471,742)**	(12)	(11.25)
POP 091 - Elimination of S&S Inflation	-	(537,181)	-	**(537,181)**		
POP 092 - Personal Services Adjustments	-	(3,507,400)	-	**(3,507,400)**		
POP 095 - GB/Fall Reshoot/Dec 2020 Rebalance rollup	-	485,949	-	**485,949**	2	2.00
POP 096 - DAS Service Charges	-	(74,331)	-	**(74,331)**		
POP 097 - AG Rate Reduction	-	(71,194)	-	**(71,194)**		
POP 118 - CW Stabilization	-	785,512	-	**785,512**	6	5.28
POP 125 - EAU Business Process Change/Prog Integrity	-	643,241	-	**643,241**	4	3.52

Package Number: 084	**June 2020 Special Session**				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
-	215,123	-	215,123	1	1.00
Description: June 2020 Special Session rollup					

Package Number: 087	**August 2020 Special Session**				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
-	(4,471,742)	-	(4,471,742)	(12)	(11.25)
Description: August 2020 Special Session rollup which includes moving the Human Resources Center from Shared Services to both ODHS and OHA Central Human Resources Center					

Package Number: 091	Elimination of Services and Supplies Infaltion				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
-	(537,181)	-	(537,181)	-	-
Description: Eliminate most inflation for Supplies and Services					

Package Number: 092	Personal Services Adjustments				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
-	(3,507,400)	-	(3,507,400)	-	-
Description: Additional 3% Vacancy savings					

Package Number: 095	GB/Fall Reshoot/Dec 2020 Rebalance rollup				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
-	485,949	-	485,949	2	2.00
Description: December 2020 rebalance rollup					

Package Number: 096	DAS Service Charges				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
-	(74,331)	-	(74,331)		
Description: Reduction for DAS service charges					

Package Number: 097	AG Rate Reduction				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
-	(71,194)	-	(71,194)		

Description:
Reduction for Attorney General services charges

Package Number: 118	CW Stabilization				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
-	785,512	-	785,512	6	5.28

Description:
The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare program have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 99 positions (87.12 FTE) throughout various Child Welfare units as well as some Central office units that are critical to Child Welfare's stability.

Package Number: 125	EAU Business Process Change/Prog Integrity				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
-	643,241	-	643,241	4	3.52

Description:
The primary objective of the policy package is to increase recoveries for reinvestment in DHS programs and to improve integrity to DHS programs through increased identification and recovery of overpaid benefits. Additional revenues for DHS will be provided to the Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Employee Related Daycare (ERDC) and Medical Programs.

The Overpayment Writing and Overpayment Recovery Units have successfully redesigned and are now rightsized for the incoming work. Prior to this, they have been creating backlogs of work. The backlogs are not completely eliminated yet, however, they are not adding to the backlogged work either and are slowly pecking away.

We are anticipating similar processes redesign work in our Fraud Investigation unit, which should add an additional 50 cases a month to ORU and OWU workloads. This additional work translates into 3 additional overpayment writers (2-Compliance Specialist 2 and 1-Compliance Specialist 3) and 1 additional recovery agent (Revenue Agent 2) needed. It would also likely result in an additional $2 million per biennium for the SNAP, TANF, Medicaid and ERDC programs.

Oregon Department of Human Services: State Assessments and Enterprise-wide Costs

Primary Long-Term Focus Area: Excellence in State Government
Secondary Long-Term Focus Area:
Program Contact: Eric Moore

SAEC Budget	GF	OF	FF	TF
State Government Service Charge	35,440,752	3,743,638	19,683,888	58,868,278
Risk Assessment	13,865,690	622,427	7,049,145	21,537,262
Enterprise Technology Services	25,839,746	1,235,729	30,495,804	57,571,279
Facilities	85,888,118	4,828,733	68,517,740	159,234,591
Computer Replacement	6,994,321	313,260	4,897,677	12,205,258
Shared Services Funding	122,523,581	6,130,833	83,274,916	211,929,330
Debt Service	25,759,190	-	-	25,759,190
Telecommunications	5,241,463	182,561	4,434,587	9,858,611
Mass Transit	3,663,171	-	-	3,663,171
Unemployment	1,117,490	214,777	873,011	2,205,278
Treasury Credit Line	-	32,443,466	-	32,443,466
Office of Administrative Hearings	1,592,466	-	502,333	2,094,799
All Other Assessments	190,423	17,179	71,015	278,617
ODHS Postage and Handling	3,240,470	299,352	2,006,816	5,546,638
Total SAEC ARB	331,356,881	50,031,955	221,806,932	603,195,768

Note: There are no positions or FTE in the SAEC budget

Program Overview

The SAEC budget includes statewide and other enterprise assessments costs such as State Government Service Charges, the enterprise technology services, rent, computer replacement costs and the cost of ODHS/OHA shared services.

Program Funding Request

SAEC	GF	OF	FF	TF
LAB 19-21	284,657,702	39,622,034	199,357,891	523,637,627
GB 21-23	331,356,881	50,031,955	221,806,932	603,195,768
Diff.	46,699,179	10,409,921	22,449,041	79,558,141
% Diff.	16%	26%	11%	15%

Program Description

ODHS has statewide assessments that include DAS charges such as the State Government Service Charge, Risk Assessment and enterprise technology services Charges. Rent for all of ODHS is in the Facilities budget. This budget includes the computer replacement budget. The Shared Services funding is the revenue for the ODHS portion of ODHS and OHA shared services. When the agency split, ODHS and OHA agreed to share information technology, financial, investigations, and other services to avoid cost increases and permit a greater focus on improving performance and efficiency.

Debt services is to pay off Certificates of Participation or Q-Bond loans taken for major ODHS projects. Each service, both shared and assessed, are important for ODHS to attain its programmatic outcomes. It is critical to continue to look for efficiencies in our systems, processes and staffing.

This budget also includes the costs of telecommunications, unemployment insurance, mass transit, administrative hearings and limitation for a line of credit from the Treasury Department used for cash flow purposes at the end of the biennium.

Program Justification and Link to Focus Areas

There is a direct link between this program and Excellence in State Government focus area. ODHS strives to control major program support costs. ODHS centrally manages many major costs. Some of these costs, like many DAS charges, are fixed to the agency. Other costs, such as facility rents, are centrally controlled. ODHS also strongly supports and actively participates in statewide efforts to locate work across the enterprise and install performance management systems to perform administrative functions more efficiently and effectively.

Program Performance

ODHS is committed to customer-driven shared services. When the agency split, ODHS and OHA agreed to maintain many administrative functions as shared services to prevent cost increases, maintain centers of excellence, and preserve standards that help the agencies work together. ODHS and OHA govern their shared services through a joint committee composed of operational leaders of the two agencies. This approach ensures that shared services are prioritized and managed to support program needs. The committee and its subgroups have established service level agreements and performance measures for each service,

moved staff in and out of shared services to rationalize service delivery, and begun implementing more integrated systems to support the performance of all our employees.

ODHS pays for services from the Department of Administrative services including general charges and costs of the enterprise technology services. ODHS also actively supports statewide projects like Workday and OregonBuys intended to make government more efficient and cost effective.

Enabling Legislation/Program Authorization

The authorization for these budgets comes from legislative budget bills each biennium. Spending authority for the agency is a part of the general authority granted to the agency through statute and federal law. General ODHS statutes include ORS 409.010, ORS 409.110 and ORS 409.160.

Funding Streams

A mix of state general and federal dollars fund the majority of the services provided in SAEC many of the areas are assessed to federal funds through a cost allocation processes.

Funding Justification, Significant Changes and Comparison to 19-21 LAB

The following policy option packages (POP) is recommended in the ODHS Agency Request Budget above the current service level for SAEC.

SAEC	GF	OF	FF	TF	POS	FTE
GB Build - POPS	**(13,541,819)**	**6,267,970**	**(5,058,419)**	**(12,332,268)**	-	-
POP 084 - June 2020 Special Session	243,888	-	-	**243,888**	-	-
POP 087 - August 2020 Special Session	495,691	(174,714)	(2,347,228)	**(2,026,251)**	-	-
POP 088 - September e-board rollup	-	7,160,187	-	**7,160,187**	-	-
POP 090 - GB Analyst Adjustments	(3,247,277)	(126,302)	(2,367,838)	**(5,741,417)**	-	-
POP 091 - Elimination of S&S Inflation	(2,063,522)	(76,368)	(1,770,248)	**(3,910,138)**	-	-
POP 095 - GB/Fall Reshoot/Dec 2020 Rebalance rollup	3,087,275	274,927	1,926,582	**5,288,784**	-	-
POP 096 - DAS Service Charges	(18,250,756)	(676,476)	(10,607,965)	**(29,535,197)**	-	-
POP 097 - AG Rate Reduction	(5,684)	(133)	(4,992)	**(10,809)**	-	-
POP 099 - Microsoft 365 DAS Adjustment	(4,141,290)	(157,191)	(2,363,317)	**(6,661,798)**	-	-
POP 118 - CW Stabilization	459,080	44,040	439,949	**943,069**	-	-
POP 125 - EAU Business Process Change/Prog Integrity	748,860	-	-	**748,860**	-	-
POP 206 - Integrated Eligibility	9,131,916	-	12,036,638	**21,168,554**		

Package Number: 084	June 2020 Special Session				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
243,888	-	-	243,888	-	-
Description: June 2020 Special Session rollup					

Package Number: 087	August 2020 Special Session				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
495,691	(174,714)	(2,347,228)	(2,026,251)	-	-
Description: August 2020 Special Session rollup which includes moving the Human Resources Center from Shared Services to both ODHS and OHA Central Human Resources Center					

Package Number: 088	September E-board				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
-	7,160,187	-	7,160,187	-	-
Description: September e-board rollup					

Package Number: 090	GB Analyst Adjustments				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
(3,247,277)	(126,302)	(2,367,838)	(5,741,417)	-	-
Description: GB Analyst adjustments					

Package Number: 091	Elimination of Services and Supplies Infaltion				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
(2,063,522)	(76,368)	(1,770,248)	(3,910,138)	-	-
Description: Eliminate most inflation for Supplies and Services					

Package Number: 095	GB/Fall Reshoot/Dec 2020 Rebalance rollup				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
3,087,275	274,927	1,926,582	5,288,784	-	-
Description: December 2020 rebalance rollup					

Package Number: 096	DAS Service Charges				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
(18,250,756)	(676,476)	(10,607,965)	(29,535,197)	-	-
Description: Reduction for DAS service charges					

Package Number: 097	AG Rate Reduction				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
(5,684)	(133)	(4,992)	(10,809)	-	-
Description: Reduction for Attorney General services charges					

Package Number: 099	Microsoft 365 DAS Adjustment				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
(4,141,290)	(157,191)	(2,363,317)	(6,661,798)	-	-
Description: Microsoft 365 DAS Adjustment					

Package Number: 118	CW Stabilization				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
459,080	44,040	439,949	943,069	-	-

Description:

The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare program have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 99 positions (87.12 FTE) throughout various Child Welfare units as well as some Central office units that are critical to Child Welfare's stability.

Package Number: 125	EAU Business Process Change/Prog Integrity				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
748,860	-	-	748,860	-	-

Description:

The primary objective of the policy package is to increase recoveries for reinvestment in DHS programs and to improve integrity to DHS programs through increased identification and recovery of overpaid benefits. Additional revenues for DHS will be provided to the Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Employee Related Daycare (ERDC) and Medical Programs.

The Overpayment Writing and Overpayment Recovery Units have successfully redesigned and are now rightsized for the incoming work. Prior to this, they have been creating backlogs of work. The backlogs are not completely eliminated yet, however, they are not adding to the backlogged work either and are slowly pecking away.

We are anticipating similar processes redesign work in our Fraud Investigation unit, which should add an additional 50 cases a month to ORU and OWU workloads. This additional work translates into 3 additional overpayment writers (2-Compliance Specialist 2 and 1-Compliance Specialist 3) and 1 additional recovery agent (Revenue Agent 2) needed. It would also likely result in an additional $2 million per biennium for the SNAP, TANF, Medicaid and ERDC programs.

Package Number: 206	Integrated Eligibility				
General Fund	**Other Funds**	**Federal Funds**	**Total Funds**	**Positions**	**FTE**
459,080	44,040	439,949	943,069	-	-

Description:

This POP requests resources and funding to provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called ONE that integrates eligibility determination for Non-MAGI Medicaid, Sup+P2plemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. This system represents an essential lifeline to vulnerable Oregonians in need.

The IE program is an umbrella under which multiple inter-dependent yet disparate bodies of work fall.

•The core system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period to resolve defects, add minor enhancements and help staff adjust to the new system.
•Major enhancements to the system will be needed to add functionality that was not included in the original system requirements. These include functionality such as:
•Mandated changes for Asset Verification Services
•Updates to Medicare information
•Mandated and/or required reports for all programs
•Additional federal reporting or federal changes that have been passed nationally regarding the SNAP program
•Increased functionality for operational efficiency to ensure Oregonians receive the services they need in the most efficient method possible
•User Acceptance Tools need to be upgraded to support further enhancements. For example, Team Foundation Server must be upgraded to the latest version (Azure DevOps Server) before it reaches end-of-life. All UAT activities are currently supported by the State and are not provided by Deloitte.
•The Eligibility Transformation team which provides trainers, subject matter experts and leadership will need to continue to provide support services into the 2021-23 biennium.
•Ongoing support of the Legacy systems relied upon by IE. Changes made to the IE core system typically require changes to the legacy systems, which ultimately pays out benefits for clients. Test environments created to support user acceptance testing and o+[@Description]going support and maintenance for the existing automated test suite were not included in previous funding requests. Additional resources will be needed to ensure the environment and tools can support system changes, system enhancements, testing and training. Disaster Recovery functionality and testing needs to be established for IE core.
•On-going Maintenance & Operational (M&O) support will be provided by Deloitte for the core system. Funding is requested through this POP for those M&O expenses.

The Integrated Eligibility (IE) program must meet the needs of the Oregonians in which it serves. Enhanced Federal funding will continue to be available to finance a portion of the requests outlined for enhancements. Items that are M&O or not new development are not eligible for enhanced funding but can receive funds under the maintenance and operational federal match.

Oregon Department of Human Services Self-Sufficiency Programs

Mission

To provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty

Program

Self-Sufficiency Programs (SSP) provides low- or no-income Oregonians with benefits and services to help them find stability and stop multi-generational poverty. With our lens focused on equity, we adapt services and policy to eliminate discrimination and disparities in how we deliver our services. SSP benefits prioritize the safety and healthy development of children, the strength of the individual and family, and the prevention of abuse or neglect that often leads to out-of-home placements in the more expensive foster care program.

SSP works to achieve its mission by focusing its efforts on five foundational operating principles:

- Family Engagement
- Economic Stability
- Collective Impact
- Integrity and Stewardship
- Professional Development

The benefits offered through SSP are:

- Employment Related Day Care (ERDC)
- Oregon Health Plan
- Refugee Program
- Supplemental Nutrition Assistance Program (SNAP)
    - SNAP-related programs, such as the SNAP Employment and Training Program (STEP) and Able-Bodied Adults without Dependents (ABAWD) Program

- Temporary Assistance for Domestic Violence Survivors (TA-DVS)
- Temporary Assistance for Needy Families (TANF)
    - TANF-related programs, such as the Job Opportunity and Basic Skills (JOBS) program and Family Support and Connections (FS&C)
- Youth Services

SSP is seeing an increase in caseloads, driven by several factors, including the housing crisis, COVID-19 pandemic, economic conditions, and a shortage of available and affordable childcare and attainable living-wage jobs.

Just a few months ago, customers were working but had lower wages or fewer hours and didn't earn enough to make ends meet on their own. Now, more Oregonians have lost their jobs, increasing the need for SSP benefits. In addition, poverty and disparity factors, such as geography (rural/urban), education, English language proficiency, race/ethnicity, and age, are creating an even larger gap and continue to affect the ability for families to achieve economic stability.

When Oregonians find themselves needing additional assistance, they can apply for benefits online, by phone or in-person through a network of local offices in every county.

BENEFITS OVERVIEW

Employment Related Day Care (ERDC)

ERDC assists low-income working and self-employed families with childcare costs. The program has a dual generational goal to help families maintain stable employment while helping children access high-quality childcare, increasing their likelihood of success in school.

Families in this program pay a share of the childcare cost, called the copay. The amount of the copay is based on a sliding scale using family size and income.

Working families may qualify for childcare assistance while they are attending school, searching for a job after a lay-off or temporary loss of employment, or during periods of medical leave.

Payments are made directly to childcare providers approved for payment by ODHS. All ODHS-approved providers must meet specific health and safety requirements before they are eligible to receive payments. ODHS rates are set with the intention to allow ERDC families the same access to childcare as families that pay privately.

ERDC also works with providers and other childcare partners across the state to help families find and keep high-quality childcare, improve the availability of quality childcare in Oregon, and to develop resources for families and childcare providers.

Oregon Health Plan (OHP)

The Oregon Health Plan (OHP) is the state's medical assistance program, serving more than 1 million Oregonians. Funded by Medicaid, Children's Health Insurance Program and state resources, OHP offers free health care for people who meet income and other requirements, including age and disability status. OHP covers physical, dental and behavioral health care. Most members receive their care through regional networks called Coordinated Care Organizations (CCOs).

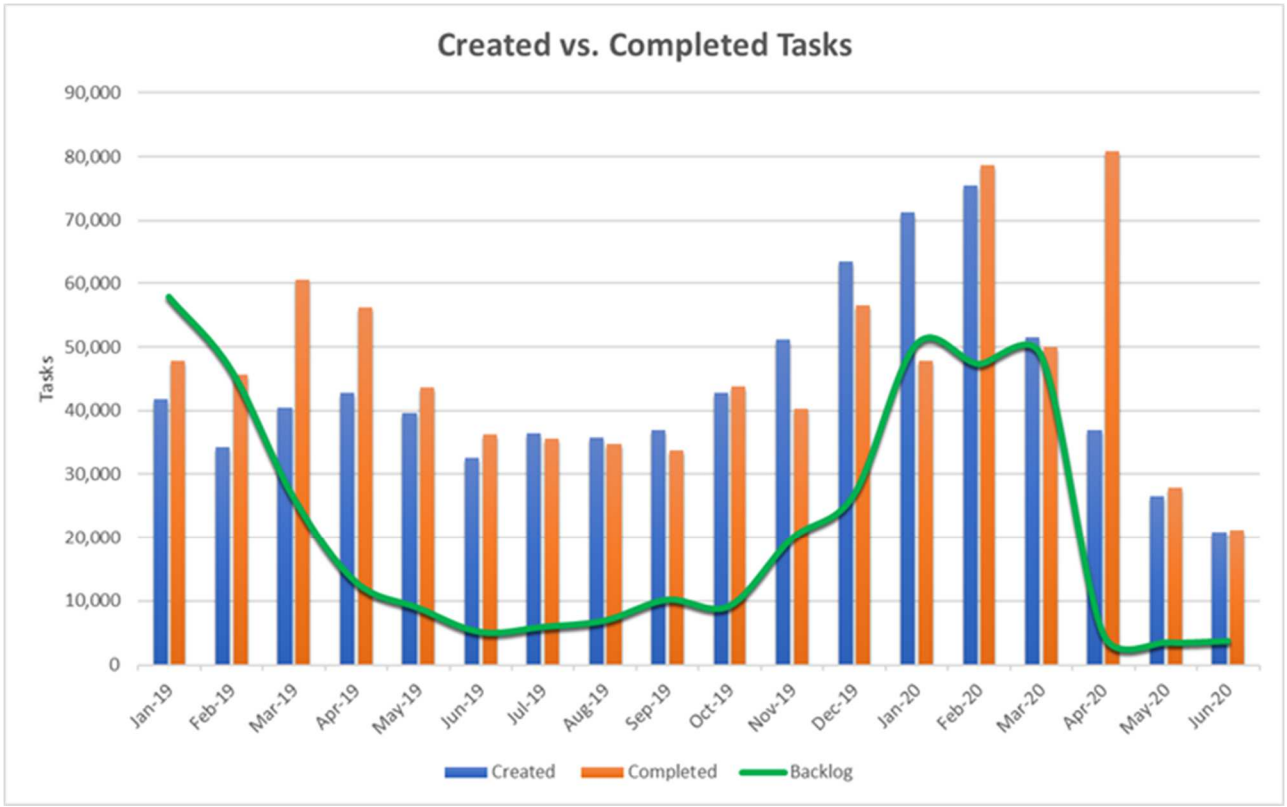
The Oregon Health Plan also serves some of the state's most vulnerable populations including Breast and Cervical Cancer patients, those with emergency medical needs, Heritage Native Americans, a sub portion of the state's aging and people with disabilities population, and more.

ODHS is currently implementing the Integrated Eligibility (IE) project, which will allow OHP eligibility staff to better serve Oregonians by processing other Self-Sufficiency benefit programs.

As part of the IE project, OHP has opened many new medical processing locations across the state to include both rural and urban areas. Opening these new locations has widened our ability to offer customer service in less populated areas and included cross training for staff to process work on a statewide level.

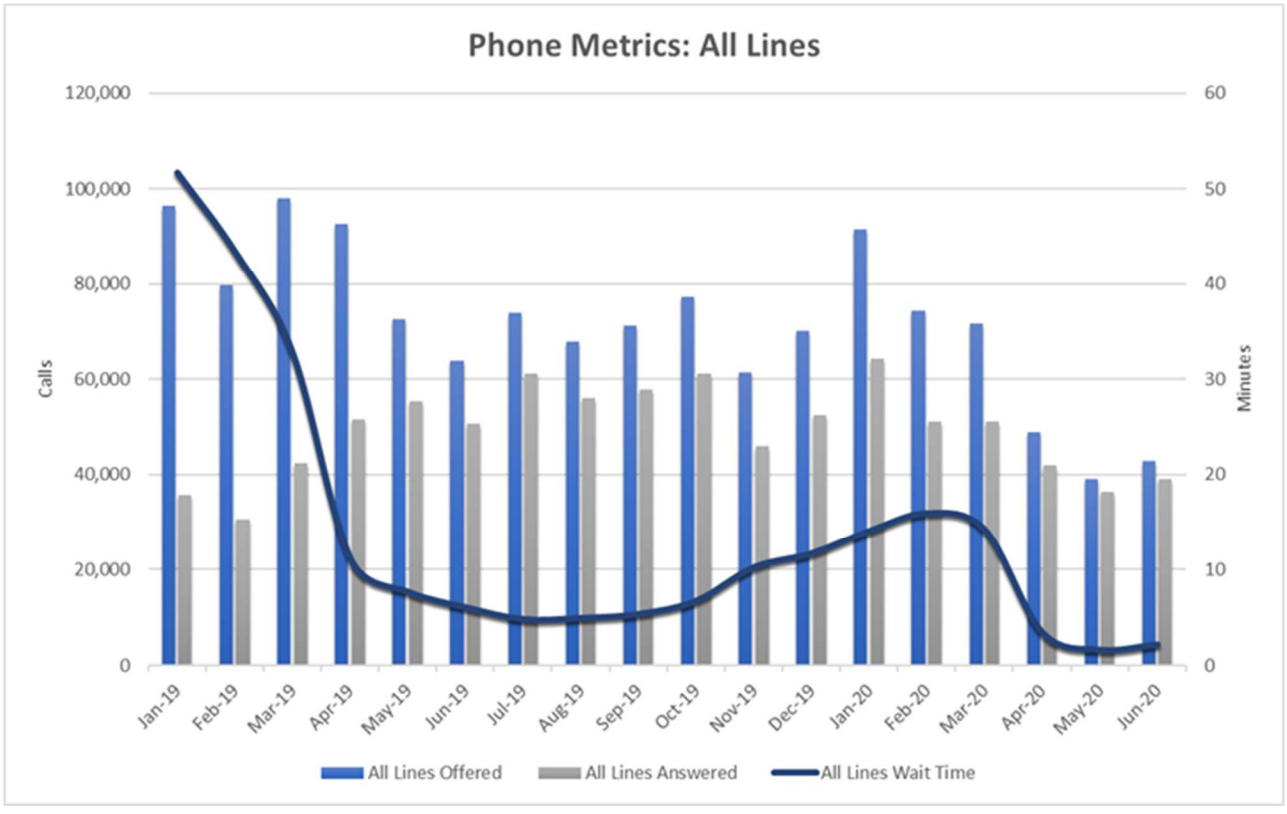
Oregon Health Plan Task Processing Metrics

Task Processing Metrics			
Month	Created	Completed	Backlog
Jan-19	41,881	47,909	57,815
Feb-19	34,204	45,706	46,319
Mar-19	40,435	60,495	26,279
Apr-19	42,839	56,249	12,903
May-19	39,600	43,666	8,857
Jun-19	32,553	36,352	5,070
Jul-19	36,373	35,581	5,870
Aug-19	35,843	34,836	6,878
Sep-19	36,938	33,693	10,128
Oct-19	42,829	43,780	9,167
Nov-19	51,132	40,380	19,798
Dec-19	63,584	56,606	26,759
Jan-20	71,294	47,756	50,417
Feb-20	75,553	78,696	47,274
Mar-20	51,475	50,078	48,677
Apr-20	36,901	80,900	4,710
May-20	26,580	27,845	3,438
Jun-20	20,904	21,151	3,668



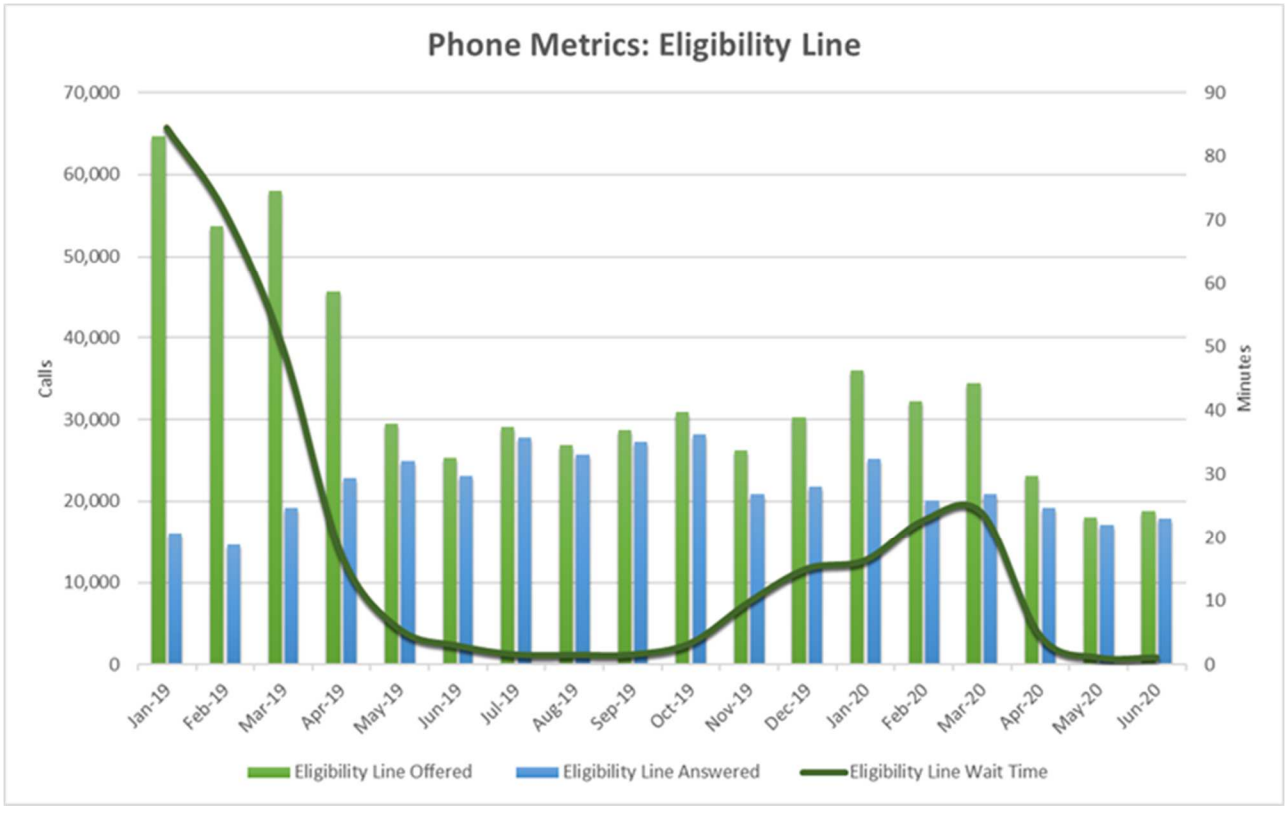
Oregon Health Plan Phone Metrics – All Lines

Phone Metrics: All Lines				
Month	Offered	Answered	Answer Rate	Wait Time
Jan-19	96,426	35,812	37%	51.66
Feb-19	79,779	30,627	38%	43.41
Mar-19	98,040	42,350	43%	32.75
Apr-19	92,651	51,505	56%	11.18
May-19	72,691	55,413	76%	7.72
Jun-19	63,846	50,636	79%	6.1
Jul-19	74,029	61,264	83%	4.86
Aug-19	67,859	56,145	83%	4.98
Sep-19	71,229	57,843	81%	5.4
Oct-19	77,299	61,234	79%	6.78
Nov-19	61,321	45,941	75%	10.28
Dec-19	70,197	52,438	75%	11.73
Jan-20	91,601	64,330	70%	14.1
Feb-20	74,314	51,119	69%	15.98
Mar-20	71,797	51,162	71%	14.25
Apr-20	48,850	42,066	86%	3.48
May-20	39,119	36,448	93%	1.67
Jun-20	42,842	39,051	91%	2.23



Oregon Health Plan Phone Metrics – Eligibility Line Only

Phone Metrics: Eligibility Line				
Month	Offered	Answered	Answer Rate	Wait Time
Jan-19	64,732	16,028	25%	84.48
Feb-19	53,726	14,596	27%	71.23
Mar-19	57,985	19,234	33%	49.75
Apr-19	45,671	22,874	50%	17.23
May-19	29,479	24,915	85%	5.5
Jun-19	25,303	23,105	91%	2.92
Jul-19	29,094	27,832	96%	1.53
Aug-19	26,855	25,723	96%	1.48
Sep-19	28,749	27,327	95%	1.55
Oct-19	30,981	28,189	91%	3.35
Nov-19	26,268	20,844	79%	9.77
Dec-19	30,228	21,843	72%	15
Jan-20	36,047	25,221	70%	16.32
Feb-20	32,198	20,174	63%	22.7
Mar-20	34,460	20,861	61%	23.83
Apr-20	23,099	19,238	83%	4.48
May-20	18,036	17,181	95%	1.05
Jun-20	18,760	17,894	95%	1.08



Refugee

The Refugee program serves people who escaped mistreatment in their country of origin and were legally admitted for resettlement by the United States government. Those who have run away from their own countries because of bad treatment and have been given safety in the U.S. access the program for financial, employment-related, case management and life skills resources to provide a sense of community for the newly arrived. This program guides refugees toward economic stability through employment and case management. The program serves only those persons in immigration categories approved by the Federal Office of Refugee Resettlement.

Supplemental Nutritional Assistance Program (SNAP)

The SNAP offers food aid to low-income individuals and families to help meet their nutritional needs. Benefits to recipients are 100 percent federally funded; however, the administration of the program requires a 50 percent state match. Approximately one in five Oregonians receive food aid through SNAP.

The SNAP is the largest anti-poverty program in Oregon and the United States. Recent research has shown that SNAP benefits reduce the depth and severity of poverty and have a particularly strong effect on reducing child poverty. SNAP benefits add about $1.1 billion per year to the Oregon economy, including rural Oregon.

SSP serves the majority of the SNAP population. Older adults, those 60 years of age and older, and persons with disabilities who require services are assisted by the Aging and People with Disabilities (APD) Program and their contracted partners (Area Agencies on Aging (AAA), Disability Services Offices and Councils of Government).

Oregon is federally required to offer an Employment and Training (E&T) program for the purpose of assisting SNAP households obtain skills, training, and work or experience to increase their ability to obtain living-wage employment that leads to a career. Oregon has two voluntary SNAP E&T programs: the SNAP Training and Employment Program (STEP) (nationally called the SNAP 50/50 program), and the

Able-Bodied Adults Without Dependents (ABAWD) program.

- **Commodities Supplemental Food Program (CSFP)**
  This program provides a monthly prescribed nutritious commodity package to help meet the needs of low-income older adults (aged 60 or older). Food packages are distributed through local agencies and include canned fruits and vegetables, canned meat, poultry and other protein items, and grain products such as pasta, as well as other foods. While CSFP food packages do not provide a complete diet, they are good sources of the nutrients typically lacking in the diets of the target population. Recipients are also offered the opportunity to receive nutrition education instruction and information, often in their preferred language and with culturally appropriate recipes.

- **The Emergency Food Assistance Program (TEFAP)**
  This federal program helps supplement the diets of low-income Oregonians by providing emergency food and nutrition assistance at no cost. The amount of food Oregon receives is based on the number of unemployed persons and the number of people with incomes below the federal poverty level. Oregon provides USDA commodities, as well as administrative funds, to the Oregon Food Bank (OFB), the state's distributing agency. The OFB works with a cooperative network of regional food banks, partner agencies, and programs to distribute emergency food to hungry families.

Temporary Assistance to Domestic Violence Survivors (TA-DVS)
TA-DVS provides short-term financial help and support services to families with children affected by domestic violence when other resources are not available. TA-DVS is used to help at-risk children and their parents focus on safety concerns and stabilize their living situation. This reduces the likelihood of the survivor needing to return to the abuser and can prevent life-threatening situations. Services can help prevent child abuse and the need for child welfare intervention. This program also includes safety planning for resources and connections.

Temporary Assistance for Needy Families (TANF)
TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. It is a critical safety net program for those living in extreme poverty and helps families from a variety of diverse backgrounds meet their basic needs. TANF provides eligible families with cash assistance, cultural and language specific connections to support and community resources, case management, and employment and training services.

Families typically use TANF funds to prevent homelessness and help with factors contributing to family instability. The goal of the program is to help families address barriers, recognize their own strengths, gain skills and access employment opportunities.

- **Job Opportunity and Basic Skills (JOBS):** Adults must meet additional requirements to receive TANF services. JOBS provide employment, education, skill-building and family stability services to individuals of families receiving TANF assistance. Individuals participate in JOBS to gain the skills necessary to join the workforce and retain employment.

- **Family Support and Connections (FS&C):** FS&C provides support to prevent children in the TANF program from entering the child welfare system. Home visits and community-based services are some of the interventions used to build on family strengths and address family functioning issues.

- **State Family Pre-Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI)**
  State Family Pre-SSI/SSDI provides interim cash assistance, case management and professional level support to TANF-eligible adults and their families in pursuing these benefits. The program is available to participants who have been assessed by the program's disability analysts as likely to be found eligible. The program is voluntary but provides additional staff resources for those selected to participate. Selected individuals must sign an interim assistance agreement to repay the adult portion of their State Family Pre-

SSI/SSDI grant back to the state when they are found eligible for federal disability program benefits. State Family Pre-SSI/SSDI expenditures are funded with state only, non-Maintenance of Effort dollars.

Youth Services

My Future - My Choice is an age-appropriate, medically accurate and comprehensive sexual health education program. It supports community prevention efforts to help people and families reduce the need for public assistance in the future. It expands on the historical teen pregnancy prevention program and provides education and tools for youth to resist multiple risk-taking behaviors. ODHS partners with the Oregon Department of Education and the My Future - My Choice Advisory Committee to develop and implement the program.

Runaway and Homeless Youth (RHY) provides services and supports to youth and young adults under the age of 21 without shelter. The program administers funding to local nonprofit providers across the state providing shelter services, drop-in and outreach services, and job development and mentoring services. ODHS partners with a cross-system advisory group to coordinate statewide policy and planning to address the needs of runaway and homeless youth.

PROGRAM DESIGN AND DELIVERY

SSP provides program direction, planning, reporting, implementation, training, eligibility and benefit issuance. Staff at state and local levels coordinate closely with other ODHS offices, including Child Welfare, with the goal of increasing individual and family stability.

SSP collaborates with other agencies and statewide initiatives, including the alignment and improvement of the state's workforce system. This effort is to ensure that service delivery and outcomes are improved for both the employer and job seeker. Other collaborations have been built around domestic violence, housing, addictions and mental health treatment, vocational rehabilitation, health care and education. Throughout SSP, collaboration efforts include taking into consideration the community, culture and language needs of those served. SSP has a strong commitment to have bilingual staff who can directly help our customers. In addition, SSP staff continue to develop methods to better understand the communities served

through enhanced race, ethnicity, language and disability data collection and analysis.

FIELD STRUCTURE

To help Oregonians across the state get the benefits and assistance they need, Self-Sufficiency Programs has a structure of districts with local branch offices, satellite locations and processing centers. This structure allows staff to offer personalized services to Oregonians as well as assist branches across the state process applications to keep our goal of same day/next day benefits.

There are currently 16 districts with a total of 80 offices, which include processing centers, and six satellite locations.

Self Sufficiency Training Unit (SSTU)

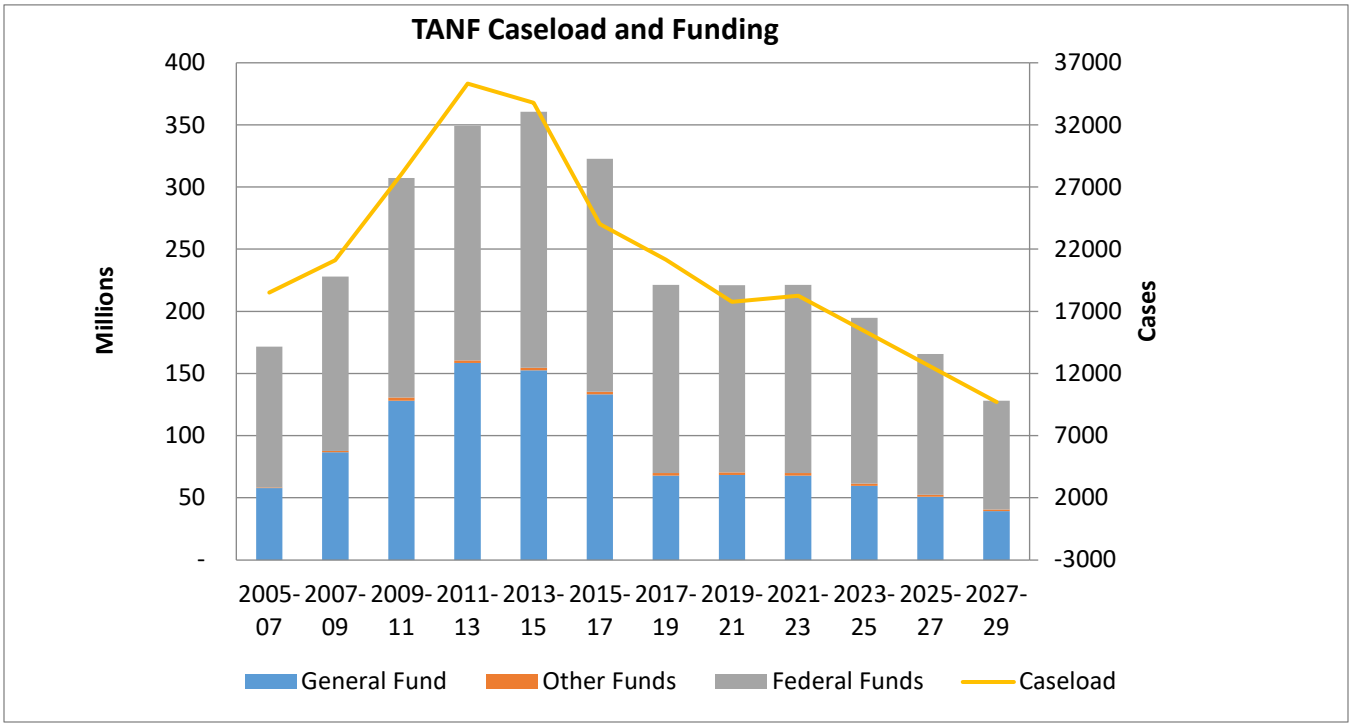
SSTU provides training and professional development for staff to get the necessary technical and interpersonal skills to be successful in their roles. Trainings are based on position competencies and adhere to the Department of Administrative Services (DAS) Training Standards. SSTU incorporates the latest cutting-edge, evidence-based research on adult learning and poverty to support the agency in being trauma-informed and strength-based.

Oregon Department of Human Services: Temporary Assistance for Needy Families – Cash Assistance

Primary Long-Term Focus Area:	Safer, Healthier Communities
Secondary Long-Term Focus Area:	Excellence in State Government
Program Contact:	Belit Burke

Program Overview

Temporary Assistance for Needy Families (TANF) is a critical safety net program for families with children who live in extreme poverty. TANF helps families, in 2019 more than 31,000 children, from a variety of diverse backgrounds received assistance to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. The goal of the program is to engage families in becoming self-sufficient by helping them address challenges, gain skills, and access employment opportunities.



Program Funding Request

SSP - TANF (Basic, UN, Pre-SSI, Transition) TOTAL				
	GF	OF	FF	TF
19-21 LAB	71,045,423	2,047,112	151,502,489	224,595,024
21-23 GRB	72,165,954	2,047,112	156,907,953	231,121,019
Diff.	1,120,531	-	5,405,464	6,525,995
% Diff.	1.6%	0.0%	3.6%	2.9%

Program Description

TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. Our overall TANF program provides immediate cash assistance at a point when families have exhausted all other resources. We also provide employment and training services, linkages to services in the community and short-term interventions, such as support to strengthen parenting skills or the healthy development of children.

Most parents and caretaker relatives must meet additional requirements to continue receiving TANF services, such as participating in the Job Opportunity and Basic Skills (JOBS) program. Participating in JOBS allows people to gain or enhance skills necessary to join the workforce and retain employment. A TANF family may participate in the JOBS program and access a variety of programs and services as part of the plan to move towards self-sufficiency.

To qualify for TANF, a family of three must be below 34 percent of the Federal Poverty Limit (FPL). This means the family's income cannot be more than $616 per month. Currently the maximum monthly benefit for a family of three is $506 (approximately 30 percent of FPL). There is a 60-month time limit for adults to receive TANF.

The TANF program serves a diverse population with a wide range of abilities and challenges. Many TANF recipients have little or no current earnings and about 46 percent of adults receiving TANF have at least one documented or self-disclosed disability. Approximately, 9 percent of TANF households are homeless. Culturally appropriate eligibility and case management services are provided in numerous languages on a continual basis. They include but are not limited to Spanish, Russian, Vietnamese, Somali, Bosnian, Mandarin, Arabic, Burmese, etc. In situations where the office does not have staff to provide specific language services, interpreters are available.

In 2019 approximately 46.5 percent of all children receiving TANF are 0-6 years old. In about 15 percent of TANF households, the adults receive assistance for the children but not for themselves. In these households, many have an adult who is disabled and receives Social Security benefits or a caretaker relative, such as an aunt, uncle or grandparent, who is caring for the children.

The State Family Pre-SSI/SSDI (SFPSS) Program is designed to assist TANF-eligible individuals with disabilities obtain Social Security disability benefits through the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs. The program serves individuals who are not required to participate in the JOBS program. The program provides families with a cash grant, professional assistance with Social Security Administration (SSA) applications and appeals as well as case management services. Once a client is awarded SSI benefits, the department recovers a portion of the payments it made to the family during the application process from the client's initial SSI lump-sum payment. In 2019, 154 SFPSS participants were approved for SSI.

Program Justification and Link to Focus Areas

The TANF and SFPSS cash assistance programs are key safety net programs that provide assistance to the most vulnerable of Oregonians. Without TANF cash assistance, more families would be homeless. Being homeless makes finding and maintaining employment extremely difficult. Being in a constant state of crisis can negatively impact children, including their ability to attend school and progress in learning. The program works with families to identify a pathway to self-reliance. The cash assistance, skill development and job placement help families to meet their basic needs while striving to move forward. Meeting the basic needs of families, increasing their job-readiness, or helping them receive disability benefits, promotes safer and healthier communities.

The TANF program has reinvested funds into efforts that maximize the dollars for benefits targeted at building participant progression in work related activities, identifying and building on skills and leveraging community collaborations to provide solid foundations that lead not only to employment placement but retention and advancement.

In April of 2020, the TANF and Pre-SSI/SSDI programs combined served 21,334families. These households included 37,166 children and 18,154adults from a diverse range of abilities, cultures and communities. TANF cash assistance

expenditures increased since the onset of the economic recession but are slowly decreasing as the caseload drops. In the 2017-2019 Biennium we increased from 78 percent to 93 percent of staffing need, according to the workload model, by adding more Family Coaches (case managers). The case management resources are critical for improving outcomes of engaging clients in plans to achieve self-reliance, increase family stability, maintain federal participation rates, and achieve enhanced employment placements.

Enabling Legislation/Program Authorization

The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005. A significant portion of the TANF eligibility criteria is codified in state statute chapters 411 and 412.

Funding Streams

TANF is funded primarily through General Fund dollars and the TANF Federal block grant that requires a minimum state expenditure level, known as Maintenance of Effort (MOE). Oregon's TANF block grant is $166.8 million per year. Oregon's MOE requirement is equal to 80 percent of the state's historic expenditures or approximately $98 million per year. Expenditures counted towards MOE must not be from a federal source and must not be matched to other federal funds. Oregon generally meets MOE through a combination of eligible ODHS and other agency expenditures.

Both the TANF federal block grant and MOE expenditures must be spent in a manner reasonably calculated to meet one of the four federally-mandated TANF purposes which are: 1) provide assistance to needy families; 2) end dependence of needy parents by promoting job preparation, work and marriage; 3) prevent and reduce out-of-wedlock pregnancies, and 4) encourage and maintain family formations.

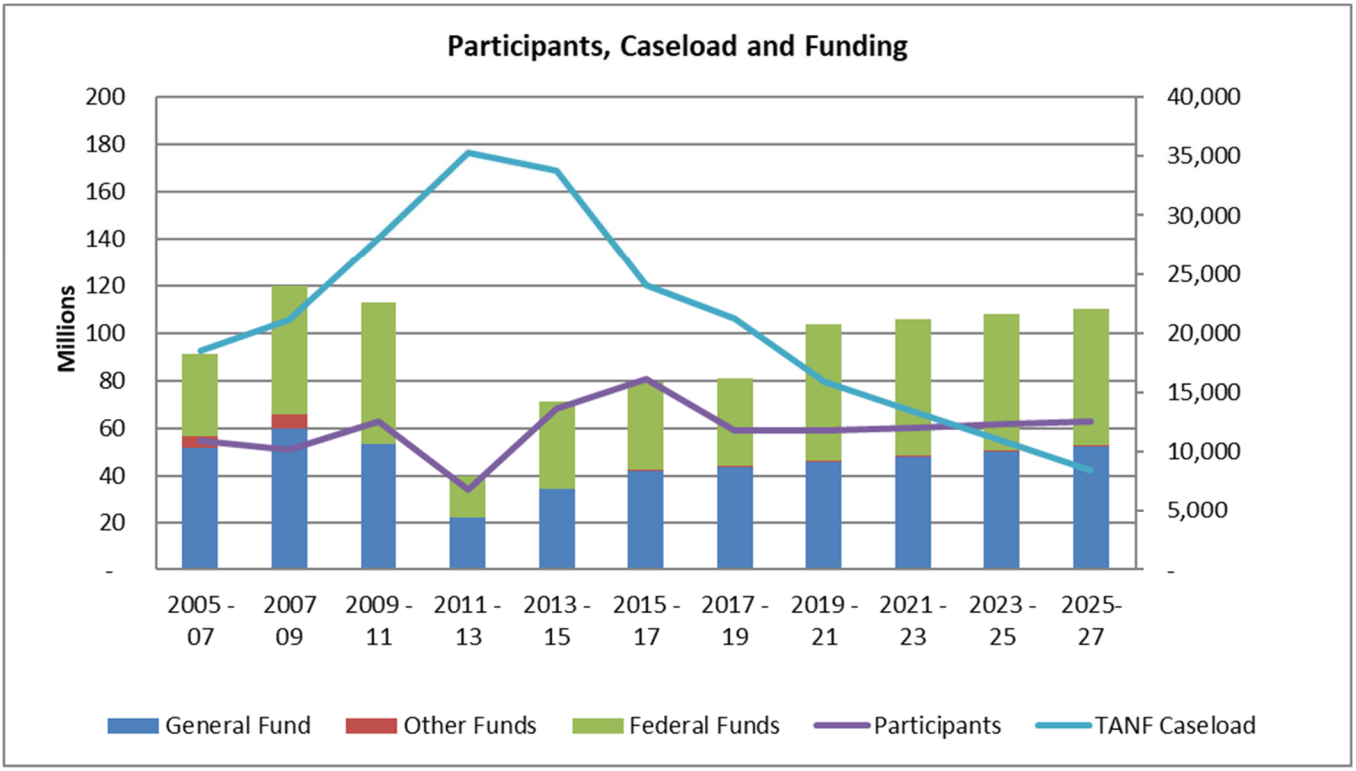
While TANF benefits for most single-parent families are funded with a split of TANF Federal block grant funds and General Fund dollars counted towards Oregon's MOE requirement, TANF benefits for two-parent families are funded solely with General Fund dollars that are not counted towards Oregon's TANF MOE requirement. In addition, the State Family Pre-SSI/SSDI (SFPSS) program is funded with General Fund dollars not counted towards Oregon's MOE requirement. The Department recovers a portion of SFPSS funds expended through client reimbursements.

Funding Justification, and Significant Changes to 19-21 CSL:

N/A

Oregon Department of Human Services: Job Opportunity and Basic Skills – Temporary Assistance for Needy Families

Primary Long-Term Focus Area: A Thriving Oregon Economy
Secondary Long-Term Focus Area: Healthy and Safe Communities
Program Contact: John Briscoe, Program Manager



Program Overview

The Job Opportunity and Basic Skills (JOBS) program is an employment and training program for individuals receiving Temporary Assistance for Needy Families (TANF) cash benefits. The goal of the program is to help parents, caretaker relatives, and minor parents in the TANF program gain the skills needed to become self-sufficient through employment, training and education, as well as family stability-related services that address other obstacles to employment.

TANF serves families with children who are in deep poverty and represent a diverse population. Most parents or caretakers in these families are federally required to participate in activities offered by the JOBS program to maintain their eligibility for cash assistance.

In 2019 the average monthly number of TANF families receiving cash assistance was 17,531. The average monthly number of individuals required to participate in the JOBS program was 11,830, which relates to 67 percent of TANF families.

Program Funding Request

SSP -JOBS				
	GF	OF	FF	TF
19-21 LAB	45,889,660	451,439	57,423,404	103,764,503
21-23 GRB	11,612,920	451,439	82,173,400	94,237,759
Diff.	(34,276,740)	-	24,749,996	(9,526,744)
% Diff.	-74.7%	0.0%	43.1%	-9.2%

Program Description

ODHS family coaches work with TANF families to develop individualized case plans to achieve self-sufficiency, provide supports, and monitor progress in achieving family goals. The customized case plan outlines the JOBS activities selected and designed to help them achieve their goals. The plan also includes the support service payments to be provided, such as transportation and childcare, so they can fully engage in their plan.

ODHS administers the JOBS program through an extensive, statewide network of community partners that help deliver services. Partners include contracted JOBS service providers, Workforce Innovation and Opportunity Act (WIOA) agencies, community colleges, the Oregon Employment Department, Work Source Oregon One-Stop offices, and many local and county-based organizations. Services are delivered at partner locations and some are available on-site at local ODHS offices.

The JOBS program provides an array of employment and training services which include job preparation, unpaid work experience, subsidized employment, job placements, vocational training and education, life skills, and adult basic education, high school and GED services. Additional services are offered to assist families to stabilize and address issues that prevent them from looking for, accepting, or maintaining employment.

JOBS participants include individuals from diverse populations. Program services are designed to ensure activities are delivered with service equity, equal access, and cultural appropriateness.

JOBS also provide a Job Participation Incentive (JPI) food benefit to Supplemental Nutrition Assistance Program (SNAP) participants with dependent children who meet the TANF federal work participation rate by working in unsubsidized employment.

In the past decade the JOBS program was funded at a level that services previously reduced or eliminated due to the recession were able to start up again. From the 2013-15 biennium on to this current biennium, the budget allowed for added flexibility in contracts and support services so that families in the JOBS program could engage in vocational training and education, GED completion, and life skills classes. Other services previously eliminated have since been added back including: adult basic education, life skills classes and individual services, services that helped participants remove other obstacles to employment such as home visitor specialists, vocational nurse consultants, navigation services to connect participants to ongoing mental health and medical providers, and specialists who helped parents or caretaker relatives with criminal history or fines work with the courts on expungement. They also provided guidance to participants for talking with prospective employers during job searches about these issues.

In the 2015-17 biennium, with the support of the Legislature, additional expansion was implemented with the passage of HB 3535, in which reinvested projected savings from caseload reduction back in to the TANF program resulting in strategies and policy changes to improve outcomes for families. Funding provided opportunities for community-based collaborative impact contracts that focused on family stabilization, preventing entry into TANF, promoting job retention. The program was also able to increase flexibility in support service payments and family supportive services. Additional family coaching resources helped test strategies to engage families in ways that improved outcomes in the areas of engagement in a self-sufficiency plan, improving family stability, improving federal participation rates, and increasing employment placements. These services continue to improve outcomes for TANF families in the current 2019-21 biennium.

In 2019, HB 2032 passed implementing three pilots focused on the TANF population. The pilots included a TANF Housing Pilot Program partnering ODHS and Housing and Community Services Department, a Mental and Behavioral Health Pilot Program lead by the Oregon Health Authority in consultation with ODHS, and an Education and Training Pilot. The intent to these pilots was to increase housing stability, access to mental and behavioral health services, and to

increase access to education and training opportunities for those in rural areas or areas where education and training are difficult to access.

Program Justification and Link to Focus Areas

The primary focus area of the JOBS program is to impact and actively contribute to a Thriving Oregon Economy. The JOBS program aims to reduce unemployment for participants, including underrepresented and underserved individuals, and create job-ready communities that contribute to Oregon's overall economic well-being.

There is also a direct link to a secondary focus of Healthy and Safe Communities. JOBS is an integral part of Oregon's workforce service delivery system by providing employment and training services to low-income families receiving TANF. Many of the parents or caretakers of the children in this program have limited or no work experience. The JOBS program provides activities and services focused on preparing participants to enter the workforce, help them find employment, and support them as they transition off public assistance.

TANF is a required partner under WIOA. While WIOA programs serve all Oregonians, the JOBS program provides services geared to address specific needs of TANF participants to obtain job skills and work-experience-related training, assist with connections to employment opportunities, and family stability efforts. WIOA affords the state additional opportunities to expand and maximize coordination of employment and training workforce partners at the state and local levels, establishing a continuum of services that improves outcomes for all job seekers.

Program Performance

ODHS measures total employment placements reported by parents or caretaker relatives served by the JOBS program each month. The average monthly placements in 2019 was 652. 18 percent of placements are at least 30 hours per week and at least $13.11 per hour (benchmark placements).In December 2019, the statewide average wage for full or part-time wages combined was $13.60 per hour, ranging between $12.91 and $14.06. As of July 1, 2019, the state minimum wage ranged between $11.00 / $11.25 / $12.50, depending on the area.

The percentage of parents or caretaker relatives who exit TANF due to employment and do not return within 18 months was 63 percent, in December

2019. Due to the COVID-19 health crisis it is uncertain how job retention of those who have exited TANF will be impacted.

Enabling Legislation/Program Authorization

The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005. A significant portion of the JOBS program is codified in State statute chapters 411 and 412.

Funding Streams

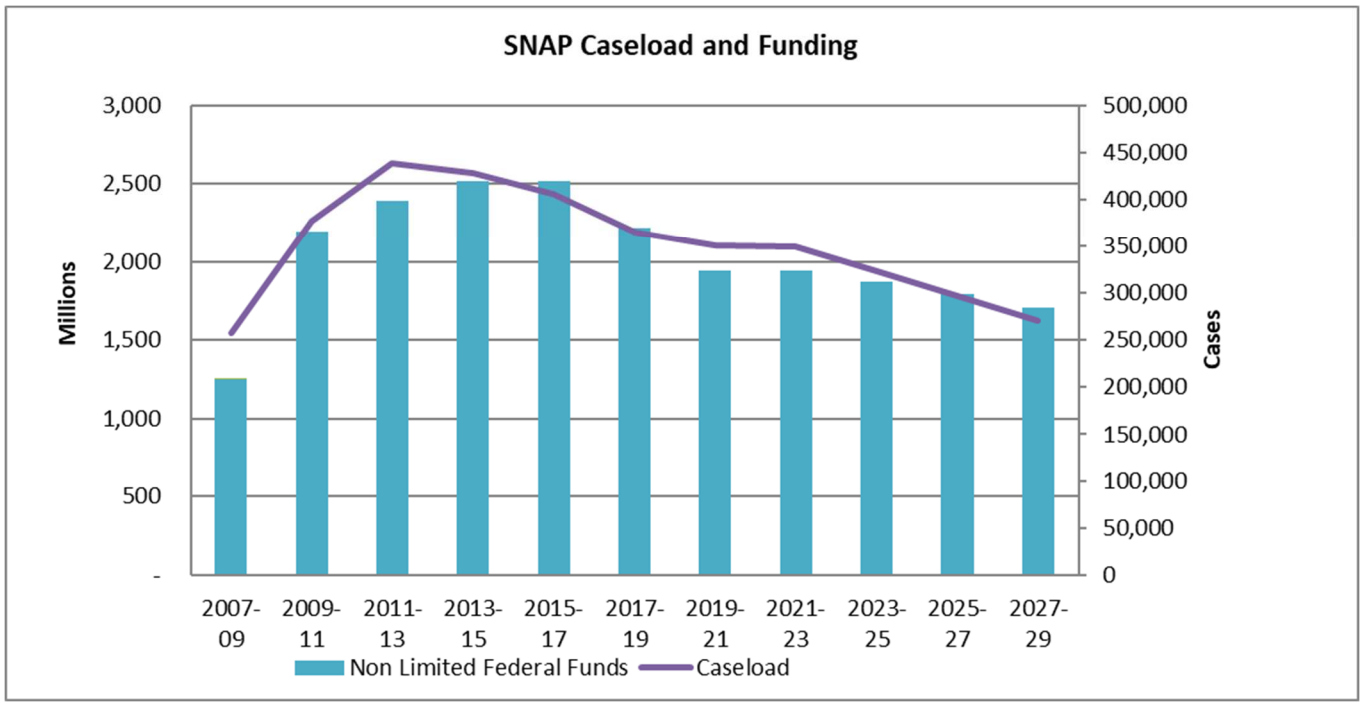
The JOBS program is funded through the Federal TANF block grant and General Fund dollars that count towards the state Maintenance of Effort (MOE) requirement. Oregon's TANF block grant is $166.8 million per year. Oregon's MOE requirement is equal to 80 percent of the state's historic expenditures or approximately $98 million per year. Expenditures counted towards MOE must not have be from a Federal source and must not matched to other Federal funds. Oregon generally meets MOE through a combination of eligible ODHS and other agency expenditures. Both the TANF federal block grant and MOE expenditures must be spent in a manner reasonably calculated to meet one of four TANF purposes, which are: 1) provide assistance to needy families; 2) end dependence of needy parents by promoting job preparation, work and marriage; 3) prevent and reduce out-of-wedlock pregnancies, and 4) encourage and maintain family formations.

Funding Justification, And Significant Changes

JOBS is funded at current CSL

Department of Human Services: Supplemental Nutrition Assistance Program (SNAP)

Primary Long-Term Focus Area:	A Thriving Oregon Economy
Secondary Long-Term Focus Area:	Safer Healthier Communities
Program Contact:	Heather Miles



Program Overview

The Supplemental Nutrition Assistance Program (SNAP) is a federally funded food benefit program. SNAP provides supplemental food benefit dollars to low-income families, seniors, single adults, people with disabilities, and children to help purchase food to meet their nutritional needs. Currently, one in six Oregonians receive these benefits. Benefits to clients are 100 percent federally funded; the administration of the program requires a 50 percent state match.

Money from the program spreads quickly through the state economy. The United States Department of Agriculture (USDA) calculates that for every $5 of SNAP benefits, there is $9 of total economic activity. SNAP also has been an important and constantly growing anti-poverty program. Recent research has shown that

SNAP benefits reduce the depth and severity of poverty and have a particularly strong effect on reducing the depth and severity of child poverty.

Program Funding Request

SSP -EBT SNAP				
	GF	OF	FF	TF
17-19 LAB	-	-	1,939,345,331	1,939,345,331
21-23 GRB	-	-	2,975,868,127	2,975,868,127
Diff.	-	-	1,036,522,796	1,036,522,796
% Diff.	0%	0%	53%	53%

Program Description

SNAP serves as a crucial safety net. Food benefits are intended to be a supplement to what families already provide. However, for households with little or no income, it is the primary means to feed their families. Food and Nutrition Service (FNS) within the USDA regulates SNAP. Although Federal regulations do allow a few state options, any significant variation from the regulations must be approved by FNS through a formal process.

For the last three years, even during times of high caseload growth, Oregon has been ranked as one of the top three states nationally for program participation. The participation rate is the percentage of potentially SNAP-eligible persons in the state receiving SNAP benefits. Outreach efforts along with policy and procedural changes have helped significantly increase participation in SNAP. Oregon SNAP Outreach currently partners with 15 non-profit organizations including: Partners for a Hunger Free Oregon, the Oregon Food Bank and 211info. These partners have been invaluable in helping to increase and maintain Oregon's SNAP participation rates.

The program caseload is slowly declining as the economy continues to recover. Simplifying policies and making it easier for Oregonians to apply and meet eligibility requirements continues to support timely benefit delivery. Approximately one in six Oregonians or 16 percent of the population receive SNAP benefits. In May of 2020, a total of 690,595 Oregonians received SNAP benefits, which includes 373,734 cases (households). In May of 2020, a total of $122,054,485 SNAP benefit dollars was paid to Oregonians which are spent in

clients' local communities. According to the USDA's Economic Research Service, 8,900 to 17,900 full-time jobs are created per $1 billion in SNAP benefits.

Program Justification and Link to Focus Areas

SNAP directly addresses the 10-Year Outcome for Healthy People by providing an important economic boost to struggling households and access to nutritious foods. According to the USDA Economic Research Service, receipt of SNAP benefits reduced the national poverty rate by almost eight percent during the recent recession. The SNAP program can also provide limited assistance with job search and links to employment resources through the Oregon Food Stamp Employment and Training (OFSET) program and the SNAP Training and Employment Program (STEP), nationally known as the SNAP 50/50 employment program.

Program Performance

The goals of the SNAP program are to ensure that benefits are delivered accurately and in a timely manner to those who are eligible for the program. It also aims to ensure those who are eligible for the program have access to program benefits. Oregon's program has enabled the state to maintain a high participation rate along with a high Federal Quality Control (QC) rate. Oregon's SNAP program has continually performed above the national average and not paid a performance penalty in ten years.

Oregon has received multiple federal bonuses because of the state's high SNAP participation rate and has also been the recipient of multiple competitive national grants. For the past five years Oregon was one of six states recognized for the timeliness of processing SNAP application and received awards with performance bonuses totaling more than $13.6 million. Oregon has consistently been among the best in the nation. The bonus award funding has been used over the years to support partner agencies, help meet the program's goals and, frequently, to shore up needs in other programs through the State General Fund.

Oregon is considered a model state by FNS in terms of program access and commitment to customer service. One example of this is Oregon's Lean process. The lean process has streamlined and standardized the eligibility process statewide to ensure that most applicants receive benefits within 48 hours of applying. The process continues to receive federal and national recognition resulting in visits from federal partners and other states to observe best practices.

The 2010 census data showed that 15.8 percent of Oregonians lived in poverty, which was slightly higher than the national average of 15.3 percent. SNAP participation in Oregon peaked in August 2012 at 445,508 cases serving 814,450 people. Benefits issued in Oregon from 2007 to 2013 have more than doubled from $487,482,626 to $1,236,125,996 respectively. This shows SNAP is an important anti-poverty program that has seen substantial growth.

Following the peak participation year of 2012, Oregon SNAP benefits have seen a decrease. However, the 2019 amount issued of $874,730,231 remains more than double the 2007 issuance. Money from the program spreads quickly through the economy. The USDA calculates that for every $5 of SNAP benefits, there is $9 of total economic activity.

Calendar Year	SNAP Benefits Issued in Oregon
2009	$910,919,825
2010	$1,098,444,539
2011	$1,211,274,990
2012	$1,262,115,384
2013	$1,236,125,966
2014	$1,165,400,102
2015	$1,144,506,648
2016	$1,055,881,755
2017	$999,429,991
2018	$929,596,305
2019	$874,730,231

Enabling Legislation/Program Authorization

SNAP is guided by federal legislation found in the "Farm Bill" authorized by The Agricultural Act of 2014 (P.L. 113-79, Feb 7, 2014). Program policy is reauthorized every five years through the Farm Bill. The Farm Bill is due for reauthorization later this year.

Funding Streams

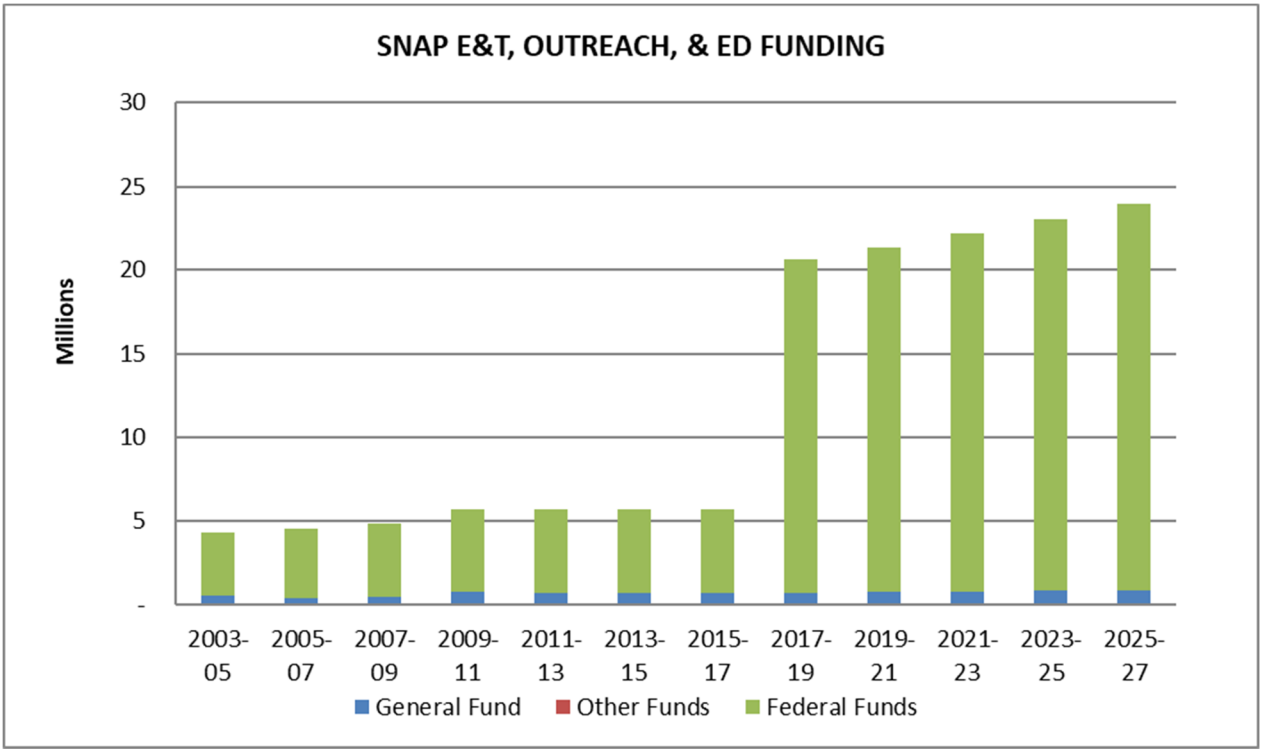
SNAP benefits are 100 percent federally funded. Oregon is responsible for 50 percent of the administrative costs. Oregon's portion of the administrative costs for SNAP comes from the State General Fund.

Funding Justification, And Significant Changes

SNAP is funded at current service level

Oregon Department of Human Services: Supplemental Nutrition Assistance Program – Employment and Training

Primary Long-Term Focus Area: A Thriving Oregon Economy
Secondary Long-Term Focus Area: Healthy and Safe Communities
Program Contact: John Briscoe, E&T Program Manager



Program Overview

The Supplemental Nutrition Assistance Program (SNAP) has an Employment and Training (E&T) component. In Oregon, there are two voluntary SNAP E&T programs:

The **SNAP Training and Employment Program (STEP)**, nationally known as the SNAP 50/50 program, provides employment-related services to SNAP participants who voluntarily choose to pursue employment and training resources. In Federal Fiscal Year (FFY) 2020, there are currently 29 contractors in Oregon who draw down federal funds with their own non-federal match for a total of $20,963,245.74 to provide services in their organizations in over 112 total sites to the populations they serve. This includes Oregon Employment Department as a statewide provider, doing business in 37 Work Source Centers. All 17 of Oregon's Community Colleges are also STEP Providers. STEP services are available in every county.

Able Bodied Adults without Dependents (ABAWD) policy is a SNAP benefit time limit of three months within a three-year period for those individuals between the ages of 18-49 who do not meet exemption criteria and who do not meet the minimum requirements of 80 hours of work-related activity per month. The unemployment rate determines which counties are approved in a federal waiver. The County where an ABAWD lives determines if they are subject to the time limits.

Oregon lost their statewide ABAWD waiver in FFY 2016. From that point in time, each year the counties subject to the SNAP limits for ABAWDs has changed.

FFY 2016

Multnomah	Washington

FFY 2017

Multnomah	Washington	Clackamas

FFY 2018

Multnomah	Washington	Clackamas	Benton
Lane	Marion	Yamhill	

As of April 1, 2020

5 CURRENT counties				
Benton	Marion	Washington		
Clackamas	Multnomah			
25 NEW counties				
Baker	Douglas	Josephine	Malheur	Umatilla
Clatsop	Gilliam	Lake	Morrow	Union
Columbia	Hood River	Lane	Polk	Wasco
Coos	Jackson	Lincoln	Sherman	Wheeler
Deschutes	Jefferson	Linn	Tillamook	Yamhill
6 WAIVED counties				
Crook	Grant	Klamath		
Curry	Harney	Wallowa		
7 WAIVED Tribal reservations				
Burns Paiute Reservation				

Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Reservation
Confederated Tribes of the Grand Ronde Reservation
Klamath Indian Reservation
Confederated Tribes of the Siletz Indian Reservation
Confederated Tribes of the Warm Springs Reservation
Confederated Tribes of the Umatilla Indian Reservation

Oregon is part of a legal action regarding the FNS decision to revise the SNAP time limit waiver criterion. This revised criterion was released in December 2019, with an effective date of April 1, 2020. A federal court injunction made in March 2020 is currently blocking the implementation of SNAP time limits in the 25 new counties. The 25 new areas will not apply SNAP time limits until a final court decision is made.

In response to the pandemic, the Family First Coronavirus Response Act is temporarily suspending SNAP time limits for ABAWD. The suspension begins April 1, 2020 and ends the month after the Secretary of Health and Human Services declares the COVID-19 emergency is lifted. As a result, the entire state is currently not applying the SNAP time limits.

ABAWD funding is allocated by FNS through 100% funds that are used to support the ABAWD program. Oregon has committed to be a Pledge State in the last several years which requires Oregon to serve all at risk ABAWDs prior to losing SNAP benefits. The Pledge funding is based on a nationwide allocation of states that choose to accept the ABAWD pledge. Funding is awarded after the Federal Fiscal Year begins. Oregon's current pledge funding for Federal Fiscal Year 20 is $2.4M. This funding may not be used for support services that are essential to removing barriers for the ABAWD population to successfully reach their employment goals.

The SNAP E&T Program (STEP & ABAWD) works in partnership with organizations that offer employment and training opportunities to participants. Each organization provides wraparound services to build upon each other's services to ensure participants are accessing all available resources to achieve their employment goals. Oregon uses iMatchSkills™ as a statewide tool to collect data and to ensure that duplicative services are not billed to the program. Allowable E&T services provided by these organizations include:

- Supervised Job Search
- Job Search Training
- Job Retention

- Work Experience
- Internship
- On-the-Job Training
- Pre-Apprenticeship/Apprenticeship
- Self-Employment Training
- Basic Education/Foundational Skills Instruction
- Career/Technical Education or other Vocational Training (results in an industry recognized credential)
- Short-term Training (a training without an industry recognized credential)
- English Language Acquisition
- Integrated Education and Training/Bridge Programs
- Work Readiness Training

In addition to SNAP E&T contractors working to leverage resources within the SNAP E&T program they also collaborate with other workforce programs including TANF and WIOA. An example of this would be a referral of a SNAP E&T participant to a WIOA funded training program or the leveraging of job openings and referrals with co-located job placement programs.

Oregon's SNAP program has a proven record of partnering with a wide variety of organizations to expand and reach underserved populations. Oregon has continued to creatively expand services to ensure all populations have access to E&T services by providing virtual connections that allow program participants to receive the education and training needed to achieve their employment goals during the COVID-19 pandemic. This practice has opened up the ability to reach vulnerable populations such as rural communities that may not have access to services and will continue far beyond the State of Emergency.

Oregon continues to fully develop and further expand the STEP Program as part of an ongoing investment in the Oregon economy and its communities. Oregon has been moving in the direction of building a continuum of services in partnership with key stakeholders engaged in the Workforce Innovation and Opportunity Act (WIOA). Oregon will provide SNAP participants who are unemployed or underemployed, assistance to obtain skills, training, work and/or experience to increase their ability to obtain living-wage employment that leads to a gainful career path.

Program Funding Request

SSP -SNAP E & T, SNAP ED & SNAP OUTREACH				
	GF	OF	FF	TF
19-21 LAB	755,556	-	19,904,542	20,660,098
21-23 GRB	788,045	-	28,203,204	28,991,249
Diff.	32,489	-	8,298,662	8,331,151
% Diff.	4.3%	0.0%	41.7%	40.3%

Program Description –ABAWD, STEP

Oregon has 31 contracts with employment-related partners in all Oregon counties to deliver SNAP E&T components. Contractors specialize in workforce development, job placement, education, career technical skills and removing barriers to employment. Components are designed to assist SNAP participants to obtain and maintain employment that enables them to become self-sufficient. All STEP and ABAWD program participants receive an assessment, orientation, case plan and case management individualized to support their employment goals.

Participation in the ABAWD and STEP Program is determined based on continued SNAP eligibility and participant the participants on going engagement with the program, there is no specified time limit.

The USDA FNS determines the annual allotment of E&T administrative funding for the STEP and ABAWD Programs. FNS has a set amount of funding for all states. Each state's share is based on a formula using, in part, the state's SNAP Mandatory Work Registrant figure. Mandatory Work Registrants are defined as those aged 18 to 59 (or age 16 and 17 if the participant is the primary person/head of household) and who do not meet a federal exemption.

Support Services for program participants are an essential part of the E&T program. The Support Service funding received from Oregon's General Fund is matched with Federal Funds that enables Oregon to allocate a portion to each of the ODHS sixteen districts based on their Mandatory Work Registrant caseloads, to the Oregon Employment Department for ABAWD participants and to the STEP providers to supplement their support services budget.

When an individual identifies they will engage with the SNAP E&T Program, districts are able to provide transportation support for their initial program entry to remove the barrier of them connecting with the E&T provider. This funding is made available to not only the Self-Sufficiency offices but also the Area Agency on Aging offices and the Aging and People with Disability offices. The E&T provider is responsible for continuing support service needs that are identified with each program participant on an individualized basis.

The ABAWD program receives a portion of the Support Service funding to provide services specifically to the at risk ABAWD population. These support services are vital to ensure ABAWDs can meet the work requirements in order to maintain their benefits and achieve their employment goals.

The remaining Support Service funding is intended to supplement SNAP E&T providers Support Service budgets by offering enhanced assistance with barrier removal which would otherwise not be accessible through ODHS offices and would inhibit participation in the SNAP E&T program.

Program Justification and Link to Focus Areas

The SNAP E&T program's goal is to assist participants in gaining skills that will improve their employment prospects and reduce reliance on SNAP benefits. Participants improve job skills, which add to the diversity and strength of Oregon's workforce. Using local contractors to deliver the E&T program results in a higher quality workforce because services can be tailored to the area and local economies benefit from these expenses. The program supports the Thriving Oregon Economy focus area with the goal of long-term economic prosperity and resiliency through people-based strategies.

Program Performance

For FFY 2019, the SNAP E&T program served 27,265 SNAP participants in 50,427 E&T components. Due to the changes in Oregon's economy because of the COVID-19 Pandemic, the number of SNAP program participants has dramatically increased, we anticipate an increased need for E&T services.

Enabling Legislation/Program Authorization

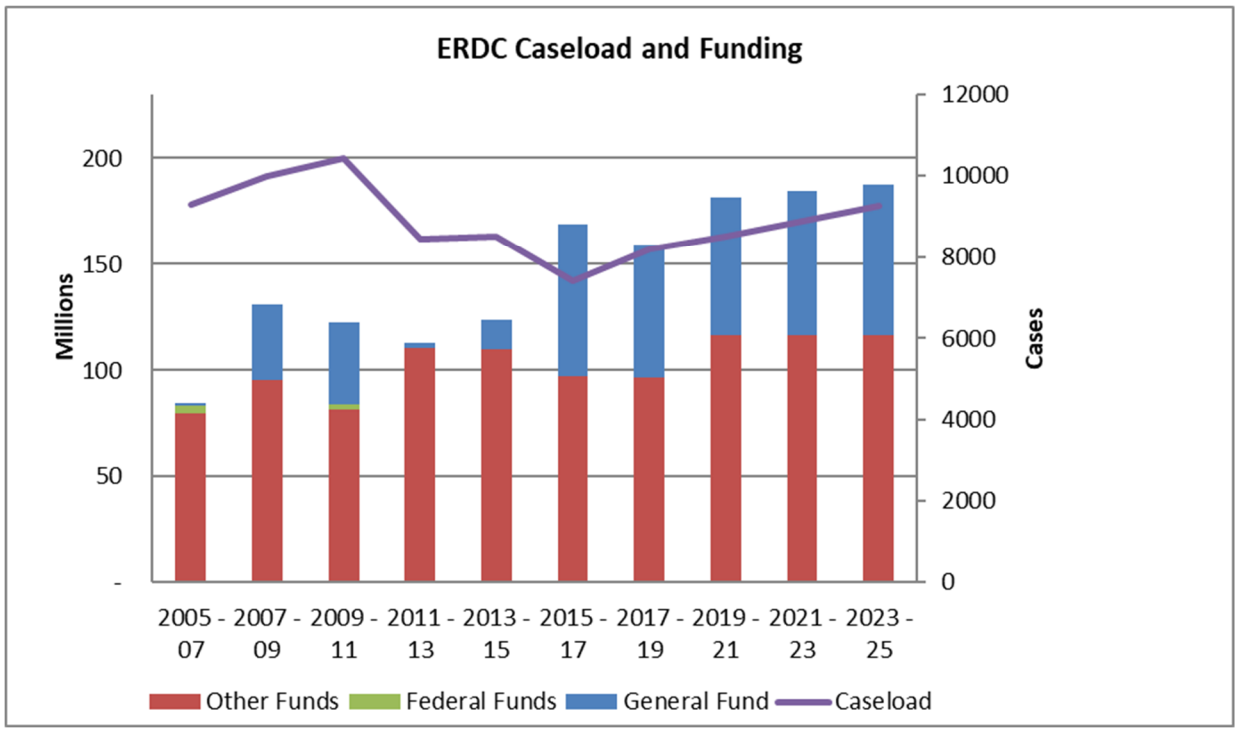
This program is mandated by Federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill. In February 2014, President Obama signed the 2014 Farm Bill (aka. the Agricultural Act of 2014). Program policy is reauthorized every five years and was signed in 2019 by President Trump.

Funding Justification, And Significant Changes

This program is funded at the CSL level.

Oregon Department of Human Services: Employment Related Day Care

Primary Long-Term Focus Area: A Seamless System of Education
Secondary Long-Term Focus Area: A Thriving Oregon Economy
Program Contact: Kirstin Holman



Note: Out years assume static costs per case with funding inflated each year and invested in additional cases. Added funding could also be used for other quality activities in lieu of increasing the caseload cap.

Program Overview

The Employment Related Day Care program (ERDC) helps low-income working families from a variety of cultural and linguistic backgrounds in urban and rural communities pay for quality childcare. Childcare helps parents stay employed and gain self-sufficiency by assisting with the consistent, stable childcare parents need to remain on the job.

Children in Employment Related Day Care								October 2019
	All	African American	Asian	Caucasian	Hispanic (any race)	Native American	Pacific Islander	More than one race
Number	14,633	1,713	181	9,574	3,995[PJS1][EKE2]	275	82	713

Program Funding Request

SSP - ERDC & TEEN PARENT				
	GF	**OF**	**FF**	**TF**
19-21 LAB	**65,456,708**	**117,035,934**	**-**	**182,492,642**
21-23 GRB	**68,271,347**	**116,635,929**	**-**	**184,907,276**
Diff.	**2,814,639**	**(400,005)**	**-**	**2,414,634**
% Diff.	**4.3%**	**-0.3%**	**0.0%**	**1.3%**

Program Description

ERDC provides low-income working, part-time working/student and self-employed families the same opportunity to have quality childcare as other families with higher income. This helps reduce the achievement gap and end the poverty cycle. To be eligible, a family's income must be less than 185 percent of the 2020 Federal Poverty Level. For a family of three, this is $3,349 gross income per month.

The ERDC eligibility period for families is a minimum of 12 months. Parents who lose a job while on ERDC can continued on the program as they search for work. Parents also have childcare coverage when they need to be on medical or pregnancy leave. The program's higher exit income limit allows for greater continuity of care and reduces the cliff affect when a family leaves the program.

Families choose their ODHS approved childcare provider, ERDC pays the subsidy portion directly to the provider on behalf of the family. Families pay a portion of the cost of childcare, called a copayment. Copayments are based on a sliding scale and remain stable during the 12-month certification period. Families may pay additional costs when a provider charges more than the maximum rate ODHS can pay. Information about ERDC subsidy or becoming ODHS provider is available in English, Spanish, Russian, Somali, Chinese and Vietnamese. ODHS offers an

interpretation line when a language is not available, bilingual staff at branch offices to assist families whose first language is not English and offer alternate formats.

ODHS partners with several Head Start and Early Head Start Child Care Partnership Grantee programs to offer full-day, full-year contracts for ERDC families. ODHS also contracts with Thirty school districts and other agencies throughout the state to offer childcare services to teen parents attending high school and as they transition into the workforce.

ODHS collaborates with multiple partners in support of childcare system activities. Contracts with 211info provide consumer education to parents, employers, care givers, and others interested in the ERDC program. 211info helps to educate parents on the importance of choosing the right caregiver. Collaboration with ELD/OCC and Child Care Resource and Referral (CCR&R) to support recruitment of new providers and training to meet provider requirements statewide. ODHS also works closely with ELD/OCC on policy implementation, quality childcare and the Child Care and Development Fund (CCDF) state plan.

Many ERDC families are receiving other services like SNAP or transitioning from Temporary Assistance to Needy Families (TANF). October 2019, there were 7,747 ERDC cases and 6,839 (88 percent) were receiving food benefits through the Supplemental Nutrition Assistance Program (SNAP).

The ERDC program operates under a caseload cap. To maintain caseload levels due to budget restrictions the program utilizes a reservation list. Families who have applied and been denied due to program capacity are added to the list when it is in use. Families are then invited to apply for ERDC as the budget allows.

The major cost drivers for the program are the number of families receiving ERDC, childcare provider rates and more families accessing licensed childcare. Additional cost drivers are contracted services such as Head Start and Teen Parent Program. The cost per case prior to October 1, 2019 was $866, current cost per case in June 2021, is $1256 has increased due to COVID and zero-copays.

Program Justification and Link to Focus Areas

Research indicates children who receive a high-quality early childhood education have better math, language and social skills as they enter school. Children who attended preschool show positive long-term effects on important adolescent and young adult outcomes, such as high school graduation, years of education

completed, earnings, reduced crime and teen pregnancy[1]. Low-income families who do not have access to subsidy programs are faced with difficult choices when it comes to childcare expenses. They may rely on an older sibling or a variety of family and friends, leading to inconsistent or unstable care. ODHS supports improving safety, quality and enrichment of childcare programs that support parent engagement and family stability as well as ensuring low-income families have access to a variety of childcare settings.

Contracted slots can provide stable care for low-income infant, toddler and preschool children in quality programs and support teen parents access to quality childcare for their children, so they can continue their education. The ERDC programs continued enhancements have increased the support for a thriving economy. Beginning April 2019, certified centers were eligible to receive payment at the beginning of the month, following a successful pilot project with a small group of centers in the summer of 2018. The goal of prepayment to certified centers is to increase the availability of quality childcare slots for families receiving subsidy.

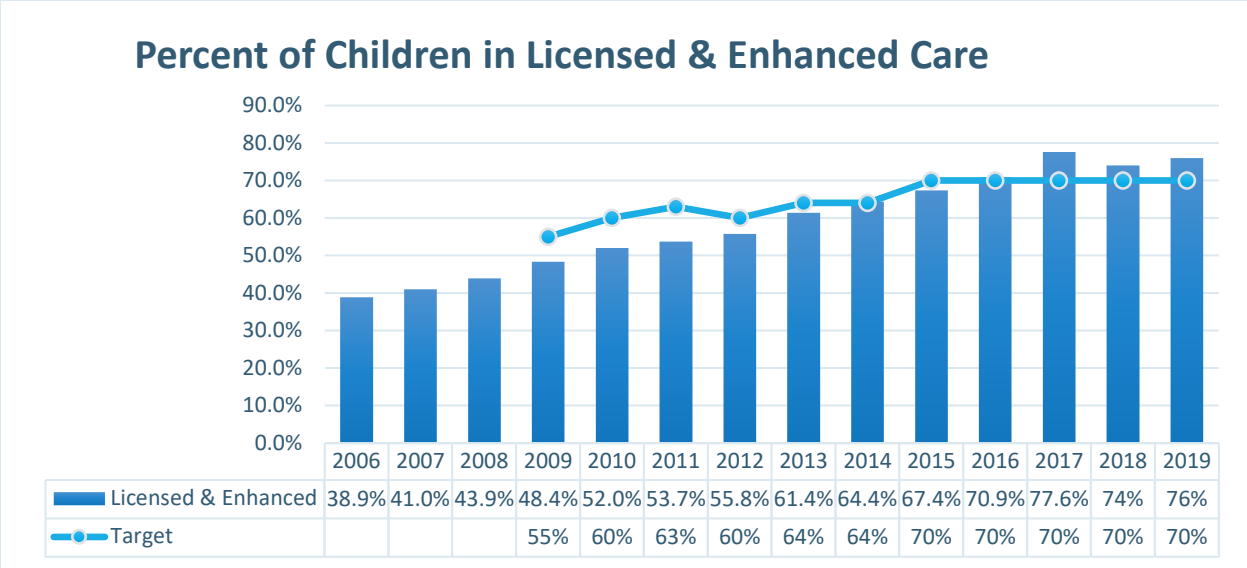
Program Performance

In October 2019 there were 7,747 ERDC cases that served 11,857 children. The average cost per case has increased $28 from $775 in October 2019 to $803 in May 2018. As of October 2019, there were 1,649 licensed childcare providers and 1,246 license-exempt childcare providers actively providing childcare for ODHS families across the state.

In October 2019, childcare subsidy payments were issued for 11,857 children through the ERDC program. Of those children, 76 percent were enrolled in licensed care. Participation in licensed care is generally highest among infants (ages birth-two) at 92 percent. Toddler participation (ages two to three) is slightly lower at 82 percent followed by preschool (ages three to six) at 72% and school aged (six through seventeen) at 64 percent.

The number of children and families the department serves in this program is based on available funding. The program is currently capped at 8,421 through legislative action.

[1] Hirokazu Yoshikawa, Christina Weiland, etc., *From Investing in Our Future: The Evidence Base on Preschool Education,* Society for Research in Child Development, Foundation for Child Development, October 2013.



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Licensed & Enhanced	38.9%	41.0%	43.9%	48.4%	52.0%	53.7%	55.8%	61.4%	64.4%	67.4%	70.9%	77.6%	74%	76%
Target				55%	60%	63%	60%	64%	64%	70%	70%	70%	70%	70%

Enabling Legislation/Program Authorization:

ORS 409.010(2) (c), 411.141 and 418.485 provide statutory authority to ODHS for administration of the ERDC program.

Child Care and Development Fund (CCDF) grants are administered by the Department of Health and Human Services, Administration for Children and Families Office of Child Care. They are authorized by the Child Care and Development Block Grant (CCDBG); 45 CFR Part 98 and 99. On November 19, 2014, President Obama signed into law the CCDBG Act of 2014 (P.L. 113-186), which reauthorized the program for the first time since 1996. The Department of Education (ODE), Early Learning Division, and Office of Child Care[2] is designated as the lead agency in Oregon to administer these funds. CCDF funding is transferred from ODE to ODHS.

Funding Streams

The Other Funds are the CCDF Federal Funds that are transferred from ODE. The General Funds are state revenue that is used for our Maintenance of Effort (MOE) as part of the Federal Fund requirement. The department also spends General Funds on our administrative expenses and uses that money for MOE. ODHS spends $12 million in General Funds per biennium in order to meet our CCDF MOE requirements.

[2] The ODHS ERDC proposal needs to be reviewed with OCC's proposal.

Funding Justification, And Significant Changes

This program is funded at the CSL level.

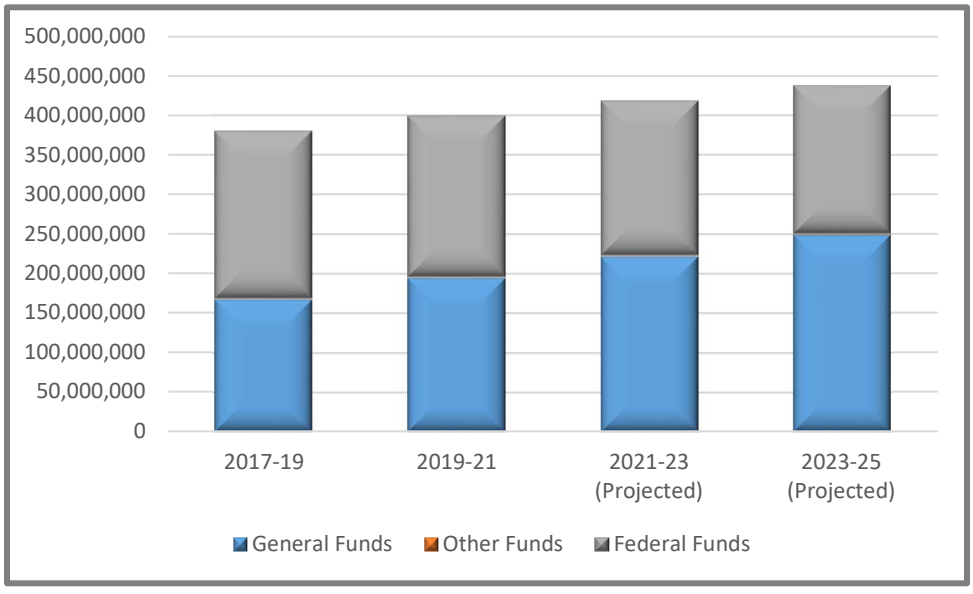
Oregon Department of Human Services: Oregon Health Plan

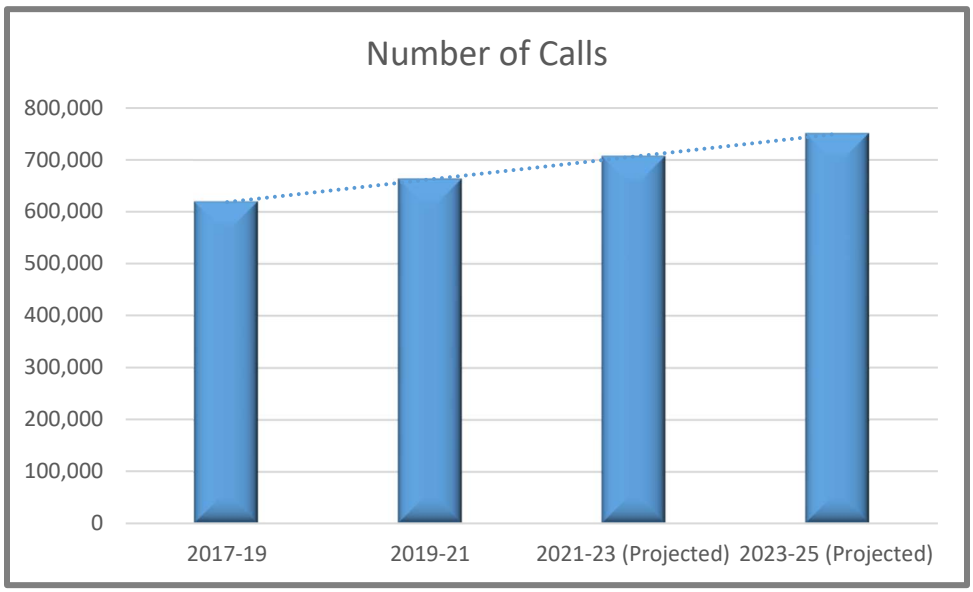
Primary Long-Term Focus Area: Accurate Medicaid determinations
Secondary Long-Term Focus Area: Timely benefit issuance
Program Contact: Derek Muir

Program Overview

The Oregon Health Plan (OHP) is the state's medical assistance program, serving over 1 million Oregonians. Funded by Medicaid, Children's Health Insurance Program and state resources, OHP offers free health care for people who meet income and other requirements, including age and disability status. OHP covers physical, dental, and behavioral health care. Most members receive their care through regional networks called Coordinated Care Organizations (CCOs). In 2018, OHP eligibility staff completed a transition from the Oregon Health Authority (OHA) to the Oregon Department of Human Services (ODHS), Self-Sufficiency Programs (SSP). The goal for ODHS' component of OHP is to provide excellent customer service and have same day/next day eligibility determinations so Oregonians have timely benefit issuance.

Funding Source





Program Funding Request

Self Sufficiency OHP						
Self Sufficiency OHP	**GF**	**OF**	**FF**	**TF**	**Pos**	**FTE**
LAB 19-21	55,222,452	65,852	139,390,680	194,678,984	447	444.97
GB 21-23	46,659,308	31,175	112,599,911	159,290,394	408	406.62
Difference	(8,563,144)	(34,677)	(26,790,769)	(35,388,590)	(39)	(38.35)
Percentage change	-15.51%	-52.66%	-19.22%	-18.18%	-8.72%	-8.62%

Program Description

ONE Customer Service Center staff respond to client inquiries about their applications and coverage. They are OHP's primary ambassadors, providing clients' primary resource by telephone or the clients preferred method of contact. Customers typically inquire for information about their application status, benefits and care coordination. They also call to make changes in their personal information that may affect their eligibility.

The Oregon Health Plan also serves some of the state's most vulnerable populations including Breast and Cervical Cancer patients, those with emergency medical needs, Heritage Native Americans, a sub portion of the state's aging and people with disabilities population, and more.

Business Information Systems includes business-related functions and expenditures for information technology. Its functions include Medicaid Management Information System (MMIS), the Oregon Eligibility (ONE) system,

COMPASS, Special Projects and Business Systems Training. In July 2020, ODHS successfully executed the launch of the new Integrated Eligibility ONE system. The 2021-23 Legislatively Adopted Budget includes funding for system enhancements to ensure it achieves its goal of automating and streamlining the eligibility and enrollment process for OHP applicants.

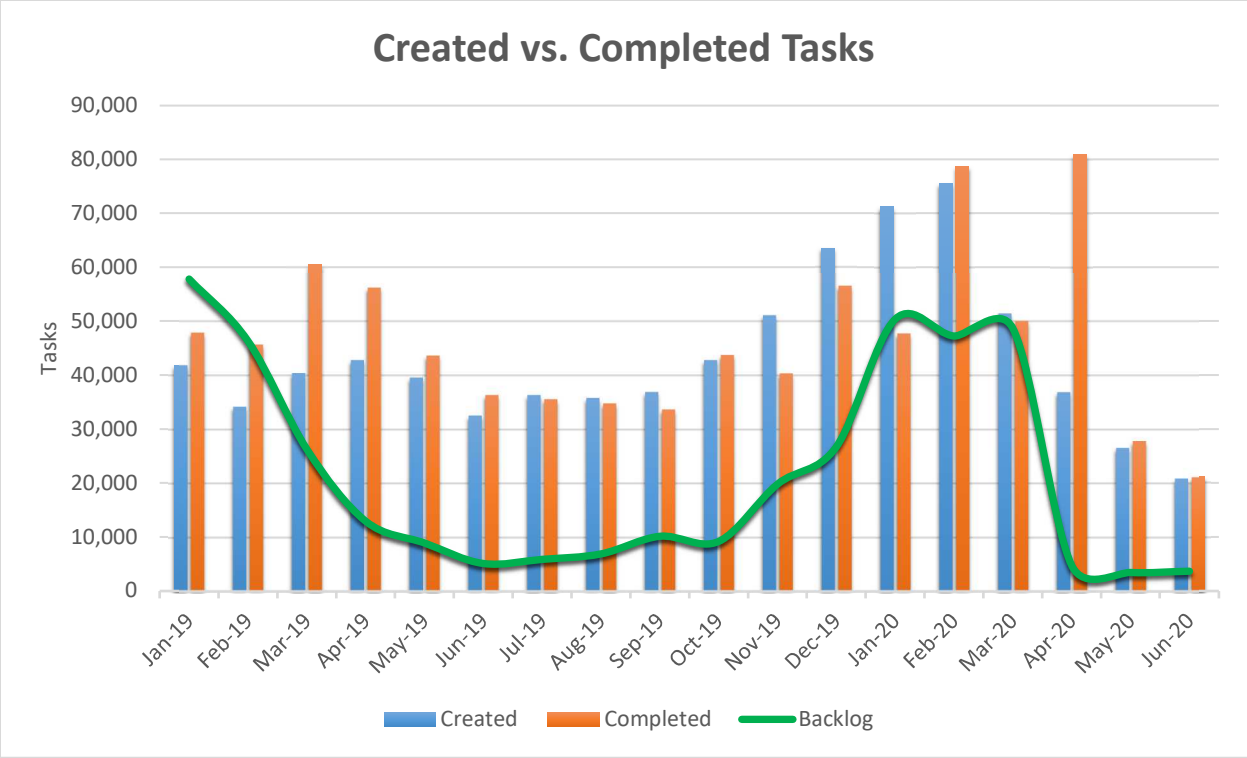
The OHP Medicaid demonstration is often referred to as the OHP "waiver" because it is an agreement with the federal government to waive specific regulations to allow Oregon to administer a state-designed Medicaid program.

The state's application to extend the OHP Medicaid demonstration an additional five years was approved by the Centers for Medicare and Medicaid Services on January 12, 2017. Based on the success and program savings to both the state and federal government, Oregon is requesting continued additional federal investment to support and further Oregon's health care system transformation.

Current Budget Forecasting: Because of the size of the budget, even the slightest variance from the original caseload forecast can result in a significant budget shortfall or savings. The forecast used for the 2021-23 OHP budget is especially risky because of with the transition to the new Integrated Eligibility ONE system.

Funding

OHP is currently operating at staffing levels which include double fills. As we stabilize with Integrated Eligibility, system budget will have to be reallocated based on need.



All Lines				
Month	**Offered**	**Answered**	**Answer Rate**	**Wait Time**
Jan-19	96,426	35,812	37%	51.66
Feb-19	79,779	30,627	38%	43.41
Mar-19	98,040	42,350	43%	32.75
Apr-19	92,651	51,505	56%	11.18
May-19	72,691	55,413	76%	7.72
Jun-19	63,846	50,636	79%	6.1
Jul-19	74,029	61,264	83%	4.86
Aug-19	67,859	56,145	83%	4.98
Sep-19	71,229	57,843	81%	5.4
Oct-19	77,299	61,234	79%	6.78
Nov-19	61,321	45,941	75%	10.28
Dec-19	70,197	52,438	75%	11.73
Jan-20	91,601	64,330	70%	14.1
Feb-20	74,314	51,119	69%	15.98
Mar-20	71,797	51,162	71%	14.25
Apr-20	48,850	42,066	86%	3.48
May-20	39,119	36,448	93%	1.67
Jun-20	42,842	39,051	91%	2.23

Today, SSP has successfully opened multiple new additional call centers in rural Oregon which have maintained a focus on OHP work. Under the new work model with staff working OHP work across the state, we have been able to largely meet the processing timelines for the OHP work showing a significant improvement to the history of backlogs and long wait times as noted in the charts above.

As OHP participates in the Integrated Eligibility project initiative, we will be joined in a phased approach by staff from Workshare and Oregon Processing Centers across Oregon to be part of the larger ONE Customer Service Center, further assisting with OHP work in addition to the states food, cash, and daycare assistance programs.

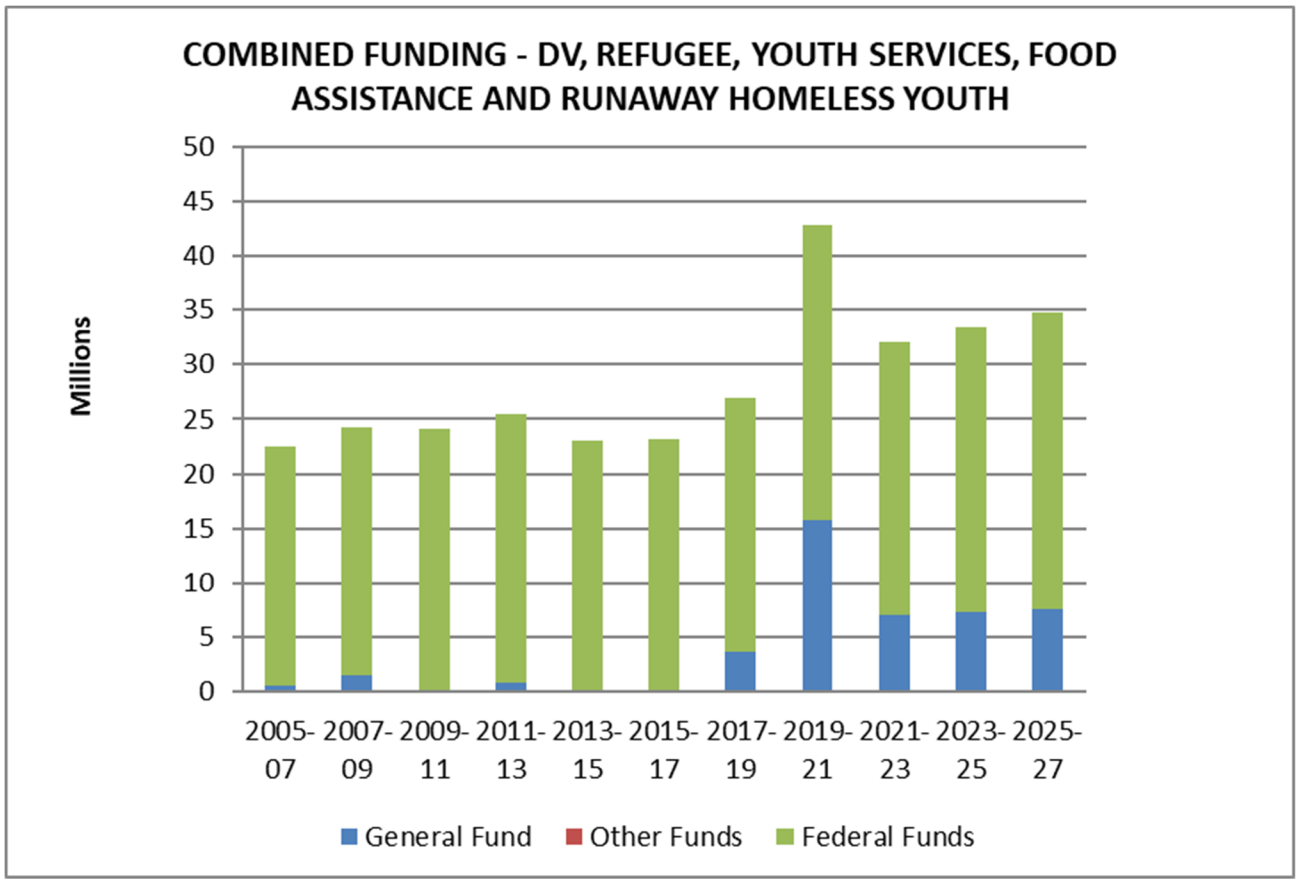
Funding Justification, And Significant Changes to 21-23 CSL

The Governor's budget proposes reductions and other changes as follows:

- Eliminate most inflation for Supplies and Services (Pkg 091)
- Additional 3% Vacancy savings (Pkg 092)

Oregon Department of Human Services: Domestic Violence, Refugee, Youth Services, and Food Assistance

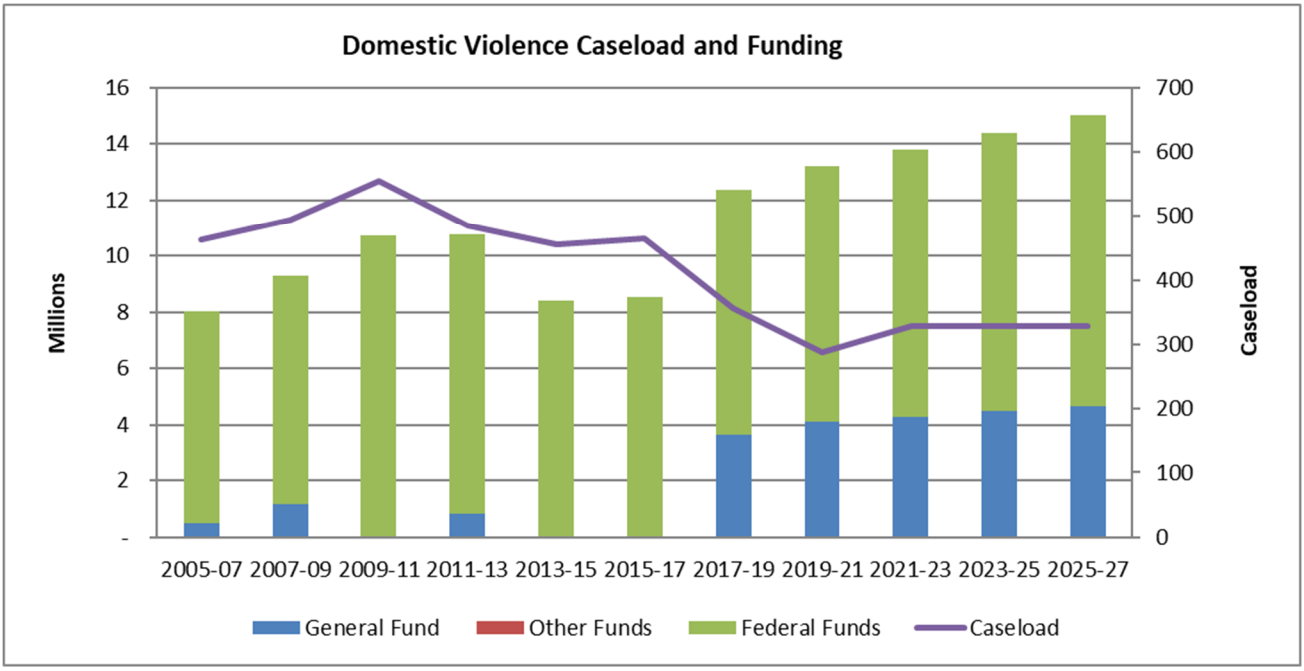
Primary Long-Term Focus Area:	Safer, Healthier Communities
Secondary Long-Term Focus Area:	N/A
Program Contact:	Bill Baney



SSP -TA-DVS, Refugee, Youth Services, Food Assistance				
	GF	OF	FF	TF
19-21 LAB	15,732,767	-	26,154,162	41,886,929
21-23 GRB	22,726,599	-	19,667,152	42,393,751
Diff.	6,993,832	-	(6,487,010)	506,822
% Diff.	44.5%	0.0%	-24.8%	1.2%

Program Overview – Domestic Violence

Temporary Assistance for Domestic Violence Survivors (TA-DVS) provides temporary financial assistance and support to families affected by domestic violence during crisis or emergent situations when other resources are not available. TA-DVS is used to help the domestic violence survivor and the children address their safety concerns and stabilize their living situation, thus reducing the likelihood of the survivor returning to the abuser. The most common need for TA-DVS is when the domestic violence survivor flees the abuser. Domestic violence survivors sometimes need additional assistance to maintain safety and stability for their family.



Program Funding Request

TA-DVS & TA-DVS ADVOCATES				
	GF	**OF**	**FF**	**TF**
19-21 LAB	**4,114,461**	**-**	**8,729,425**	**12,843,886**
21-23 GRB	**13,615,106**	**-**	**8,729,425**	**22,344,531**
Diff.	**9,500,645**	**-**	**-**	**9,500,645**
% Diff.	**230.9%**	**0.0%**	**0.0%**	**74.0%**

Program Description

TA-DVS provides up to $1,200, over a three-month period. Payments can include but are not limited to: Initial months' move-in fees, rent or utilities, moving costs, and items to help address safety. The program serves families with minor children or individuals who are pregnant, who are low-income, and meet eligibility requirements of the Temporary Assistance for Needy Families (TANF) program. Family Coaches, through ODHS field offices, meet with the clients to review their situation and develop a safety plan. ODHS also works in partnership with local non-profit domestic violence and sexual assault advocates who assist families with additional safety planning, confidential advocacy services, emergency shelter, and other resources.

Program Justification and Link to Focus Areas

The TA-DVS program is directly linked to the Safer, Healthier Communities focus area. Futures without Violence (formerly the Family Violence Prevention Fund) indicates that about 30 percent of women receiving public assistance have experienced domestic violence. Research has shown that individuals impacted by domestic violence have more chronic health issues[i] including depression and post-traumatic stress, more difficulty obtaining and maintaining employment[ii], and that these impacts can be mitigated by addressing safety.[iii] The TA-DVS program provides economic support to very low income families who are seeking services to meet basic needs while they are working towards self-sufficiency. Ensuring safety and stability helps the domestic violence survivor be more successful when they engage in job training or job search.

Program Performance

For the fiscal year ending in June 2019, the TA-DVS program served on average 1,439 cases per month. Of these 1,439 cases on average 382 received TA-DVS funds. The average payment per family was $891. The low number of eligible individuals accessing the funds is primarily the result of a lack of affordable housing.

Enabling Legislation/Program Authorization

Domestic violence emergency assistance, also known as TA-DVS, is mandated under ORS 411.117 (1) (e). Federal authorization through the TANF block grant includes use of the TANF funds to meet non-recurrent, short-term benefits to address specific crisis situations, including domestic violence. (See 45CFR 260.31 (b))

Funding Streams

TA-DVS is funded with the Federal TANF block grant. (See 45CFRPart260)

Funding Justification, And Significant Changes to 19-21 CSL

PACKAGE NO.	PACKAGE TITLE				
130	Survivor Investment Partnership				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
9,323,723			9,323,723		

PACKAGE DESCRIPTION

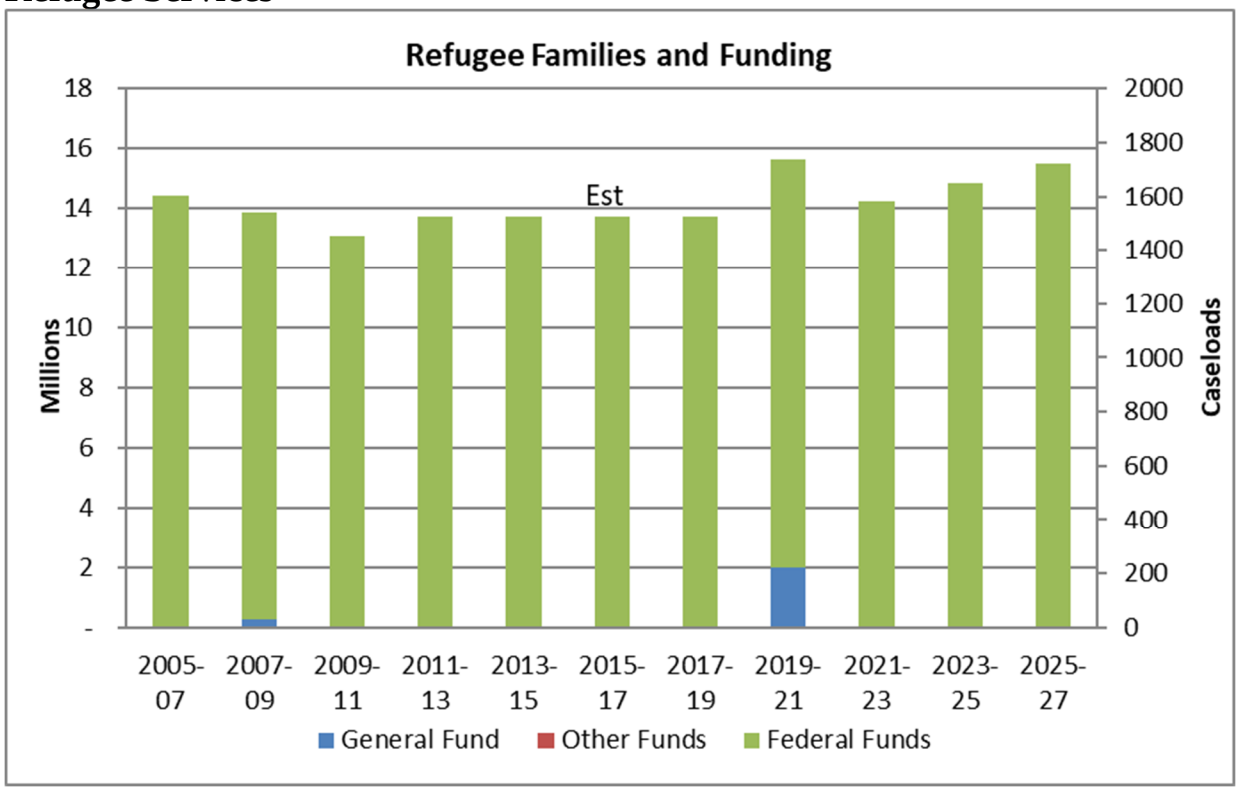
In partnership with the Governor's Office, ODHS Self-Sufficiency is proposing the Survivor Investment Partnership (SIP) Program to increase accessibility of advocacy services and meaningful financial support to survivors of domestic violence and sexual assault including Tribal members, individuals without children, and vulnerable populations. Domestic Violence is disproportionally prevalent in vulnerable populations:

• Prevalence rates for Tribal members experiencing domestic violence is at 44% nationally.
• 2017 Adult Protective Services reports show out of 3,672 founded community allegations investigated for abuse, 85% of those cases were individuals that may have experienced some form of domestic violence
• In Federal Fiscal Year 2018, 21.5% of children in Child Welfare that were victims of Child Abuse were children of color.

Survivors of domestic violence and sexual assault need access to culturally responsive advocacy services and meaningful financial support. There are high rates of domestic and sexual violence in Oregon and services to support survivors are underfunded. There are current gaps in services, where culturally specific services are not available across the state, there is a need for additional services in Tribal Communities, and survivors of domestic violence and sexual assault (DVSA) need access to funding that both supports underserved and vulnerable populations and that is accessible and meaningful.

The intention is to expand services in a meaningful way and to reach underserved populations. This proposal will focus on increasing partnerships and access to meaningful financial supports by contracting with these partners to increase capacity and advocacy in their agencies and open resources for survivors through the survivor investment dollars. This program will focus on providing culturally responsive advocacy and financial support to survivors. This proposal is still in development with ongoing workgroups, partners, Tribes, and the Governor's Office.

Refugee Services



Program Overview – Refugee Services

The Refugee Program serves individuals and families who fled persecution in their country of origin and were legally admitted for resettlement by the United States government. The program guides refugees into self-sufficiency through employment as early as possible by providing financial services, employment related services, and acculturation services, so they can become independent and contributing members of Oregon's economy.

Program Funding Request

SSP - REFUGEE				
	GF	OF	FF	TF
19-21 LAB	2,000,000	-	13,645,633	15,645,633
21-23 GRB	2,000,000	-	6,554,623	8,554,623
Diff.	-	-	(7,091,010)	(7,091,010)
% Diff.	0.0%	0.0%	-52.0%	-45.3%

Program Description

The Refugee Services Program can serve only those persons in immigration categories approved by the Federal Office of Refugee Resettlement (ORR): Refugees, Asylees, Cuban/Haitian entrants and parolees, Amerasians, victims of human trafficking (international) and certain family members, and Iraqi/Afghan Special Immigrant Visa holders.

Resettlement services are comprehensive. Initial resettlement and most case coordination services are delivered by non-profit resettlement agencies located in the Portland area, where the majority of refugees seek services. These services may include essential tasks such as picking up refugees at the airport, finding them a place to live and helping to furnish their home with basic necessities. There has been some expansion of resettlement outside of the tri-county area in an effort to locate available affordable housing.

ODHS branch offices determine TANF and REF cash eligibility, and SNAP eligibility. OHP eligibility is determined separately. Resettlement agencies will provide direct linkage services and Life Skill sessions.

During Federal Fiscal Year (FFY) 2017, the average monthly caseload for all resettlement agencies was 359 refugee cases. Employment-related services are delivered by the Immigrant and Refugee Community Organization (IRCO) in Portland. IRCO services may include assistance with job search, employment acculturation, pre-employment training, English language classes, citizenship, and naturalization help. During FFY 2017, these services assisted an average of 832 refugees per month. Those refugees who resettle outside the tri-county area are served through a local ODHS field office.

Those served through the Refugee Program come from all over the world. During FFY 2017, Oregon's Refugee Program assisted people from 27 different countries. Most refugees who are resettled in the U.S. speak little to no English. Limited English capacity is expected and integrated into Refugee Program services.

Program Justification and Link to Focus Areas

This program is directly linked to Safer, Healthier Communities. Refugees receive help to become safe, healthy, and independent by learning how to understand and navigate the prevalent culture, become self-sufficient through employment as early as possible and become contributing members of Oregon's economy. These

services enhance the ability of arriving refugees to succeed in the U.S. and also helps them become integrated members of the community. Most services are provided for up to eight months after arrival. Employment services can extend to a maximum of 60 months after arrival. Specialized services to refugee seniors are not time limited.

Program Performance

ORR requires states to establish goals related to self-sufficiency of refugees. Two of the more significant measures are the percentage of clients who become employed and the percentage who remain employed 90 days after placement. During Federal Fiscal Year (FFY) 2017, the Refugee Program was able to help gain employment for 62 percent of the on-going caseload, with the goal being 65 percent. The retention goal of 78 percent was surpassed with 85 percent for those still employed after 90 days.

Enabling Legislation/Program Authorization

The Refugee Program is authorized and operates under the Federal Immigration and Nationality Act and the Refugee Act (8 U.S.C. 1522). The Refugee Program operates as a public assistance program under ORS 411.060, 409.010(2) (c), and 409.010(2) (h).

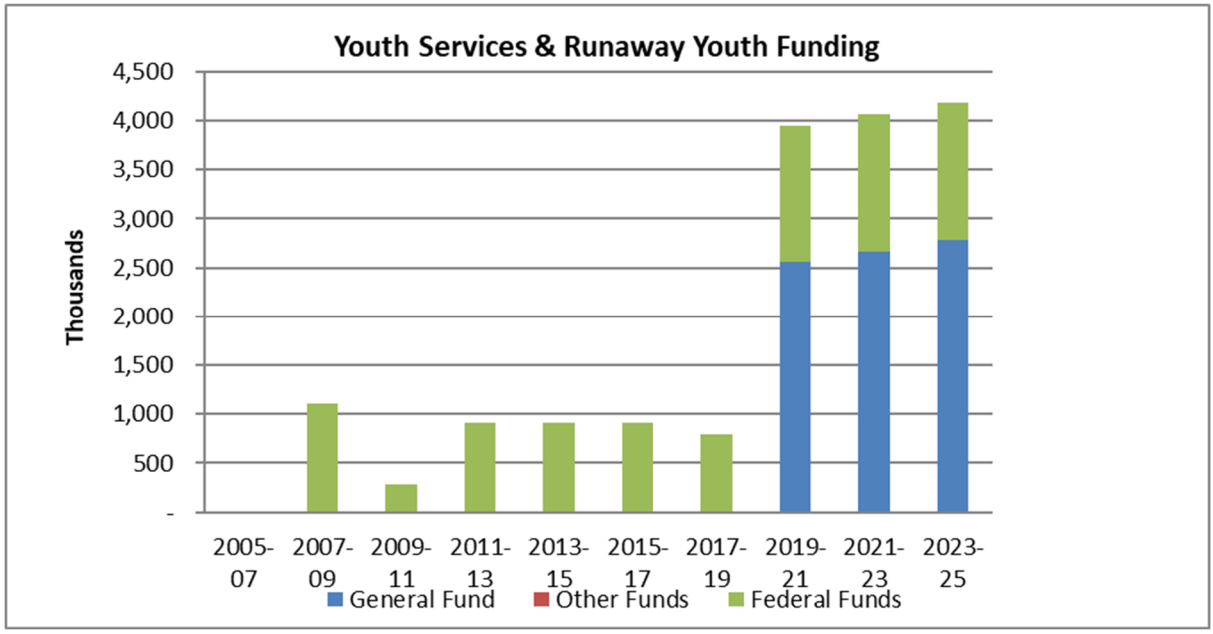
Funding Streams

During the initial resettlement period, the Refugee Program serves two different populations of refugees: those refugees who are eligible for Temporary Assistance for Needy Families (TANF) and those refugees who are eligible for ORR-funded services. The TANF eligible refugees receive cash assistance and services paid with TANF funding, and all other refugees are served with ORR funds, which are federal funds. (8 U.S.C. 1522)

Funding Justification, And Significant Changes to 19-21 CSL

- Governor's budget included a $2M investment in package 90 to the Refugee Program to fund Racial Justice Council recommendation: refugee extended case management and employment support services contracts.

Youth Services (My Future My Choice)



Program Overview - Youth Services

Youth Services include sexual health education, leadership and mentor programs. These services support community prevention efforts to enable Temporary Assistance for Needy (TANF) families to break the generational dependence on public assistance.

Program Funding Request

SSP - YOUTH SERVICES & RUNNAWAY YOUTH				
	GF	OF	FF	TF
19-21 LAB	2,554,375	-	1,397,335	3,951,710
21-23 GRB	2,664,213	-	1,397,335	4,061,548
Diff.	109,838	-	-	109,838
% Diff.	4.3%	0.0%	0.0%	2.8%

Program Description

The "My Future-My Choice" program includes age-appropriate, medically accurate sexual health education curriculum and services for sixth and seventh grade, and a high school leadership and mentor component. These services support community prevention efforts to enable TANF families in breaking the

generational dependence on public assistance. The "My Future-My Choice" program expands on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk-taking behaviors. ODHS partners with the Oregon Department of Education and the My Future-My Choice Advisory Committee to develop and implement the program. During the 2016-2017 school year this curriculum was implemented in 17 counties and 25 school districts. Various school districts implement the program throughout the year; the 2017-2018 school year data will be available August 1, 2018

Program Justification and Link to Focus Areas

The "My Future-My Choice" program is directly linked to the Safer, Healthier Communities focus area. An analysis from the National Campaign to Prevent Teen Pregnancy shows that teen childbearing (ages 19 and younger) in Oregon cost taxpayers (federal, state and local) at least $88 million in 2010. Of the total 2010 teen childbearing costs in Oregon, 32 percent were Federal costs and 68 percent were state and local costs. Investing in preventing teen pregnancy reduces the risk to teen pregnancy, which can lead to a lifetime of poverty for both the teen parent and the child. The teen birth rate in Oregon declined 49 percent between 1991 and 2010. The progress Oregon has made in reducing teen childbearing saved taxpayers an estimated $116 million in 2010 alone compared to the costs they would have incurred had the rates not fallen.

Program Performance

Oregon teen pregnancy rates have consistently stayed below the national average. According to national data from the U.S. Department of Health and Human Services, the 2016 national rate for births to teens between the ages of 15 to 19 is 20.3 per 1,000 teen girls. In Oregon, the teen pregnancy rate among females 15 to 19 years continues to decline, from 39.25 per 1,000 in 2010 to 23.3 per 1,000 in 2016. Similarly, the teen birth rate among females 15 to 19 years declined from 28.45 per 1,000 in 2010 to 16.6 per 1,000 in 2016.

Enabling Legislation/Program Authorization

The Oregon Legislature passed HB 2509 in 2009, which requires that all schools provide comprehensive sexual health education. The My Future–My Choice curriculum complies with all requirements of this legislation for sixth and seventh grades. ODHS partners with Oregon Health Authority and Oregon Department of

Education to share in responsibility for collaborative efforts to increase youth sexual health education and services.

Funding Streams

The Title V Federal Abstinence Education Program grant provides annual funding of approximately $962,303 to the My Future–My Choice Program through September of 2018. ODHS submits a request for funding each year and continued funding is contingent on federal budget approval.

Program Overview – Food Assistance

The Food Assistance Program help supplement the nutritional needs of elderly and other Oregonians through the provision of emergency food. The work is primarily carried out by the Oregon Food Bank and Oregon food bank network and includes funding from both federal partners and the Oregon Hunger Response Fund.

Program Funding Request

SSP -Food Assistance				
	GF	OF	FF	TF
19-21 LAB	7,063,931		2,381,769	9,445,700
21-23 GRB	4,447,280	-	2,985,769	7,433,049
Diff.	(2,616,651)	-	604,000	(2,012,651)
% Diff.	-37.0%	0.0%	25.4%	-21.3%

Funding Justification, And Significant Changes

The Food Assistance Program is funded at Current Service Level

[i] Depression, Substance Abuse and Domestic Violence; National Center for Children in Poverty; Sarmila Lawrence; Michelle Chau; Mary Clare Lennon; June 2004

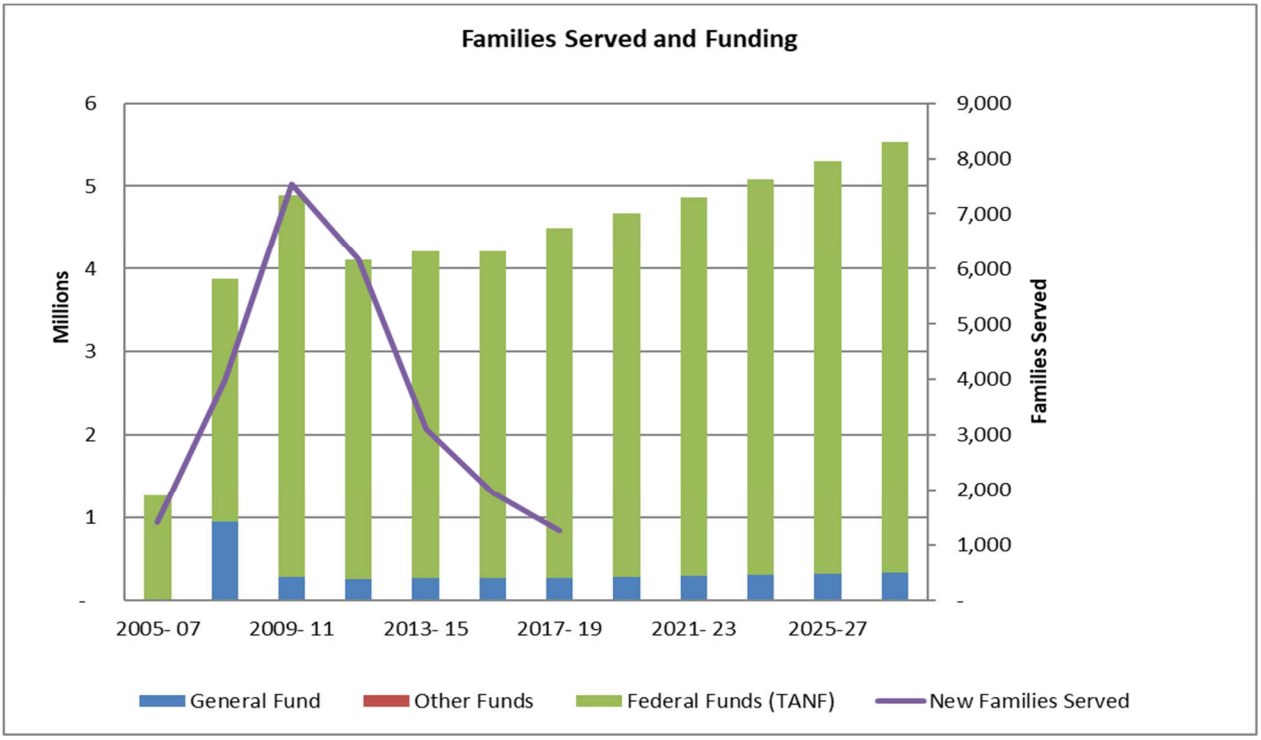
[ii] Welfare and Domestic Violence Against Women: Lessons from Research – Eleanor Lyon, PHD; August 2002
[iii] Self-Sufficiency & Safety; Lee McKean, PHD; Center for Impact Research; October 2004

Department of Human Services: Family Support and Connections Program

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area: N/A
Program Contact: Claire Seguin

Program Overview

Family Support and Connections (FS&C) is a child abuse and neglect primary prevention program that provides a wide array of services including home visits, resource brokering and parenting classes. These families are eligible for the Temporary Assistance for Needy Families (TANF) program, which is a safety net program that provides cash assistance to parents.



Program Funding Request

SSP -FAMILY SUPPORT & CONNECTIONS				
	GF	OF	FF	TF
19-21 LAB	286,196	-	4,222,871	4,509,067
21-23 GRB	298,502	-	4,222,871	4,521,373
Diff.	12,306	-	-	12,306
% Diff.	4.3%	0.0%	0.0%	0.3%

Program Description

FS&C is a component of the continuum of community supports to prevent child abuse and neglect. This program focuses on TANF families who may be at risk for involvement with the child welfare and foster care systems. ODHS collaborates with numerous local, state and federal informal and formal prevention services, and activities to meet families' needs. Program staff work within the existing community structure to coordinate referrals and deliver direct services where gaps or needs exist for a family.

Services are designed to increase parental protective factors and decrease the risk factors of child abuse and neglect. This program utilizes home visiting, video conferencing and telephonic services in all 36 counties and works collaboratively with Self Sufficiency and Child Welfare program staff, contracted staff and other community partners.

FS&C also provides services and supports for families to move towards greater independence while promoting the health and well-being of all family members. The service array focuses on immediate crisis needs of families but also provides education, prevention and early intervention services to help families avoid reaching a crisis.

Because a diverse population is served through the program, FS&C providers are asked to design their program in a culturally appropriate way to best meet the needs of the families served. This is achieved, in part, by hiring staff who reflect the demographics of the local community. Local FS&C Steering Committees give guidance and direction on how services are provided to ensure community linkages are established. The local steering committees are also required to have membership representative of the cultural diversity in the district they serve. The steering committees also include representatives from local agencies working with minority and special needs populations, and faith-based organizations.

The program provides short-term interventions including home visits, family strength needs assessments, advocacy for services in the community, supports to strengthen parenting, coping and other skills to support the healthy development of children, individualized interventions and joint outcome-based case planning. The services are community-based and tailored to meet a family's needs. FS&C advocates support the family by working with them to identify risks and strengths.

Together they tackle issues before there is irreversible damage, reducing the incidence of child abuse and neglect.

The major cost drivers are the number of families in need of child abuse and neglect prevention services as well as the number of contracted staff needed to provide the preventative interventions. The program has a small budget which does not accommodate the actual need. Current service level is only approaching 50% of demonstrated need in Oregon communities.

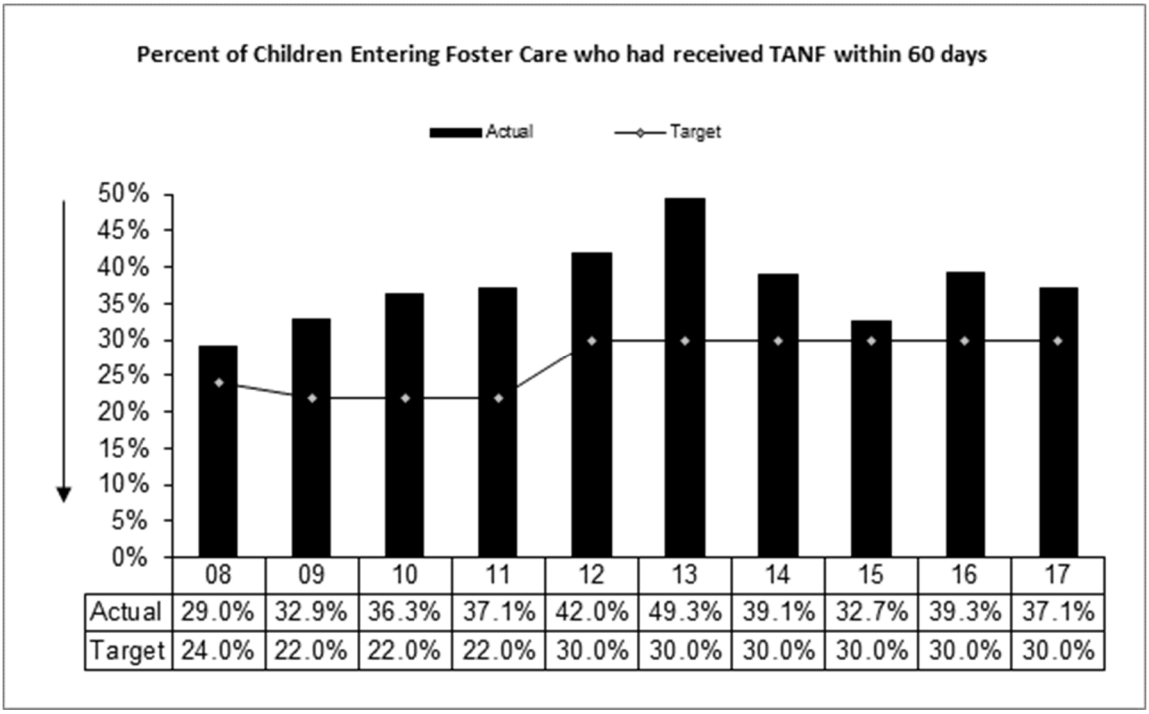
Program Justification and Link to Focus Areas

This program focuses on building safer, healthier communities by promoting its goal of increasing child safety and contributing to family stability. By achieving this goal, the program helps to reduce or prevent TANF children from entering the child welfare and foster care system. Children who enter foster care are more likely to struggle with school, experience homelessness and unemployment, and may become part of the juvenile and adult corrections system. Most TANF families served through FS&C have significant needs that include needing help with parenting, housing or other stabilization services. TANF is an important part of the service array, providing cash assistance, case management, and employment and training services to families with children living in extreme poverty.

Program Performance

The primary performance measure is the percentage of children entering foster care who received TANF 60 days prior to foster care entry. The display below shows the percentage of children entering foster care who had received TANF has been increasing.

There continues to be a high percentage and disproportionate number of African American children who received TANF prior to entering foster care. The TANF program and FS&C is aligning with Child Welfare, and other family stability efforts such as the Oregon Parenting Education Collaborative (funding for parenting hubs and Evidence Based Curricula delivery), Maternal, Infant, and Early Childhood Home Visiting program (MIECHV), Head Start, Early Head Start and Relief Nurseries. The SPRF funding has increased local service provision availability in communities specific to this population. Applicants had to demonstrate in their request that the community demographics were included and plans to implement programs equitably.



	08	09	10	11	12	13	14	15	16	17
Actual	29.0%	32.9%	36.3%	37.1%	42.0%	49.3%	39.1%	32.7%	39.3%	37.1%
Target	24.0%	22.0%	22.0%	22.0%	30.0%	30.0%	30.0%	30.0%	30.0%	30.0%

Enabling Legislation/Program Authorization

Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320, authorizes grant funds to be released to the states and names the program Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP). The grant requires a 20 percent match of State General Funds.

The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005.

Funding Streams

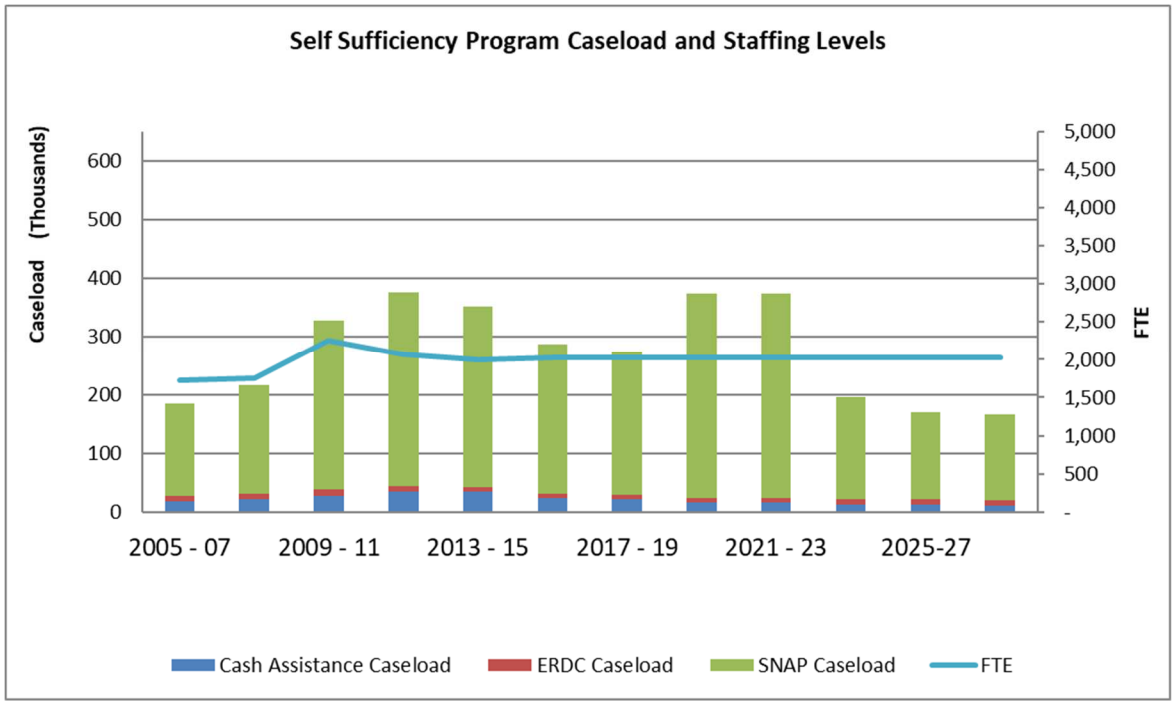
The FS&C program is funded with a blend of TANF Federal Funds, CBCAP grant funds and State General Fund dollars. The CBCAP grant awards additional leveraged funds each year based on a formula giving credit for the previous year's contribution of state General Fund dollars over the 20% required match. In addition, individual contracted programs in the ODHS districts add leveraged funds on the local level from agency donations, grants and fundraising.

Funding Justification, and Significant Changes

Family Support and Connections is funded at Current Service Level

Oregon Department of Human Services: Delivery and Design

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area: Excellence in State Government
Program Contact: Dan Haun



Program Overview

This program provides design, personnel and service delivery in addition to oversight, planning, reporting, implementation, training, eligibility and benefit issuance for programs that support a diverse, low-income population in need of economic supports and self-sufficiency services to meet their basic needs. The last economic recession triggered a dramatic increase in demand for these services which include food and cash assistance, and other programs that enhance employability and support job retention among clients.

Self-Sufficiency Programs reallocated staff resources to meet client demand and increase positive outcomes for TANF clients. This was accomplished by staff reallocation approved heading into the 2019-21 biennium. These positions provide families, who are living at an estimated 37 percent of the federal poverty Level,

with services to stabilize their living situations and increase their earning potential to move them off state-provided services.

The TANF program has reinvested funds into efforts that maximize the dollars for benefits that are targeted at building participant progression in work related activities, identifying and building on skills and leveraging community collaborations to provide solid foundations that lead not only to employment placement but retention and advancement.

House Bill 2015 and the Reauthorization of Child Care and Development Fund act of 2014 have strengthened the Employment Related Day Care Program through several program enhancements. ODHS implemented enhancements on October 1, 2015. Working students, and self-employed families can access affordable quality child care while they improve their life circumstances, making it easier to move out of poverty. A 12-month eligibility period, three months of work search for a parent who has lost a job, continued child care coverage while on medical leave and a higher exit income limit allow for continuity of care for children. Additional changes include incentive payments for quality rated child care providers and a reduced copay incentive for parents who use a quality rated child care provider. Program improvements have reduced the number of cases lost through attrition, meaning families are staying on ERDC longer allowing for continuity of care for children.

Program Funding Request

Self Sufficiency Healthy People Design						
Self Sufficiency Design	**GF**	**OF**	**FF**	**TF**	**Pos**	**FTE**
LAB 19-21	24,740,986	459,806	32,103,258	57,304,050	111	110.00
GB 21-23	26,196,119	424,705	21,173,330	47,794,154	118	117.14
Difference	1,455,133	(35,101)	(10,929,928)	(9,509,896)	7	7.14
Percentage change	5.88%	-7.63%	-34.05%	-16.60%	6.31%	6.49%
Self Sufficiency Healthy People Delivery						
Self Sufficiency Delivery	**GF**	**OF**	**FF**	**TF**	**Pos**	**FTE**
LAB 19-21	169,606,536	389,649	171,520,392	341,516,577	1,940	1,939.63
GB 21-23	231,783,476	285,021	153,889,023	385,957,520	2,074	2,073.13
Difference	62,176,940	(104,628)	(17,631,369)	44,440,943	134	133.50
Percentage change	36.66%	-26.85%	-10.28%	13.01%	6.91%	6.88%
Self Sufficiency Healthy People Total (Design & Delivery)						
Self Sufficiency Design and Delivery	**GF**	**OF**	**FF**	**TF**	**Pos**	**FTE**
LAB 19-21	194,347,522	849,455	203,623,650	398,820,627	2,051	2,049.63
GB 21-23	257,979,595	709,726	175,062,353	433,751,674	2,192	2,190.27
Difference	63,632,073	(139,729)	(28,561,297)	34,931,047	141	140.64
Percentage change	32.74%	-16.45%	-14.03%	8.76%	6.87%	6.86%

Program Description

This program encompasses and supports the personnel necessary to provide eligibility and family engagement services to vulnerable Oregonians who request assistance to meet basic needs such as food and shelter, and need access to employment programs. Self Sufficiency family stability and work support programs include the following:

- Temporary Assistance for Needy Families (TANF) provides cash assistance, job preparation services and community connections to low-income families with children while they strive for self-sufficiency.
- TANF Jobs Opportunity and Basic Skills (JOBS) program is an employment and training program.
- Supplemental Nutrition Assistance Program (SNAP) helps low-income families buy healthy foods to meet their nutritional needs.
- SNAP can also provide limited assistance with job search and links to employment resources through the Oregon Food Stamp Employment and Training (OFSET) program and the 50/50 Employment and Training Program.
- Employment Related Day Care (ERDC) helps low-income, working families with quality child care.
- Family Support and Connections (FS&C) provides local advocates who work with families to help those overcome parenting challenges to create family stability and reduce the risks of Child Welfare involvement.
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) provides up to $1,200 to help pregnant women and families flee or stay free from domestic violence.
- Refugee Services support the successful resettlement of families in the U.S. who are fleeing persecution in their countries of origin.

Major cost drivers for the personnel need for Self-Sufficiency Programs Delivery and Design are federal or state program mandates, economic conditions which affect caseload size, such as the number of Oregonians needing assistance, personnel turnover, the related training and travel costs, the work effort required to provide services, and personnel packages such as position cost, infrastructure improvements, etc.

Program Justification and Link to Focus Areas

This program primarily supports the Safer, Healthier Communities focus area by helping Oregonians meet their basic needs such as food, housing and medical care referrals in order for people to be healthy and have the best possible quality of life at all ages. It also links to the Economy and Jobs, and Safety Outcome areas.

Staff supports basic needs programs such as financial assistance, food assistance, medical insurance (referral only), child care, domestic violence services, employment and training, refugee and youth services. Also, staff is responsible for disaster program delivery when needed and as identified by the federal program.

Staff at the state and local levels coordinates with Child Welfare to work with families to increase their stability and prevent Child Welfare involvement. This collaboration helps to support the focus by ensuring children are cared for regardless of the system of service. Other collaborations have been built around domestic violence, housing, alcohol, drug and mental health treatment, workforce development, vocational rehabilitation, health care, and education.

Program Performance

Personnel resources provide performance in the delivery of programs within Self Sufficiency. A workload model is used to provide a basis for determining personnel needs to adequately support those seeking services. The work of staff in administration and central support is not included in the workload model; however, the work of central support staff is vital to the delivery of services in field offices. Central support provides the oversight of policy development, program design, and changes required through legislation, as well as federal reporting compliance, and has not been adequately staffed for several years.

We are committed to continually evaluating how to work in a more lean and efficient way to help streamline our efforts and improve outcomes for our clients and our budgets. As an example, improvements continue in how we interview and determine eligibility for SNAP and TANF. This greatly improved the capacity of staff to see clients and issue benefits quickly and helps us gain monetary performance awards to further benefit the state. The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) recognized Oregon as a national model for effective administration of the SNAP program. FNS awarded Oregon performance bonuses for its timeliness in issuing benefits and for program accessibility.

This active process of identifying ways to improve efficiencies allowed the Self Sufficiency Program to reinvest staff resources to close the gap between positions needed and those authorized in the 2019-2021 biennium. The Self Sufficiency Program continues to identify opportunities for other efficiencies as the delivery programs are still understaffed based on client demand. We are developing new models of delivery that will include online applications, electronic workflow and distribution which, over time, will allow staff to spend less time on paperwork and more time working directly with clients providing services such as referrals to community resources, employment and training assistance, and case management.

Additionally, program areas are developing strategic plans for program delivery, including high priority areas where breakthroughs are desired in either outcomes or the way work is done. One high priority area we share with the Vocational Rehabilitation and the Aging and People with Disabilities programs is on increasing employment outcomes for clients. We can best meet the needs of our clients by collaborating across programs to help them progress quickly along the road to self-sufficiency.

Enabling Legislation/Program Authorization

Self-Sufficiency Programs have varying levels of mandates from federal law and the Oregon constitution. SNAP and Medicaid are federally mandated programs. TANF is a federal block grant program. It is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), and the Deficit Reduction Act of 2005. A significant portion of the TANF eligibility criteria is codified in State statute chapters 411 and 412. ODHS has statutory authority to administer the ERDC program through ORS 409.010(2) (c), 411.141 and 418.485. Family Support and Connections services are authorized through the Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320.

Funding Streams

Funding for personnel for Program Delivery and Design is determined through Random Moment Sampling Surveys to identify which programs are being worked on in the moment and the funding split for administration of the program. With RMSS, field delivery staff are required at random intervals to indicate the time spent on various activities to determine the level of federal funding which directly supports our ability to provide Self Sufficiency Program services. The funding is a mixture of Federal and General Funds that cover the work done by the employees to support the programs that they work in. The main grant used is SNAP

Administration funded 50 percent Federal and 50 percent General Funds. TANF and CCDF funds also are used.

Funding Justification, And Significant Changes to 21-23 CSL

There are multiple investments in the Governor's Budget (GB), in addition to the regular essential packages that are part of the normal budget build process.

PACKAGE NO.	PACKAGE TITLE				
POP 130 (LC 023)	SURVIVOR INVRSTMENT PARTNERSHIP				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$676,277			$676,277	3	2.64

PACKAGE DESCRIPTION

In partnership with the Governor's Office, ODHS Self-Sufficiency is proposing the Survivor Investment Partnership (SIP) Program to increase accessibility of advocacy services and meaningful financial support to survivors of domestic violence and sexual assault including Tribal members, individuals without children, and vulnerable populations. Domestic Violence is disproportionally prevalent in vulnerable populations:

• Prevalence rates for Tribal members experiencing domestic violence is at 44% nationally.

• 2017 Adult Protective Services reports show out of 3,672 founded community allegations investigated for abuse, 85% of those cases were individuals that may have experienced some form of domestic violence

• In Federal Fiscal Year 2018, 21.5% of children in Child Welfare that were victims of Child Abuse were children of color.

Survivors of domestic violence and sexual assault need access to culturally responsive advocacy services and meaningful financial support. There are high rates of domestic and sexual violence in Oregon and services to support survivors are underfunded. There are current gaps in services, where culturally specific services are not available across the state, there is a need for additional services in Tribal Communities, and survivors of domestic violence and sexual assault (DVSA) need access to funding that both supports underserved and vulnerable populations and that is accessible and meaningful.

The intention is to expand services in a meaningful way and to reach underserved populations. This proposal will focus on increasing partnerships and access to meaningful financial supports by contracting with these partners to increase capacity and advocacy in their agencies and open resources for survivors through the survivor investment dollars. This program will focus on providing culturally responsive advocacy and financial support to survivors. This proposal is still in development with ongoing workgroups, partners, Tribes, and the Governor's Office.

PACKAGE NO.	PACKAGE TITLE				
POP 206	INTEGRATED ELIGIBILITY SUPPORTING THE POST-IMPLEMENTATION SYSTEM				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$458,832		$688,252	$1,147,081	4	4.00

PACKAGE DESCRIPTION

This POP requests resources and funding to provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called ONE that integrates eligibility determination for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. This system represents an essential lifeline to vulnerable Oregonians in need. The IE program is an umbrella under which multiple inter-dependent yet disparate bodies of work fall.

- The core system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period to resolve defects, add minor enhancements and help staff adjust to the new system.
- Major enhancements to the system will be needed to add functionality that was not included in the original system requirements. These include functionality such as:
    - Mandated changes for Asset Verification Services
    - Updates to Medicare information
    - Mandated and/or required reports for all programs
    - Additional federal reporting or federal changes that have been passed nationally regarding the SNAP program
    - Increased functionality for operational efficiency to ensure Oregonians receive the services they need in the most efficient method possible

- User Acceptance Tools need to be upgraded to support further enhancements. For example, Team Foundation Server must be upgraded to the latest version (Azure DevOps Server) before it reaches end-of-life. All UAT activities are currently supported by the State and are not provided by Deloitte.
- The Eligibility Transformation team which provides trainers, subject matter experts and leadership will need to continue to provide support services into the 2021-23 biennium.
- Ongoing support of the Legacy systems relied upon by IE. Changes made to the IE core system typically require changes to the legacy systems, which ultimately pays out benefits for clients. Test environments created to support user acceptance testing and ongoing support and maintenance for the existing automated test suite were not included in previous funding requests. Additional resources will be needed to ensure the environment and tools can support system changes, system enhancements, testing and training. Disaster Recovery functionality and testing needs to be established for IE core.
- On-going Maintenance & Operational (M&O) support will be provided by Deloitte for the core system. Funding is requested through this POP for those M&O expenses.

The Integrated Eligibility (IE) program must meet the needs of the Oregonians in which it serves. Enhanced Federal funding will continue to be available to finance a portion of the requests outlined for enhancements. Items that are M&O or not new development are not eligible for enhanced funding but can receive funds under the maintenance and operational federal match.

In addition, the Governor's budget proposes reductions and other changes as follows:

- Eliminate most inflation for Supplies and Services (Pkg 091)
- Additional 3% Vacancy savings (Pkg 092)
- Reduction for DAS service charges (Pkg 096)
- Reduction for Attorney General services charges (Pkg 097)

Furthermore, 133 Limited Duration Positions from CSL were awarded in Delivery.

Oregon Department of Human Services

Child Welfare Program

Vision

All children experience safe, stable, healthy childhoods in the care of family and community.

Mission

The mission of ODHS Child Welfare is to ensure that every child and family is empowered to live a safe, stable and healthy life and is based on a set of beliefs and core values:

- *We believe* children and youth, and young adults do best growing up in a family.
- *We believe* that our child welfare agency and its partners can better ensure people's safety, health and well-being if they work in constant collaboration and proactively engage individuals, families and communities.
- *We believe* that when families and communities are strong, fewer children experience abuse and neglect.
- *We believe* that earlier, less-intrusive support for families means more children can remain safe and healthy at home and in school, and in the end, children and young adults have better long-term outcomes and maintain the bonds and connections that are critical to their well-being.
- *We believe* families and communities working together in a more proactive, holistic way will also help free up budget and staff resources. This allows ODHS and its partners to allocate resources to where they can have the greatest impact for children and young adults. Integrating services will mean less need for costly foster care, residential placements, and other crisis support, creating opportunities for more innovation, creative solutions, and new business models.

Goals

Safety: Protect children from abuse and neglect, keeping them safely at home whenever possible and appropriate

Permanency: Find safe, permanent and culturally stable homes for children in care

Well-Being: Ensure children in foster care are well cared for, remain connected to family, siblings, community and support networks, and receive appropriate and equitable services.

Service Equity: Provide culturally responsive, equal access and equitable treatment for all children and families served by the Department. This meets the cultural and linguistical needs of children in care and their parents, including being served by diverse staff that represent the communities we serve.

Quality Assurance/Continuous Quality Improvement: Continue an integrated practice of quality assurance and continuous quality improvement for defining, measuring and improving equitable outcomes for Oregon's children and families.

Program

Child Welfare Programs serve children and families when children are subject to abuse and neglect. Trained and diverse child welfare staff respond to reports of child abuse and neglect, and if a child cannot be safe at home, a foster care placement is made. The primary goal is to keep children safe, while providing equitable services to support timely and safe return to their families. Whenever possible, services are provided to prevent out-of-home placements.

The program areas within Child Welfare are:

- **Child Safety**
- **Child Fatality Review and Prevention**
- **Foster Care & Well-Being**
- **Permanency**
- **Program Design & Delivery**
- **Federal Policy, Planning & Resources**

Children served in Federal Fiscal Year (FFY) 2019:

- 11,016 children spent at least one day in foster care
- 81,798 reports of abuse and neglect were received
- 46,062 reports were referred for investigation
- 9,143 reports were founded for abuse or neglect involving 16,721 victims
- 46.9 percent of the victims were younger than 6 years old

Of the total children served in foster care, 68.7% were White, 18.2% were Hispanic, 5.0% were American Indian or Alaska Native, 6.5% were Black or African American, 2.6% did not have race recorded, and 1.7% were Asian or Pacific Islander.

Child Safety

Safety: The Child Protective Services program is crucial to the Child Welfare system in Oregon. This program is responsible for assessing and ensuring child safety when reports of abuse and neglect are received at Oregon's Child Abuse Hotline.

Child Safety Program

The Child Safety program plays a central role in investigating reports of child maltreatment, partnering with local law enforcement and Tribes to determine if a child has experienced abuse or neglect, is safe, and whether there is a risk of future maltreatment while offering locally based services for intervention.

The Child Safety program also provides coordination for the following areas:

CSEC (Commercial Sexual Exploitation of Children)

The CSEC coordination provides culturally and linguistically responsive multi-disciplinary services by connecting child welfare staff to resources including National Center for Missing & Exploited Children, LEA, FBI and other community agencies to partner in helping youth who are being sexual exploited get off the street and have safe shelter and offering intensive wrap-around services to help with their physical and emotional needs.

Addiction Recovery Teams (ART Teams)

These teams provide coordinated, culturally and linguistically responsive multi-disciplinary services to substance-abusing family members whose issues are identified through a comprehensive safety assessment.

Domestic Violence/Sexual Assault

ODHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault and domestic violence, and their children, in a culturally and linguistically responsive manner.

Child Fatality Prevention and Review

This new program under the Child Welfare Director's Office was created in response for a need to improve child safety and prevent child maltreatment fatalities in Oregon. The goals of this new program align with Family First requirements of creating a state fatality prevention plan and also provide a unique and necessary opportunity to promote a system shift toward prevention policies and practices to address risk to Oregon's most vulnerable children.

The Child Fatality Prevention and Review program also coordinates the Critical Incident Review Team, which is an approach that Oregon's Child Welfare system has used for many years to respond to critical incidents that result in child fatalities. With several recent and significant

changes to the CIRT statute, there was a need to increase program capacity to comply with the specificity of the law and extensive increase in the number of CIRTS assigned. Development of this program has created the space and opportunity for Oregon's Child Welfare system to better understand and learn from these tragedies. The work of the CIRT is intended to have a crucial impact on quality improvement in Oregon's Child Welfare System and moving the CIRT coordination out of the Child Safety Program has allowed for an increase in independence and transparency of child safety and fatality reviews. This program will be working across systems and the broader community including public health and other child- and family-serving agencies in Oregon as part of the work necessary to improve child safety outcomes and prevent child maltreatment fatalities in our communities.

Well-Being

Foster Care

This program values foster care services as a support to families and not a substitute for parents. In order to truly support the families, it serves, this program engages parents, youth, kin, community partners, legal professionals, tribal partners, resource families and others as a way to holistically support family safety and stabilization. Foster Care services include Relative Care, Family Foster Care and professional level of care such as Shelter Care and Behavioral Rehabilitation Services provided in therapeutic home or residential settings through contracted Child Caring Agencies (CCAs). The foster care system operates 24 hours per day, seven days per week to accept and care for children who cannot remain safely at home.

Oregon's goal aligns with the federal requirement of placing a child in the least restrictive, most appropriate setting that meets the child's individual needs when the child cannot safely be cared for by his or her parent(s).

This program focuses on the well-being of children and young adults while they are in foster care and is responsible for the diligent recruitment of resource (foster) families that reflect the characteristics of children receiving foster care services. This program is also certifying, trains and provides support to retain resource families (both general applicants and relative caregivers). Resource families are trained by agency staff and through contracted experts. They participate in a Structured Analysis Family Evaluation (SAFE) home study, designed to evaluate a family's suitability and readiness to meet the needs of children and young adults that enter the child welfare system. They must also pass a criminal background check, reference checks, and a review of Oregon's abuse registry, which includes all prior abuse reports received on children and adults. In addition to the above, this program provides recruiting, contracting, training, support and monitoring of all contracted child caring agencies.

ODHS partners with community members, Tribes, local and national foster care organizations, provider organizations, youth-led organizations and organizations representing diverse cultural perspectives to deliver services throughout the state.

ODHS works in collaboration with multiple state and local government agencies such as the Oregon Healthy Authority, Oregon Department of Education, local law enforcement, Tribes, community

programs, schools, the faith community and volunteer programs to identify and develop a local array of equitable, cultural and linguistically responsive services. The Well-Being program is responsible for the overall well-being of children in ODHS care by addressing behavioral, emotional and social functioning, meeting core educational needs, ensuring appropriate physical, dental and mental health care, and maintaining safe family and community connections.

Youth Transition Services

The Child Welfare Youth Transition programs, including the Independent Living Program (ILP), serves current and former foster children and young adults up to age 21. Services include assistance with developing life skills - including money management and budgeting communication, and social skills -- establishing community connections and healthy supportive relationships, assistance with informed decision-making, parenting, health, education support, housing, transportation options and job readiness. A primary focus is to develop transition plans to ensure high school completion and a successful transition to post-secondary education or employment at a level that allows self-sufficiency and a successful transition to adulthood. Housing support options are available to eligible youth through transitional living programs, the independent living housing subsidy program, and the federal Chafee housing program.

Health and Wellness Services

ODHS puts a high priority on ensuring that children in out-of-home care receive appropriate medical, dental and mental health care. In addition to appointments and screenings required when a child enters foster care, children are assessed by a contracted nurse shortly after entering care to address any immediate health needs and provide support to the child and foster parents for any health-related or medication issues the child may have. Our field nurses provide medication management services, case consultation, medical care coordination, nursing delegation, foster parent teaching and training, and other nursing services. The Health and Wellness team provides resources, support and case consultation to staff and provides resources for foster parents who care for medically fragile children. In addition, annual psychotropic medication reviews and psychotropic medication authorizations are completed by a Nurse Consultant for all children in care currently prescribed psychotropic medications. Medical Assistance Resource Coordinators (MARCs) provide assistance with access to care issues and help coordinate services with Coordinated Care Organizations (CCO) throughout the state to ensure the health, mental health and dental needs of children in foster care are being met.

Permanency

ODHS' first goal always is to safely and successfully reunify children with their parent(s). Specially trained staff work intensively in partnership with parents around change goals so that children can remain safely at home or return home after placement in substitute care. Permanency staff work together with families, children, community partners and the legal system to create and support case plans with the goal of reunification. Once children are placed with a permanent adoptive or guardian family, the Permanency program continues to provide services and supports up to age 18 to help meet the special needs and challenges children who have been abused and neglected can

experience. These efforts include taking into consideration the cultural and linguistical needs of the minor.

ODHS is also responsible for the coordinating the Voluntary Adoption Search and Registry Program for Oregon's public and private adoptions. This registry may also include adoptions for children with relatives living in other countries pursuant to The Hague Convention and the Intercountry Adoption Act.

Strengthening, Preserving and Reunifying Families (SPRF)

The Strengthening Preserving and Reunifying Families law (ORS 418.575- 418.598) allows funding for an array of services for families through collaboration between ODHS and local community partners. The Department has developed outcome-based contracts for services to specifically address the needs of children and families who come to the attention of child welfare through a screened in report of abuse or neglect. These outcome-based contracts are foundational for an overall ability to report on results associated with SPRF services and funding.

In-Home Safety and Reunification Services (ISRS)

This program provides culturally responsive intensive, short-term services to families with children who can remain safely in their homes, and to children and families who are safely reunited. ISRS provides a combination of safety and strengths-based services that lead to lasting safety changes within the family. These services are time limited and are complemented by SPRF services for families in need of longer term or more intensive services.

System of Care (SOC)

System of Care funds support Oregon's most vulnerable children by providing local child welfare offices with the flexibility to purchase specific services to meet a family's needs to ensure the safety, permanency and well-being of their child(ren) in culturally and linguistically responsive ways. Services are identified and planned for through family engagement and involvement in case planning. Whenever possible, shared funding of custom-designed services is achieved through collaboration with community partners.

Program Design & Delivery

Oregon has a state-run, county-administered child welfare program. The Child Welfare Executive Leadership team, in collaboration with the Office of Child Welfare Program Managers and staff, provide leadership, guidance and central office support to program and field staff through:

- Cross-system, community and Tribal engagement and partnership
- Policy and rule development
- Assurance of compliance with federal and state regulations
- Quality monitoring and continuous quality improvement

- Project management and technical assistance
- Evaluation and program analysis
- Program and workforce development
- Business processes and standards
- Identification of evidence-based and best practices, and frameworks.

Managers and supervisors in local child welfare offices provide clinical and case-level supervision of direct service staff across the program areas. Whenever possible, Child Welfare staff coordinate service delivery with staff from our Self-Sufficiency Programs offices to support family stability and prevent entry/re-entry into the child welfare system. In addition, child welfare staff coordinate with other child and family serving systems including Housing, Oregon Health Authority, Oregon Department of Education, county-based health and support services, and others.

Child Welfare employees provide direct services in local offices. For a list, see: http://www.oregon.gov/DHS/children/child-abuse/Pages/Reporting-Numbers.aspx

Additional Central Office Programs and Focus Areas

Workforce Development

Child welfare staff and leaders are supported by the central office Workforce Development team, field facing leaders and contracted providers to ensure that we have a skilled, respected and engaged workforce that reflects and embraces the communities we serve as an essential element for a successful system transformation.

- The workforce development framework is grounded in a clear research-informed and data-driven system of best-practices related to:
    - The recruitment, screening, selection and onboarding of quality applicants;
    - Pre-service and ongoing training that provides baseline and developmental knowledge, skills and abilities for initial and continuous learning;
    - A transfer of learning, coaching, supervisory and consultation framework that works to continuously increase the competence and confidence of staff at all levels;
    - Leadership development, promotional-readiness and succession-planning to retain high-performing and adaptive leaders for the future;
    - Continuous quality improvement processes that are informed by a robust evaluation plan;
    - The use of evolving technology to increase access to learning, attend to diverse adult learning needs and track, and report on the developmental learning of all staff.

Diversity, Equity and Inclusion

Child Welfare is working to improve equity and inclusion in all aspects of the Child Welfare program and to provide inclusive, equitable and culturally appropriate services to children, young adults and families. Additionally, child welfare is working across community, Tribal and system stakeholders to create more transparent, and meaningful partnerships to share data, include the voice of community in decision-making and planning, and to create a shared vision for how partnership will promote improved child and family outcomes.

Child Welfare is constantly looking for ways to assess the ways in which policies, rules, organizational culture and practice are contributing to disparate and disproportionate outcomes for children of color and ways in which historic and complex trauma needs of these communities create a need for stronger partnerships. Priorities include re-envisioning and increasing use of culturally relevant services and supports and putting an increased value around inclusion of the voices of those with lived experiences.

Indian Child Welfare Act (ICWA)

In collaboration with the Office of ODHS Tribal Affairs team and central office leaders, child welfare continuously partners with Tribes, tribal partners and Native American children and families to improve compliance to and integration of the spirit of ICWA in all of our work. Native American children are currently over-represented in Oregon's child welfare system. Compliance with the Indian Child Welfare Act is a Federal mandate. ODHS currently has ICWA Consultants, Active Efforts Specialists and identified ICWA Liaisons and consultants to improve ICWA compliance, enhance Tribal relationships, provide technical assistance and expert consultation, and support to child welfare staff to improve outcomes for Tribal children and families and reduce disproportionality and disparities.

Interstate Compact on the Placement of Children (ICPC)

The ICPC is statute that governs the movement of children across state lines. All 50 states plus the District of Columbia and the U.S. Virgin Islands are member of the ICPC. The ICPC covers Oregon ODHS children being placed in other states, and children in the custody of other state public child welfare agencies being placed into Oregon, as well as private adoption and residential treatment placements that cross state lines.

The ICPC applies to approximately 5 percent of all child welfare cases nationwide. The Oregon ICPC program includes a team of Central Office staff who provide training and case consultation to ODHS field staff, attorneys and members of the public. The program also includes a team of regionally based workers who complete home studies on Oregon families for possible placement of children from other states.

OR-Kids

OR-Kids is the statewide automated child welfare information system with more than 3,600 system users across the state and across agencies. OR-Kids is also a Criminal Justice Information System. This system provides reports to internal and external partners, including Child Welfare Case

workers, ODHS' Office of Financial Services, the Administration of Children and Families, and Human Resources.

OR-Kids contains case records on all children and families served by Child Welfare, and issues payments to service providers. Required federal reports are submitted via the OR-Kids system to draw down federal reimbursement for eligible services. The OR-Kids program staff monitor access for all system users across the state and partner agencies to ensure privacy and access policies are being followed.

Ad-hoc queries are run to ensure data quality and to operate a data-informed organization. The program also runs queries to identify system issues and resolve system end user problems as case work is completed. The program supports every area of Child Welfare and is the system of record for Child Welfare work.

Federal Policy, Planning & Resources (FPPR)

This program is responsible for ensuring Child Welfare remains in compliance with federal program standards to maximize continued federal financial support for the Child Welfare programs and services described above. In addition, FPPR is responsible for submitting all required federal reporting and responding to related inquiries. The primary goal of FPPR is to maximize the use of federal funds while ensuring all funds are used solely for allowable purposes.

Title IV-B – Subpart 1 & 2

Title IV-D – Child Support

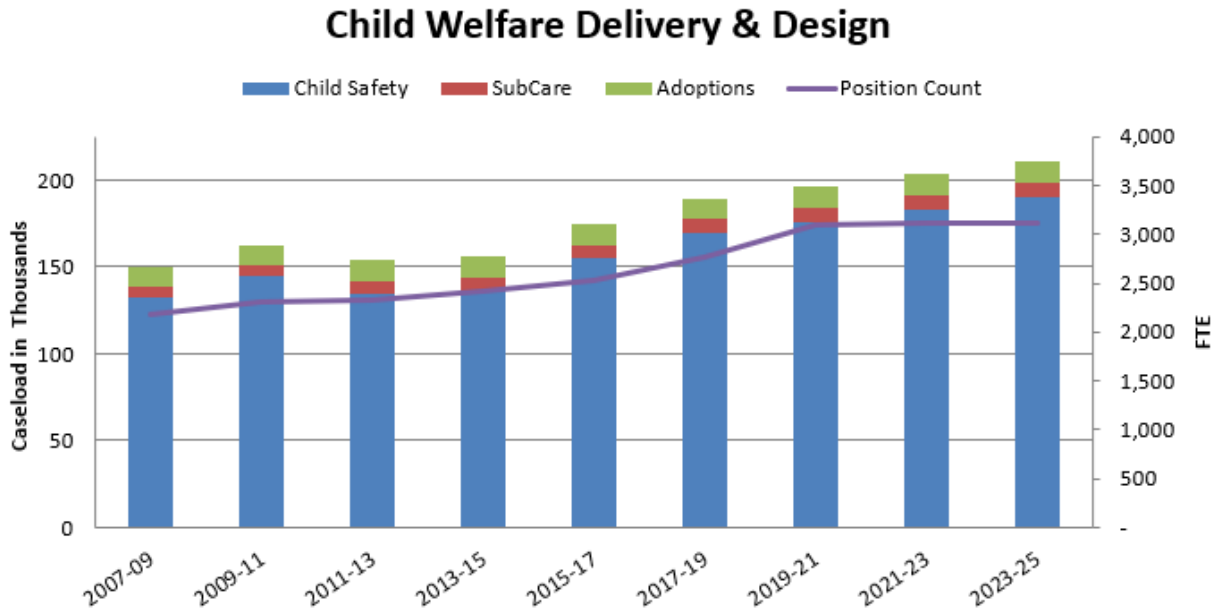
Title IV-E – Foster Care, Adoption Assistance and Guardianship Assistance

Title XIX – Medicaid

Title XX – Social Services Block Grant

TANF EA – Emergency Assistance

Primary Long-Term Focus Area: Healthy and Safe Communities
Secondary Long-Term Focus Area: N/A
Program Contact: Rebecca Jones Gaston, Child Welfare Director



Division Overview

The Child Welfare Division represents the overarching structure that supports the safety of children who experience abuse or neglect throughout Oregon. With the core belief that children deserve to experience safe, stable, healthy lives and to grow up in the care of a loving family and community.

As of July 1, 2019, there are 3,104 legislatively approved child welfare positions allocated to Child Welfare across Oregon. In FFY 2019, caseworkers responded to 46,587 reports of abuse and neglect, and a total of 10,887 children spent at least one day in some type of foster care, such as family foster care (relative and non-relative), professional treatment programs, psychiatric residential treatment

programs, pre-adoptive placement, specialized placement for children with I/DD, or independent living. The program also finalized 780 adoptions in FFY 2019, creating a permanent home for children that could not safely return to their parents. This statewide structure is administered from the ODHS central office in Salem and supports field-based staff in 16 Districts plus Oregon Child Abuse Hotline (ORCAH). To support families, children, youth, and young adults to be safer and healthier and to experience less trauma and greater well-being, Child Welfare provides support through supervision, technical assistance and support, developing and implementing policies and procedures, collaborating with partners, providing evaluation services and analysis, training, federal claiming and reporting, case management system support, quality assurance, and continuous quality improvement of program and practice.

Program Funding Request

CHILD WELFARE - Design	GF	OF	FF	TF	Position Count	FTE
LAB 19-21	$ 80,657,330	$ 592,141	$ 56,882,483	$ 138,131,954	170	168.38
GB 21-23	$ 109,534,271	$ 247,930	$ 59,878,317	$ 169,660,518	274	259.42
Difference	$ 28,876,941	$ (344,211)	$ 2,995,834	$ 31,528,564	104	91.04
Percent change	35.80%	-58.13%	5.27%	22.82%	61.18%	54.07%
CHILD WELFARE - Delivery	GF	OF	FF	TF	Position Count	FTE
LAB 19-21	$ 396,241,206	$ 1,772,315	$ 192,702,219	$ 590,715,740	3104	3054.52
GB 21-23	$ 453,075,860	$ 1,943,132	$ 179,438,049	$ 634,457,041	3124	3085.86
Difference	$ 56,834,654	$ 170,817	$ (13,264,170)	$ 43,741,301	20	31.34
Percent change	14.34%	9.64%	-6.88%	7.40%	0.64%	1.03%

Program Description

The Child Welfare Division provides the personnel necessary to support the entire array of Child Welfare programs and services, which includes screening and evaluation of calls reporting abuse and neglect, assessment of families and determination of child safety, case management for all open child welfare cases, assessment, recruiting and retention of foster families and residential treatment providers, visitation for children with their parents and family while experiencing out-of-home care, court preparation and review, transition planning for children over 14 years of age, permanency planning, and case management services through completion of a permanency plan. The program also provides clinical supervision and training to direct service staff, critical to building worker competencies

including reinforcing professional social work ethics and values, self-reflection and critical thinking skills, casework practice through a trauma-informed and culturally responsive lens, mentoring and coaching to develop professional skills, and supporting the worker through casework decision-making and crises.

This is partially achieved through lower staff-to-supervisor ratios as recommended by the Child Welfare League of America (CWLA). Oregon has adopted the Oregon Safety Model to evaluate and ensure safety throughout the life of a case. This model requires safety assessment and safety management at all stages of case management, from screening through case closure.

Child Welfare design and delivery coordinates with Self Sufficiency design and delivery to support family stability and prevent entry into the child welfare system for common clients. In addition, Child Welfare partners with other child and family-serving systems including Oregon Housing Authorities, Oregon Health Authority, Oregon Department of Education, Oregon Youth Authority, community and faith-based organizations, etc., to work with Tribal nations and coordinate services whenever possible. The Child Welfare Division also negotiates and manages contracts with numerous community service providers and individuals, to provide families and children the individualized services they need to be successful. For example, currently, Native American and African American children are disproportionately represented in Oregon's foster care system. As a result, Child Welfare makes it a priority to elevate the communities' lived experiences and the cultures of children and young adults in decision-making that affects their safety, health and well-being. as a result, delivering services aligned with the cultural context of children, young adults, family and community so they can live their lives with dignity, autonomy, and equality. With focused efforts on eliminating disparities and ensuring equitable outcomes for families and children.

Children Served in Foster Care, by Race
FFY 2017, FFY 2018 and FFY 2019

Race	FFY 2017	FFY 2018	FFY 2019
Black or African American	6.0%	5.8%	5.7%
Asian/Pac Islander	1.2%	1.4%	1.6%
White	68.9%	67.3%	66.8%
Hispanic (any race)	16.2%	16.2%	17.6%
American Indian or Alaska Native	5.2%	4.8%	4.5%
Unable to Determine	2.6%	4.5%	3.7%

Major cost drivers for the personnel need are: Program mandates (federal and state); the number of neglect and abuse allegation reports received; family stress factors that affect risk of abuse and case complexity (substance abuse, unemployment, mental or physical health issues, criminal history, domestic violence, etc.); personnel turnover (training/travel costs); work effort required to provide services; and personnel packages (i.e., position cost, etc.). Additional drivers of cost include representation from the Department of Justice connected to dependency matters, court-ordered services and workload associated with federal mandates.

The Child Welfare Division continues to identify and implement changes to improve effectiveness and efficiencies while assuring child safety (i.e., abbreviated assessment, overdue case closure tool, centralization of functions currently managed at the District offices, etc.), with more to come using data analytics to develop decision support tools. Additionally, the Child Welfare Division continues to focus efforts on the safe and equitable reduction of the number of children who experience foster care by building capacity to provide services and supports to children at home with their families and in their communities.

Critical elements of the program are thorough and comprehensive assessment of child safety, in-home supports and services, recruitment and certification of family foster care providers and timely permanency outcomes. Oregon's Program Improvement Plan (PIP) resulting from Round 3 of the Federal Child and Family

Services Review (CFSR) and other program areas include specific strategies to address areas of needed improvement in Oregon's child welfare practice.

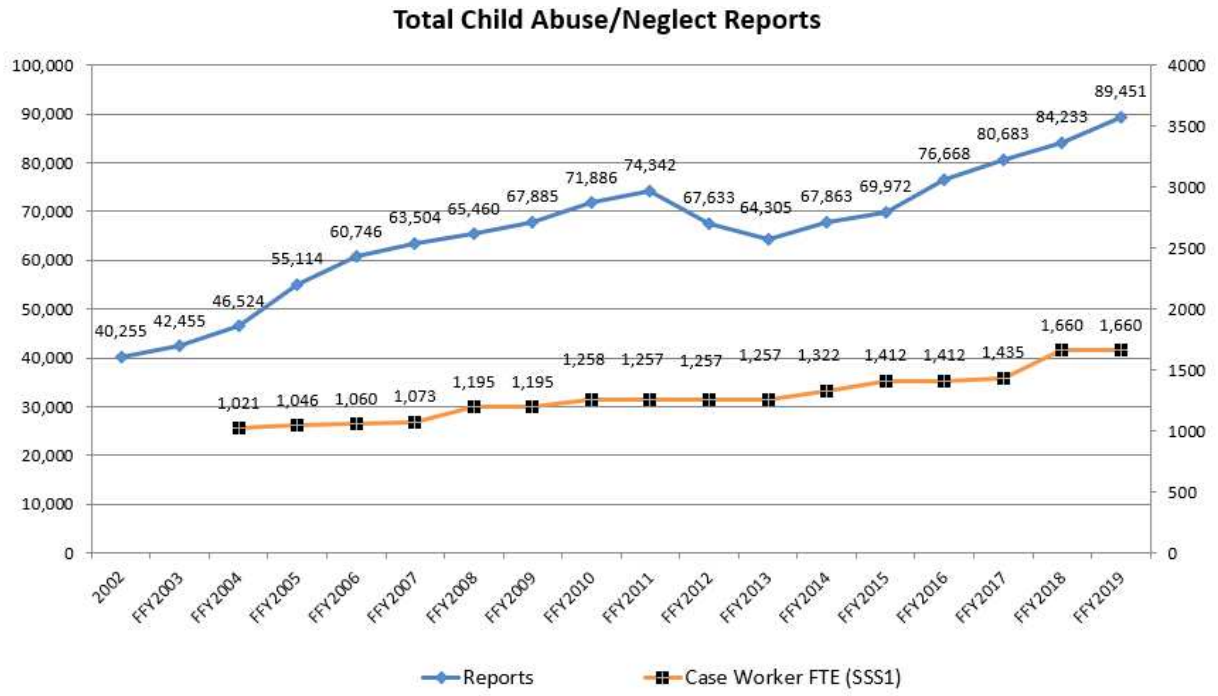
Program Justification and Link to Focus Areas

There is a direct link between the program design and delivery for child welfare and safer, healthier communities. The Child Welfare Division focuses on strengthening and preserving connections to family and community by keeping children and young adults safely in their own home and communities whenever possible. This is accomplished by maintaining connections to family, culture, and community even when temporary substitute care is needed and by making permanency the priority and starting with safely reunifying families. The program's work with families enhances their ability to safely parent their children and prevent foster care placements.

Child Welfare delivery and design provides the personnel to administer, design and deliver child safety supports through abuse investigations, services, identification and procurement of resources for family support, and reunification wherever possible, or alternative child safety planning when necessary.

Program Performance

Personnel resources are necessary to provide performance in the delivery of Child Welfare programs and services. At current staffing levels, the Child Welfare Program is performing below federal standards in most categories. The chart below provides a comparison of the caseload growth (100%) to the personnel growth (46%) over time which provides a display of how CW resources directly impact the Department's ability to keep pace with the need of vulnerable Oregonians.



Safety for children is measured through the performance metrics of: timeliness of responding to reports of abuse and neglect, re-abuse rates, the ability to have regular and frequent quality face-to-face contact with children and families prior to a foster care placement and during a foster care placement; as well as the timeliness of achieving a permanent plan for a child to minimize the duration of a stay in foster care. All of these performance measures are impacted by the staffing levels for the Child Welfare Division. Child safety is potentially jeopardized when there is not adequate staff to respond timely, visit children and families, ensure family stability and access to services prior to removal or when moving children to a permanent home, including reunification.

The workforce should be comprised of staff who are diverse, talented, dedicated, motivated, skilled, resilient and adaptable to change and include those with lived experiences to competently, confidently and compassionately apply skills to their day-to-day work. These qualities are essential to providing equitable response to children, youth and families that includes linguistic and ability diversity as well as LGBTQIA+ diversity in services and supports that meet the individual needs of children, youth, and families.

With national child welfare standards from the Child Welfare League of America (CWLA) and the Office of Reporting, Research Analysis and Implementation (ORRAI) the Child Welfare Division has developed a caseload-workload model for program delivery. The caseload-workload standard model provides a basis for determining personnel needs to adequately support the work of Child Welfare. Central Office staffing for Child Welfare Design was not included in the standards. However, the work of Child Welfare Design is vital to the delivery of services in field offices and Oregon's compliance with federal and state mandates. Child Welfare Design provides the oversight and continuous quality improvement and assurance of policy development, program design and changes required through legislation, federal reporting compliance, and direct practice support to the field.

The Child Welfare Division is using the caseload-workload standards to establish goals for staffing and program needs.

Enabling Legislation/Program Authorization

Child Welfare services are mandated by multiple federal and state laws including PL96-272, Adoption Assistance and Child Welfare Act; PL95-608, Indian Child Welfare Act PL 105-89, Adoption and Safe Families Act; PL 110-351, Foster Connections to Success and Increasing Adoption Act; Social Security Act Title IV-E and Title IV-B; ORS Chapter 418, and ORS Chapter 419B, and Child Abuse Prevention and Treatment Act (CAPTA).

Funding Streams

Costs for personnel in program design and delivery is determined through Random Moment Sampling Surveys (RMSS) where field delivery staff are required at random intervals to indicate the time spent on various activities to determine the level of federal funding to offset the cost to the state of staff who directly support our ability to provide critical child welfare services. Block grant funds include Social Services Block Grant (SSBG) and Temporary Assistance for Needy Families (TANF) funds (TANF will no longer be available for 21-23). Leveraged

funds include Medicaid, Title IV-E and IV-B funds. State-only General Fund also comprises a portion of the budget.

Funding Justification and Significant Changes from CSL to GB

There are several policy option package investments in the Governor's Budget, in addition to the regular essential packages that are part of the normal budget build process.

PACKAGE NO.	PACKAGE TITLE:				
111	INCREASE CHILD WELFARE TRAINING CAPACITY				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$ 992,940	-	$ 2,978,570	$ 3,971,510	19	16.72

PACKAGE DESCRIPTION:

Increase Child Welfare Internal Training and Workforce Development Capacity in accordance with recommendations made by Alvarez & Marsal under Executive Order 19-03. Recommendations included increased staff and resources to provide improved in-field supports, transfer of learning, advanced supervisor training, and accountability for training and workforce development. Capacity would take the form of additional positions and fiscal resources necessary to enhance instructional design, training delivery, quality assurance, data analysis, and performance evaluation of our workforce as they navigate their respective training paths. In addition, a comprehensive framework will be developed to inform clear paths to proficiency, competency, equity and expertise through formal instruction, field training, ongoing professional development, and promotional opportunities. These combined efforts will increase retention and the skills of our workforce and ultimately improve outcomes for children and families.

PACKAGE NO.	PACKAGE TITLE:				
114	FAMILY PRESERVATION AND PREVENTION				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$ 4,607,137	-	$ 1,535,672	$ 6,142,809	29	25.52

PACKAGE DESCRIPTION:

Families that are at high risk or with specific needs can be supported with in-home services and interventions and/or connected to Community based resources to support the family without a higher level of Child Welfare intervention. As part of federal requirements for child welfare as a requirement as part of the federal Family First Prevention Services Act and prevention plan requirements, Child Welfare must develop a Continuous Quality Improvement program to ensure effective and quality services are provided.

PACKAGE NO.	PACKAGE TITLE:				
115	GOVERNOR'S CHILD FOSTER CARE ADVISORY				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$ 166,400	-	$ 55,466	$ 221,866	1	0.88

PACKAGE DESCRIPTION:

This policy options proposal accompanies a legislative concept that is effectively a re-introduction of HB 2332 – A of 2019.

HB2332 – A of increased the membership of the commission from 11 to 13 makes modifications to appointments and membership requirements. Appropriates money to the commission for compensation and expense reimbursement of members. As well as directs the Department of Human Services (DHS) to provide staff and support including a full-time equivalent policy analyst.

PACKAGE NO.	PACKAGE TITLE:				
116	RESPITE CARE AND FOSTER FAMILY RECRUIT TEAM				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$ 166,400	-	$ 55,466	$ 221,866	1	0.88

PACKAGE DESCRIPTION:

Oregon does not currently have a formalized respite care program that would certify, pay, and monitor respite providers. Respite care is short-term childcare services that offer temporary relief, improve family stability, and have been shown to reduce the risk of abuse or neglect. This Policy Option Package is derived from the recommendation from the assessment conducted by the consulting firm Alvarez & Marsal and longtime request from foster care providers. Respite care provides foster parents and other caregivers with short-term childcare services that offer temporary relief, improve family stability, and reduce the risk of abuse or neglect. Respite can be planned or offered during emergencies or times of crisis. This is a different service than mental health respite and what Oregon Health Authority is seeking versus what CW program is seeking.

This Policy Option Package requests a Respite Business Plan which is seeking to overlay Behavioral Rehabilitative Services (BRS) infrastructure with combined Coordinated Care Organization (CCO) funding. This respite plan relies on the BRS infrastructure, primarily the Proctor Care system, to diversify their placement services by adding respite supports through two funding models, Child Welfare or CCO reimbursed. Current BRS rules note that Proctor homes can serve 1 or 2 youth who are not BRS clients, depending on the adult to child ratios natural to the home. Further, Oregon's Medicaid program allows for a lenient definition of respite care and the services associated with said respite service. Currently, CCO's determine what a respite service is and who can provide the services.

PACKAGE NO.	PACKAGE TITLE:				
118	CHILD WELFARE STABILITY				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$ 10,961,898	$ 45,474	$ 4,654,665	$ 15,662,037	59	51.92

PACKAGE DESCRIPTION:

The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare Division have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 59 positions (51.92 FTE) throughout various Child Welfare units as well as some Central office units that are critical to Child Welfare's stability.

In addition, the Governor's budget proposes reductions and other changes as follows:

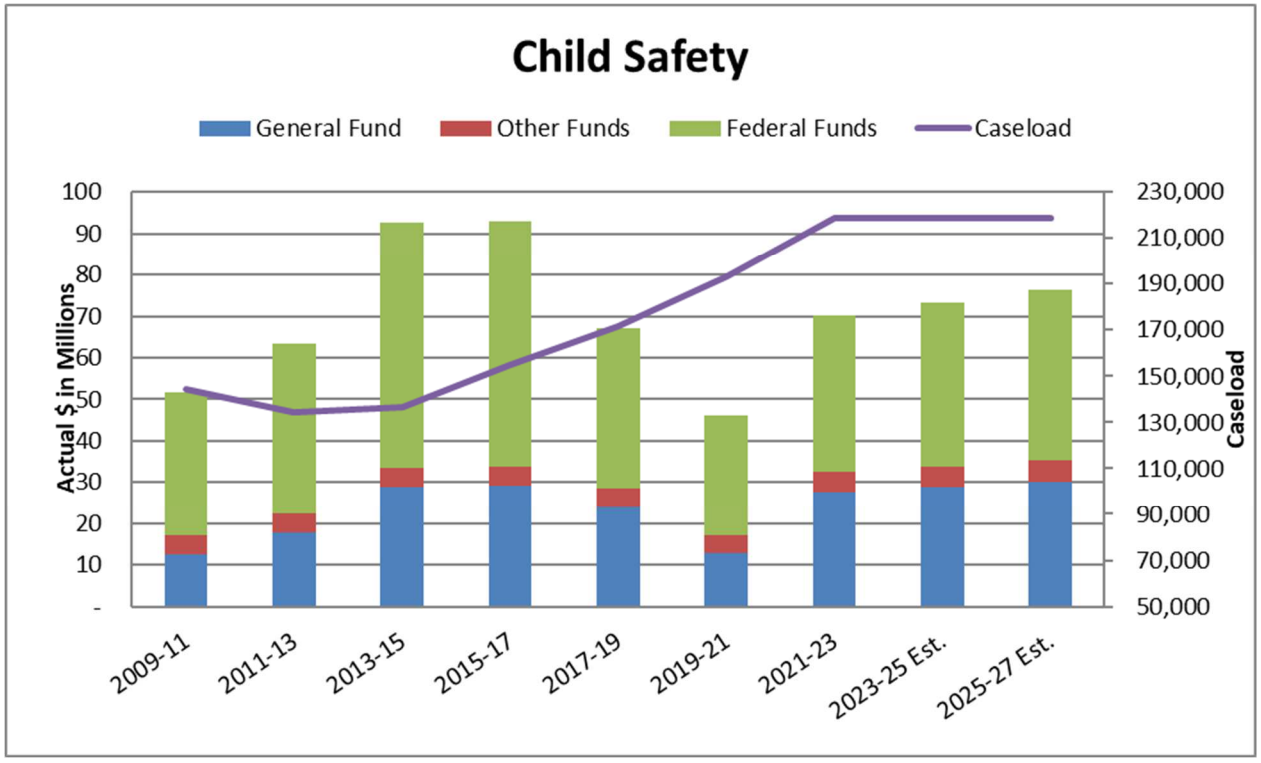
- Reduction for office and instate travel expenses
- Eliminate most inflation for Supplies and Services
- Additional 3% Vacancy savings
- Reduction for DAS service charges
- Reduction for Attorney General services charges

Furthermore,

- 19 additional positions received in the August 2020 Special Session are carried forward

Oregon Department of Human Services: Child Safety

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area: Prevention
Program Contact: Deena Loughary, Child Safety Manager



Note: Neglect and Threat of Harm of Neglect are the primary abuse categories driving the increase in Child Welfare caseloads, currently representing over 80 percent of all founded abuse.

Program Overview

This program provides protective and social services to children and families when allegations of child abuse or neglect are reported. Specially trained CPS case workers conduct comprehensive safety assessments and make determinations about the following: child safety, the presence of abuse, if services would benefit a family or whether safety intervention is required due to the presence of safety threats. Services are delivered through ODHS staff or contracts that require linguistically and culturally appropriate service provision. They are delivered in a

manner that is designed to keep children safely with their parents, whenever possible, and to quickly and safely reunite children with their parents when they have been removed.

Program Funding Request

	GF	OF	FF	TF
LAB 19-21	12,703,678	4,500,440	28,767,586	45,971,704
GB 21-23	27,603,760	4,810,030	37,759,378	70,173,168
LAB 19-21 to GB 21-23	14,900,082	309,590	8,991,792	24,201,464
% Difference	117.29%	6.88%	31.26%	52.64%

Program Description

The Child Safety Program currently consists of one Child Safety Program Manager, one Assistant Manager, 5 Child Protective Services Program Coordinators (DV, D&A, rule writing, implementation, training, and curriculum development, etc.) and 13 Child Safety Consultants who provide consultation, coaching, training and support to caseworkers, supervisors, and Program and District managers on the safety model practice, Oregon Administrative Rules and statutes. The Child Safety Consultants are housed in the child welfare field offices around the state and provide consultation and support to all 16 districts in Oregon. Child Welfare's Alcohol and Drug Services Coordinator and Domestic & Sexual Violence Fund Coordinator are also located within the Child Safety Program. Domestic violence and sexual assault (DVSA) shelter and service programs are funded by the Oregon Department of Human Services (ODHS) to help people in Oregon be safe, healthy and independent.

The Child Safety Program is responsible for administering Child Protective Services in the state, including but not limited to the following:

- Commercial Sexual Exploitation of Children; provides statewide consultation and technical assistance on child welfare cases where children are or at risk of being sexually trafficked.
- Administration of Oregon Administrative Rules for Child Welfare certified foster home investigations.
- Administration of Central Office Founded Disposition Committee and Employee Founded Disposition Committee
- Administration Assessment Oregon Administrative Rules.
- Continuous Quality Improvement including ongoing case fidelity reviews in all 16 districts followed by creation of Action Plans to make improvements to practice in screening and assessments.

Currently, CPS caseworkers in field offices respond to and assess allegations of child abuse and neglect and are usually the first contact for families with the child welfare system. The CPS caseworkers also respond to and assess allegations in foster homes certified by Child Welfare, Office of Intellectual & Developmental Disabilities, and Oregon Youth Authority. CPS staff work closely with law enforcement agencies and other members of multidisciplinary teams in each county to assess child abuse reports.

When a child is unable to remain safely in their home, foster care is a temporary safety service, designed to keep children safe while we work to manage safety threats and enhance the parents' protective capacities. The priority is to place children with kith/kin and work with families to make sure that children are only removed when an in-home safety plan cannot be implemented. When children are placed in care, which can only be done with court approval, we place urgency on ensuring that children get home quickly and connect to family or other relatives whenever possible. Child abuse investigations are not voluntary. They are inherently intrusive and can be traumatic to families. Oregon's Safety Model is a family engagement model that requires Child Welfare caseworkers to work and partner with families and children to gain a comprehensive understanding of the family functioning. Historically Oregon's CPS assessments were focused on the allegations. With adoption of the Safety Model, Child Welfare caseworkers must assess the allegation but also determine if family behaviors, conditions or circumstance are making children unsafe. Oregon's Safety Model consists of sixteen universal safety threats that are analyzed from the safety-related information gathered by CPS Staff during the comprehensive safety assessment.

The Child Safety Program can best be described in two sections: CPS Assessment and In-Home services.

CPS Assessment

Of all reports of child abuse or neglect, approximately 46,587 cases per year were referred for investigation in 2019. As part of the comprehensive safety assessment, the ODHS CPS caseworker gathers comprehensive safety related information in the following categories: Extent of the maltreatment, circumstances surrounding the abuse, adult functioning, child functioning, parenting practices and disciplinary practices. Cultural and linguistic considerations are also factored into the process. This important safety related information is used to determine overall child safety.

If children are determined to be safe at the conclusion of the comprehensive safety assessment, the case is closed. If children are determined to be unsafe, safety planning occurs with either an in-home or out of home plan. The case will open, and the family will transition to a Permanency case worker once the CPS assessment concludes. The comprehensive safety assessment may take up to 60 days to complete based on the required elements of the safety model and CPS Assessment Rules.

In-Home Safety and Reunification Services (ISRS)

The ability to keep children safely at home is in large part dependent on the services that can be wrapped around the family to support them while safety concerns are addressed. Services are available to families during child abuse assessments when child safety issues are present. Services are designed to ensure a safe environment for children without removing them from their parent or caregiver. If circumstances require a child be removed from their parent or caregiver, these services provide necessary support to the family so the child can be safely reunited with their family. These services are specifically intended to help families remove barriers to managing identified safety threats with the goals of prevention of foster care placement by maintaining a child safely in the home with a parent or returning a child home to a parent.

These services support crucial child welfare initiatives to increase the number of children who can remain safely at home after a safety threat is identified and decrease the length of time a child spends in foster care if removal is required. By contracting with a wide variety of providers, ISRS also allows for a culturally and linguistically specific approach to reduce the disproportionate placement of children of color in foster care.

Over the course of the year (FFY 2019), a total of 7,271 children were served in their homes. All children served in-home receive case management and safety services. Over 2,800 children (2,836 or 34.8 percent) also received additional services. Services offered primarily fall within two categories: In-Home Safety and Reunification Services (ISRS) and Strengthening, Preserving and Reunifying Families (SPRF) Program Services. In-Home Safety and Reunification Services (ISRS) are services designed to provide for the immediate safety of children at risk of abuse by managing the safety threats within the family to prevent removal; or when children have been placed in protective custody, to help them return home with in-home safety services.

The goal of these programs is to foster collaborations between state and community programs and resources, as well as help children remain safely with their families. This must occur through partnerships and collaborations with State and community programs and resources that will stabilize the family in their time of need, work with the family to develop goals for family preservation services, family reunification services and empower the family to make changes which may alleviate the need for an out-of-home placement.

These programs are potentially an enhancement to ISRS services and are delivered through contracts with community providers. Parents and families benefit from ODHS and communities working together to provide stronger up-front services and use voluntary engagement in solutions, services, and supports to achieve more successful resolution of issues.

An additional anticipated outcome will be the safe and equitable reduction of children in the foster care system by increasing the number of African American and Native American children remaining home with their families by providing culturally relevant and linguistically specific whenever available.

A key necessary partner for program success is the Department of Justice (DOJ) Attorney General's Office, which provides legal representation to ODHS for all children under its jurisdiction. Oregon Child Welfare now has full representation by DOJ, which also files and litigates termination of parental rights cases.

Program Justification and Link to Focus Areas

There is a direct link between the Child Safety Program and the Healthy and Safe Communities focus area, in that Oregonians will be safe where they live, work and play. Each year, thousands of Oregon families come through the child welfare system due to allegations of child abuse or neglect.

The services are designed to strengthen families and to prevent further child abuse and neglect. We provide support to prevent the unnecessary removal of children from families and promote the reunification of families. Drug and alcohol abuse, together with domestic violence, are the two major family stressors contributing to children entering foster care in Oregon. By supporting families early with services designed to keep children safely with their parents, costly foster care placements

are avoided. The total average monthly cost per child in foster care in 2019 is approximately $3,483.

Program Performance

The Child Safety Program measures its performance in three primary categories:

- **First contact**: To measure how well ODHS assures initial child safety, the timeliness of first contact is measured for those reports of child abuse and neglect that are assigned for in-person investigation. In 2019, timeliness of first contact decreased to 76.4 percent from 77.8 percent the previous year (2018). The Department's Program Improvement Plan will focus on this measurement for improvement.
- **Assessment**: ODHS measures the comprehensiveness of the CPS assessment by the level of services that were provided and the appropriateness of safety planning for the child by monitoring whether the child experienced repeat maltreatment within 12 months of a prior abuse. The time period for this federal measurement is 12 months and the state measurement are 6 months.
- **Re-abuse** Currently the department is above the national standard of 9.1% for this measurement, at 11.4%. Cases involving domestic violence and substance abuse continues to be identified as themes for re-abuse across the state. The Department's Program Improvement Plan will focus on this measurement and activities to decrease re-abuse in Oregon.

Enabling Legislation/Program Authorization

ORS 419B.020 is the statute that mandates the Department and Law Enforcement to conduct investigations upon receipt of reports of child abuse or neglect.

The Child Abuse Prevention and Treatment Act (CAPTA) is one of the key pieces of legislation that guides child protection. CAPTA, in its original inception, was signed into law in 1974 (P.L. 93-247). It has been reauthorized in on multiple occasions since then with multiple amendments that have strengthened and refined the scope of the law.

ORS 418.575 through 418.598, Strengthening, Preserving and Reunifying Families legislation, was passed during the 2011 legislative session. The Indian Child Welfare Act (ICWA) also applies.

Funding Streams

Funding for this program area comes from a combination of sources that are dedicated and do not require a match, as well as leveraged funds which are matched. The following list is inclusive of each of the funding sources and the percent makeup of the Safety budget:

- Federal funding makes up 54 percent
  - Social Services Block Grant (SSBG) 32 percent
  - Title IV-B part 1 makes up 8 percent
  - Title IV-B part 2 makes up 6 percent
  - Family Violence makes up 6 percent
  - TANF makes up 2 percent
- Other Funds make up 7 percent
- General Fund makes up 39 percent

Funding Justification and Significant Changes to CSL

There are no additional policy option package investments in this area in the Governor's Budget. The regular essential packages are included that are part of the normal budget build process.

There is one Revenue Shortfall in this program area due to excess Other Fund and Federal Fund limitation.

Package Number: 070	Package Title: Drop OF and FF excess limitation				
General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
	(300,510)	(442,428)	(742,938)	n/a	n/a
Description:					

In the Safety area, excess OF limitation is being dropped. The limitation is miscellaneous other funds and is empty limitation. No fund shift was requested.

Federal fund limitation is being removed for the Social Services Block grant. General Fund was requested in package 050 to back-fill the inflation earned in this budget. The inflation fund shift was denied in this instance for the portion of the block grant that was for non-mandated caseload. This package removes the excess limitation.

The Governor's Budget also proposes the following investments as part of Package 087:

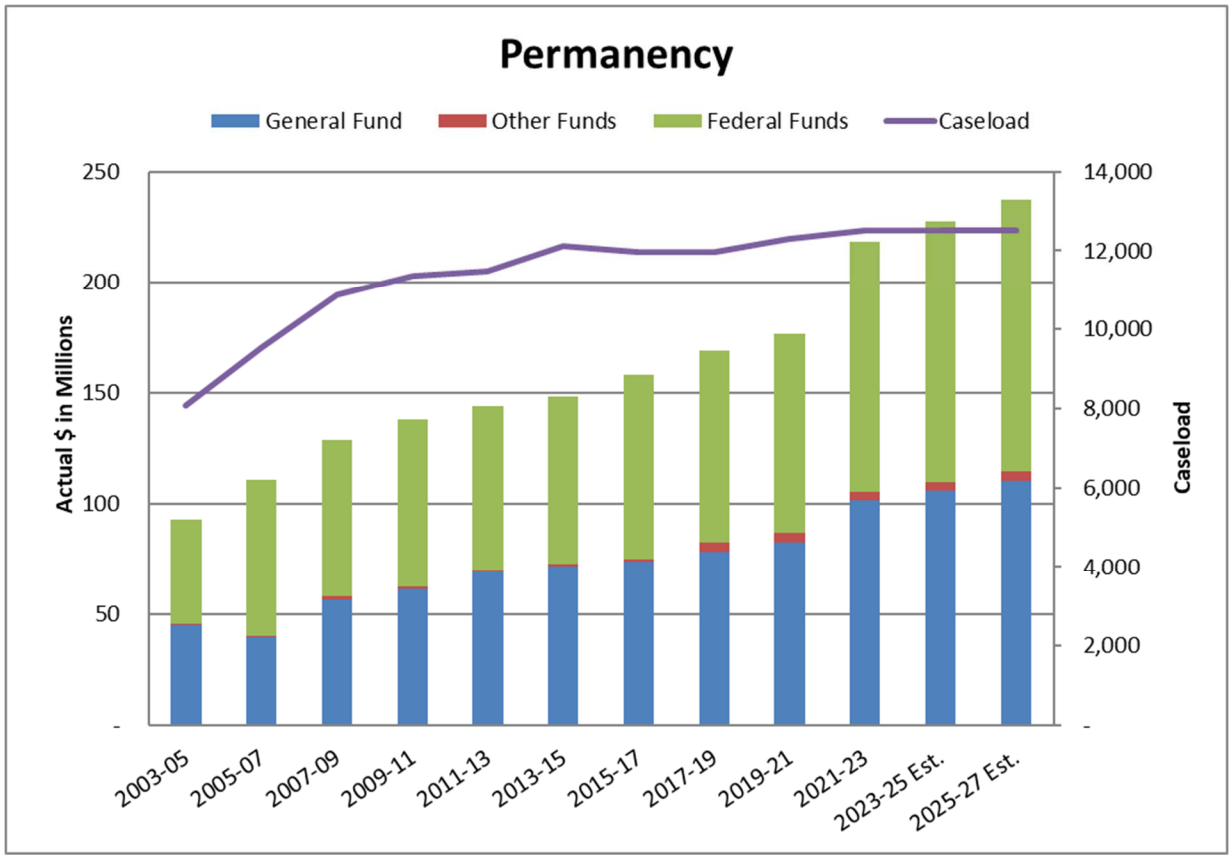
- Investment in the Strengthening, Preserving, and Reunifying Families program to get the budget to the amount noted in the August 2020 special session.
- Increase in the Other Fund amount in the Community Base Domestic Violence Services budget to account for anticipated revenue.

In addition, the Governor's Budget proposes a reduction as follows:

- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.

Oregon Department of Human Services: Permanency

Primary Long-Term Focus Area: Healthy and Safe Communities
Secondary Long-Term Focus Area: Achieving permanency for children involved with the child welfare system
Program Contact: Kim Keller, Child Permanency Program Manager



Program Overview

Children in foster care receive assistance through the Child Permanency Program. ODHS helps children in foster care achieve legal permanency through reunification, adoption or guardianship. If children achieve legal permanency through adoption or guardianship, this program continues providing support to the families and their children to meet their special needs and lifelong challenges

Program Funding Request

	GF	OF	FF	TF
LAB 19-21	88,227,913	4,125,045	89,740,443	182,093,401
GB 21-23	101,386,598	3,945,360	112,886,411	218,218,369
LAB 19-21 to GB 21-23	13,158,685	(179,685)	23,145,968	36,124,968
% Difference	14.91%	-4.36%	25.79%	19.84%

Program Description

The primary permanent plan for all children who enter the foster care system is reunification with a parent except in rare circumstances. Reunification services are delivered through the efforts of field staff with consultation, support, training, and technical assistance from central office consultation staff. Only if it is determined that a child in foster care is unable to be safely reunited with a parent, will the alternate plans of adoption or guardianship be implemented.

Adoption and guardianship services are delivered through the joint efforts of field and central office staff. When children are unable to return to their parents' custody, the Department's efforts are directed to finding a permanent family so the children can leave the foster care system. Research shows that children who turn 18 and age out of the foster care system have poorer outcomes compared to children raised in a permanent home. The process of preparing children for adoption or guardianship, legally freeing children for adoption, working with relatives for family support and/or placement or searching for another appropriate resource family, transitioning the children, and monitoring the placement until the adoption or guardianship is finalized is work that is carried out by field staff. The process of supporting the field in determining which children should move toward an adoption plan and how to legally free them for adoption, ensuring the completeness of the file for adoption, negotiating Adoption and Guardianship Assistance, finalizing the adoption, and supporting families after the adoption or guardianship is carried out by central office staff.

During the 17-19 biennium, ODHS returned 4,727 children to a parent and completed 1,422 adoptions and 867 guardianships. Most children adopted or placed in guardianships through Oregon's foster care system are eligible for ongoing financial support and medical coverage. Overall, approximately 12,000 families receive ongoing adoption and guardianship financial support to assist with meeting their children's special needs. We also provide administrative oversight in all private and independent adoptions, and operate a Search and Registry Program,

which is mandated by law. This adds program responsibility for an additional 700-900 children who are adopted privately or independently each year in Oregon.

ODHS works closely with the Department of Justice (DOJ), which provides legal representation for ODHS caseworkers. DOJ also represents ODHS in termination of parental rights cases and in guardianship petitions.

Other key partners include private mediators and attorneys, private adoption and recruitment agencies, the Oregon Post Adoption Resource Center and the Division of Medical Assistance Programs at the Oregon Health Authority.

Primary cost drivers for the Child Permanency Program include the legal costs of representation throughout the case, freeing and placing children for adoption or filing for legal guardianships, contracted services, and costs associated with adoption and guardianship assistance. Based on their history of trauma, caused by abuse and/or neglect, children adopted annually from the child welfare system are considered special needs children and eligible for an adoption subsidy. Families for approximately 95 percent of the eligible children choose to receive some monetary adoption assistance to assist in meeting these children's special needs. Children entering legal guardianships have the same history of trauma from abuse and/or neglect and are also eligible for subsidies. Most families accept the monetary support and medical coverage to meet the ongoing special needs of their guardian children.

Program Justification and Link to Focus Areas

The Child Permanency Program is designed to impact the safe and equitable reduction of children in foster care, which promotes healthy and safe communities. Children in foster care and their parents and foster parents need targeted, family-focused, timely, and culturally responsive services in order to achieve reunification. Those who cannot safely be reunified with their biological parents need safe and appropriate alternate forms of permanency. Evidence shows that children who do not have permanency experience issues in the future such as lack of education, unemployment, homelessness, and incarceration at much higher rates than the general population. Specifically, children formerly in foster care who age-out have high rates of mental illness with over half having clinically diagnosed mental health problems, including depression and Post-Traumatic Stress Disorder. These children have a greater chance of involvement with the corrections community, experiencing early parenting, and/or using the services provided by

the Oregon Health Authority and the Addictions and Mental Health program. The safety and stability that come with a permanent home help mitigate the risk of poor future outcomes for those who were abused and placed into foster care as children.

The Education and Economy focus areas may also be impacted if children cannot find permanency through adoption and guardianship. Children formerly in foster care who age-out tend to complete high school at a rate comparable to the general population, however, more of the high school completion is done via a GED versus a high school diploma. Completion of post-secondary education is low for youth in foster care who do not achieve permanency, affecting their lifelong earnings and living standards. The lower educational achievement and mental health issues result in many children formerly in foster care, who age-out, living at or below the poverty level and requiring more public assistance. A 2005 study shows that one-third of children who aged out of foster care lived in poverty and one-third had no health insurance. The rate at which they accessed Temporary Assistance to Needy Families (TANF) was five times higher than the general population.

Other non-monetary post-adoption and guardianship services are also important in assisting families in providing care for children who often enter adoption and guardianship with significant special needs. Children who have experienced significant abuse and neglect will be challenged to address their history as they move through different developmental stages. Ongoing support of families who are parenting these children is essential to preserve placements. Post-adoption and guardianship services include information and referral, consultation in response to imminent and current family crises, in-home family therapy, support groups, training, and a lending library. Each year, 3,100+ individuals receive services directly through contact support, library use and/or training. Some of these contacts are for reported crises or disruption-related issues. In addition, 11,500 unique web visitors are served through the Oregon Post Adoption Resource Center website. Children who disrupt from adoption or guardianship re-enter the foster care or residential treatment system at a significant cost to the state.

Program Performance

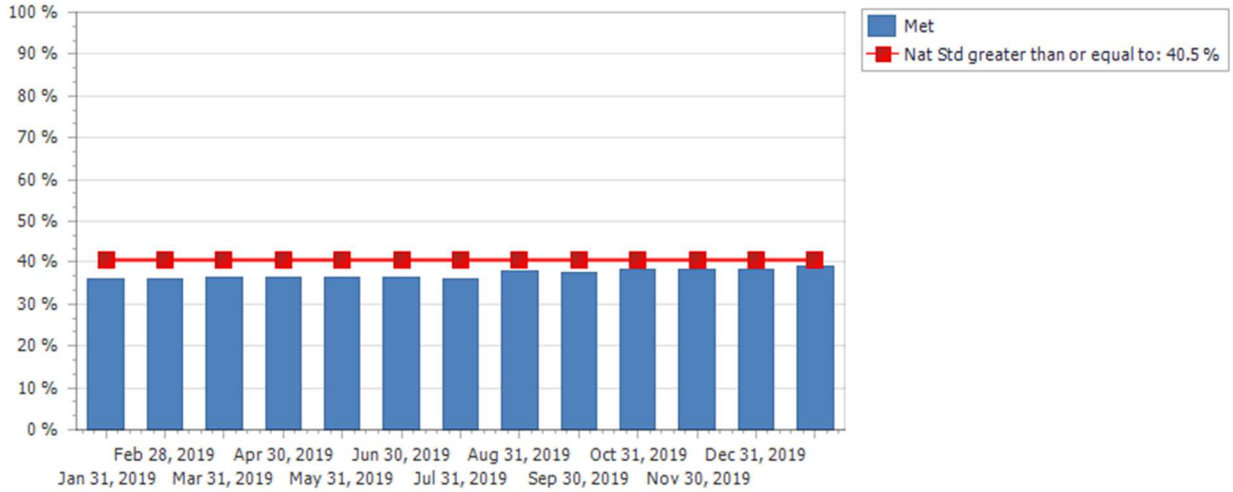
Program performance is measured in several ways and data is consistently used to evaluate effectiveness. Currently the Child Permanency Program is focusing on some specific performance measures and designing its program activities to impact these areas. They include children achieving permanency within twelve months of entering foster care, reducing the median months for children to exit the foster care

system to reunification, adoption and guardianship, and improving the number of legally free children who are adopted in less than 12 months.

PA.01 (Fed) Permanency in 12 Months

Of all children who enter foster care in a target 12-month period, what percent discharged to permanency within 12 months of entering foster care

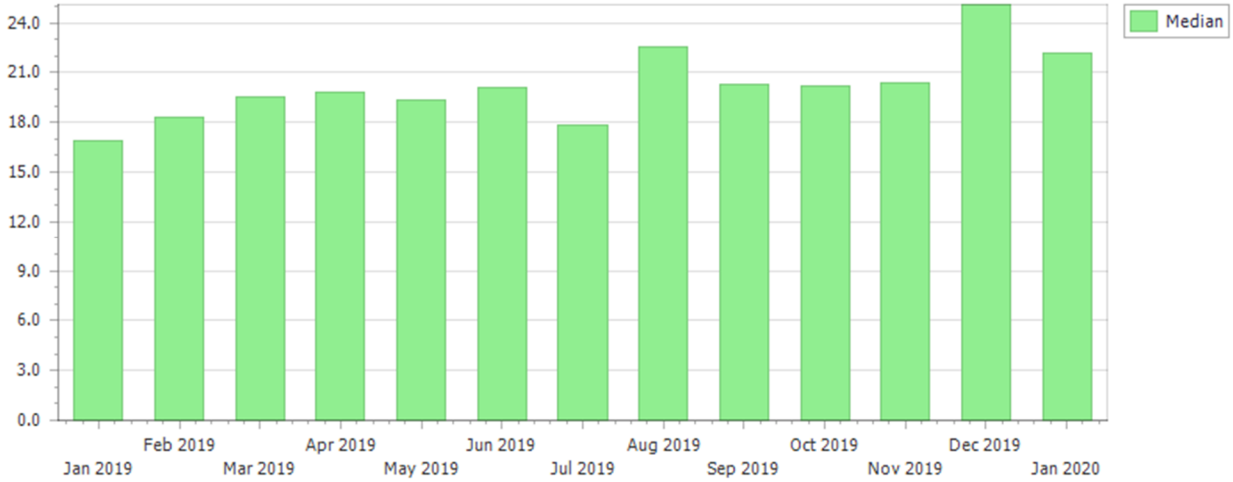
Report Time Period: January 1, 2019 - January 31, 2020



CM.15 Median Length of Stay at Foster Care Exit

Of children discharged, the median number of months to discharge (median is middle score where half were more and half less), over time

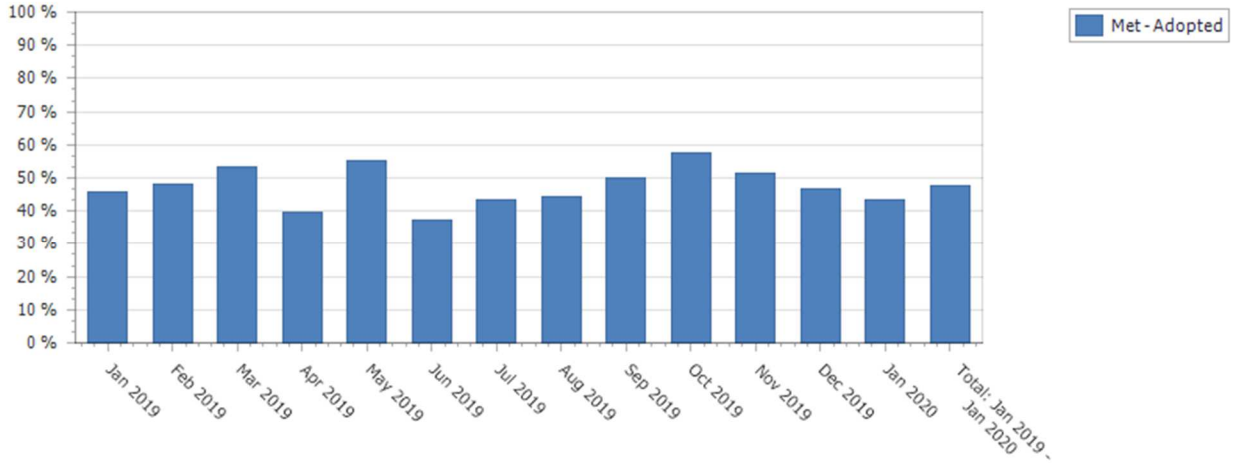
Report Time Period: January 1, 2019 - January 31, 2020



PA.12 Adopted in less than 12 months of TPR (of those TPR 12 months ago)

Percent of children that became legally free for adoption (TPR) 12 months ago who were discharged to a finalized adoption in less than 12 months of becoming legally free (TPR).

Report Time Period: January 1, 2019 - January 31, 2020



Oregon is improving and trending in the right direction with permanency in 12 months. Median length of stay at foster care exit was stable but trended in the wrong direction during the last month of 2019. Median length of stay in 2019 was 2 months longer than 2018. Adopted in less than 12 months of TPR measures vary throughout 2019 but shows an improvement over the past three years. The Department continues to work on strategies and activities to improve upon the measures.

Enabling Legislation/Program Authorization

The following Federal and State laws mandate the operation of permanency planning for children in the foster care system:

- Public Law 96-272 Adoption Assistance and Child Welfare Act of 1980 which established the program of adoption assistance and introduced the requirement to make reasonable efforts to keep children out of foster care
- Public Law 105-89 The Adoption and Safe Families Act which set federal timelines for moving children out of foster care
- Social Security Act, Section 473 which mandates the payment of adoption assistance for eligible children

- Social Security Act, Section 473 which allows non-mandatory payment of guardianship assistance for eligible children
- Oregon Revised Statute 418.330 which provides state funded guardianship assistance
- The Indian Child Welfare Act (ICWA)
- ORS 419A and 419B which provide a series of requirements for services to children in the foster care system
- ORS 109.309 which mandates the Department of Human Services to provide administrative services for independent adoptions, ORS 109.450 to operate a state Search and Registry program, and various other adoption related statutes within ORS Chapter 109.

Funding Streams

A combination of General and Federal Title IV-E funds the adoption and guardianship subsidy programs. Title XIX Medicaid funds the provision of medical coverage for children in adoptions and guardianship subsidies. The following list is inclusive of each of the funding sources and the percent makeup of the Permanency budget:

- Federal funding makes up 52 percent
  - Title IV-E makes up 51 percent
  - Title IV-B part 2 makes up 1 percent
- Other Funds make up 2 percent
- General Fund makes up 46 percent

Funding Justification and Significant Changes to CSL

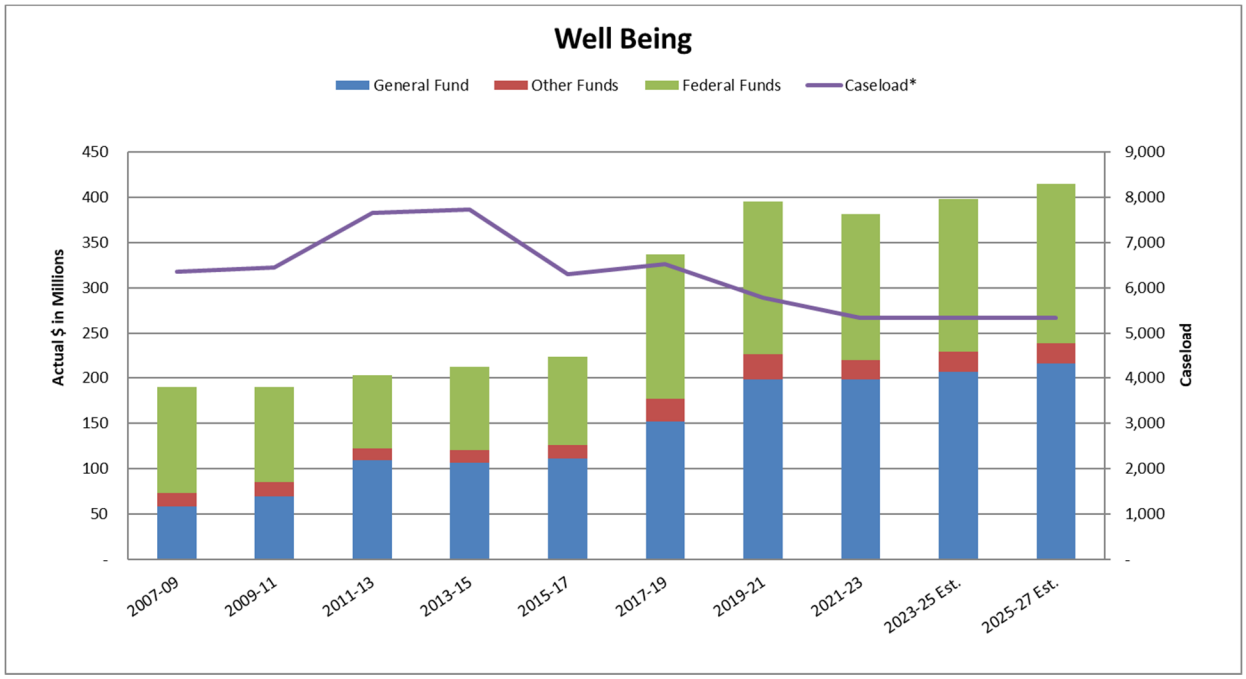
There are no additional policy option package investments in this area in the Governor's Budget. The regular essential packages are included that are part of the normal budget build process.

In addition, the Governor's Budget proposes reductions as follows:

- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.

Oregon Department of Human Services: Well Being

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Lacey Andresen, Interim Foster Care Manager
Sara Fox, Treatment Services Manager
Rosemary Iavenditti, Interim Youth Transitions Manager



Note: On average, in 21-23 the caseload as of the Fall 2020 forecast is projected to be 5,336 children in paid foster care on any given day in Oregon.

Program Overview

The Child Well-Being Program, including the Foster Care and Youth Transitions Program, and the Treatment Services Program, is designed to function as a critical safety net for children with immediate safety needs for their basic care, as well as provide support and services to youth in foster care. ODHS's responsible for accepting and caring for children who cannot remain safely with their parents per ORS 418.015. These children are dependent, neglected, and may be mentally or physically disabled, and are placed in the legal custody of ODHS by a court. Under limited circumstances and for a short time, a family may place a child in State custody on a voluntary basis. However, most of the children served in foster care

are there involuntarily, with court intervention, as a result of abuse or neglect they experienced in their family home.

Program Funding Request

	GF	OF	FF	TF
LAB 19-21	197,700,921	28,007,546	169,895,611	395,604,078
GB 21-23	198,333,992	20,615,247	162,444,698	381,393,937
LAB 19-21 to GB 21-23	633,071	(7,392,299)	(7,450,913)	(14,210,141)
% Difference	0.32%	-26.39%	-4.39%	-3.59%

Program Description

The Foster Care services program operates 24 hours a day, seven days a week to accept and care for children and youth who cannot remain safely in their family homes. The children and youth range in age from birth to 21 years old. A total of 10,887 children spent at least one day in foster care in federal fiscal year 2019. The vast majority of these children and youth reside in family foster home settings. There are approximately 4,000 Oregon families who have stepped forward to be a foster parent or relative caregiver for children needing placement. Approximately 61% of these certified families are relatives or friends known to the child's family who become certified to care for the children.

ODHS partners with community members and organizations representing diverse community and cultural perspectives to deliver foster care services to children and youth across the State. The agency has federal and state mandates to provide efforts to reunify children to their parents. 57.8 percent of children entering care returned home to a parent in FFY 2019. There are approximately 37 licensed private child placing agencies in Oregon who are caring for children and youth, most often because the child or youth has a significant behavior or mental health need. Approximately 385 children are placed with Licensed Child Caring Agencies to provide a higher level of specialized care.

The Child Well-Being program also responds to the overall well-being of the child or youth in care. Well-being is identified as caring for and attending to the child's behavioral, emotional, educational, health and social functioning. This is best identified through meeting the core educational needs, physical, dental, and mental health needs, needs for family, and community connections.

To be successful in meeting the needs of the children and youth for their safety and well-being, we support current programs while expanding the available service

array. ODHS works in collaboration with multiple state and local governmental agencies such as the Oregon Health Authority, Oregon Youth Authority, Oregon Department of Education, and local law enforcement in addition to a significant number of community programs, schools, business and faith communities, and volunteer programs. The Department continues to focus on safely and equitably reducing the number of children that enter the foster care system and providing for the care and well-being of children who enter the system. Children who must enter the foster care system often have greater needs than those who can remain at home. The ability of staff to meet the needs of these children and adequately support the foster families caring for them is directly related to staffing levels in the program.

The average monthly cost per child in foster care is approximately $2,320. There are multiple cost drivers to this program area including the number of children entering the substitute care system due to abuse or neglect, and the number of children who remain in the substitute care system due to their inability to be reunified with family or successfully transitioned to an adoptive family. A significant cost driver is the increased cost of living within the community and daily expenses for providing food, clothing, shelter, education or other support services for children and youths. As an example, foster parents caring for a 10-year-old child are currently reimbursed at a rate of $24.09 per day. This is intended to cover the cost of providing food, clothing, shelter, school supplies, and the cost to participate in activities, etc. Often the additional costs for the child are paid for by the foster parent, which remains a barrier for many families and the private child caring agencies across the state. After a 10% reduction in the reimbursement rates in 2011, they were increased in 2018 and 2019.

Efficiencies to improve outcomes include a reinvestment in local community services to strengthen families, to reduce the need for foster care. In addition, for children who are in foster care, increased attention on the need for educational supports and school placement continuity, increased access and continuity of comprehensive health care (physical, mental and dental health), resources/supports for older teens and young adults preparing to exit the foster care system, and increased financial and structural support for foster families and private agencies who care for the children and youth.

The Well-Being program is also responsible for the certification and support of foster families and relative caregivers who care for children in the Department's custody. This includes recruitment, assessment, retention, training, and support. Training of these families is conducted both by agency staff and through

contracted providers. Families participate in a Structured Analysis Family Evaluation (SAFE) home study assessment, designed to evaluate a family's readiness to meet the needs of children that enter the system.

Program Justification and Link to Focus Areas

The Child Well-Being Program is an integral part of the State's Plan to achieve a Safer, Healthier Community for the residents of Oregon. As a state policy, Child Well-Being programs are necessary to ensure safety for children if and when they are unable to remain safely with their families. Reliance on the foster care system over the years has reached a capacity that is no longer sustainable in Oregon. The financial support for this system has not kept up with growing costs, which has negatively impacted the ability for potential foster families to step forward to provide family foster care.

Ongoing research indicates that, if substantive preventive services can be immediately put into place, many children can safely remain at home, which reduces the need for children to be placed into the foster care system. Re-directing resources away from the removal of children from families and increasing the capacity of families who currently have children in the substitute care system by investing in upfront and in-home services within communities will pay far greater dividends to Oregon in meeting the outcomes identified in the state's plan.

Program Performance

Program performance is measured in the following ways:

- The number of children entering foster care (3,332) during FFY 2019 decreased by 6.9 percent from the FFY 2018 level. The number of children leaving foster care has decreased by 2 percent in the same timeframe.
- 57.8 percent of children who left foster care were reunified with their families.
- Median months to exit foster care is 19.7 months,
- The numbers of foster families in 9/30/2019 was 3,942 families. This is a decrease of 320 from 9/30/2017.
- Teens (13 years and older) comprised 28 percent of the foster care population. A total of 3,051 teens spent at least one day in foster care during FFY2019.
- A total of 182 current and former foster care youth received Chafee ETV scholarships for the 2018-2019 school year.

- 1,322 current and former foster youth received ILP services in FFY2019, a decrease of 2.2 percent from FFY2018.

Enabling Legislation/Program Authorization

There are several Federal acts that are centered on the care for children through substitute care programs. Some of the more prominent Federal acts and Federal regulations are noted below.

- *Adoption Assistance and Child Welfare Act P.L. 96-272*. To establish a program of adoption assistance, strengthen the program of foster care assistance for needy and dependent children, and improve the child welfare, social services, and aid to families with dependent children programs. Requires states to ensure and the courts to determine that reasonable efforts continue to be made on behalf of each individual child to mitigate the need for continued foster care.
- *Indian Child Welfare Act (ICWA) PL 95-60*. To establish standards for the placement of Indian children in foster and adoptive homes and to prevent the breakup of Indian families.
- *Adoption and Safe Family Act PL 105-89.* To promote the adoption of children in foster care by placing limitations and timelines.
- *Foster Care Independence Act of 1999 PL 160-169.* To help children make a successful transition from foster care to adulthood and self-sufficiency.
- *Fostering Connection to Success and Increasing Adoption Act PL 110-35.* To support and connect relative caregivers and improve outcomes for children in foster care.

Title IV-E, The Federal Foster Care Program, helps to provide safe and stable out-of-home care for children until the children are safely returned home, placed permanently with adoptive families or placed in other planned arrangements for permanency and resources to support a successful transition to adulthood. Title IV-B provides grants to states and Indian tribes for programs directed toward the goal of keeping families together. They include preventive interventions so that, if possible, children will not have to be removed from their homes. Finally, the Social Security Act contains the primary sources of federal funds available to States for child welfare, foster care and adoption activities.
Oregon Revised Statutes that specify which children are involved in the Substitute Care Program can be found under ORS 418.015 Custody and Care of Needy

Children by Department and ORS 418.312 When Transfer of Custody Not Required; Voluntary Placement Agreement; Review of Children Placed in Certain Institutions.

Funding Streams

There is a combination of funding sources in the Well-Being Programs. The following list is inclusive of each of the funding sources and the percent makeup of the Well Being budget:

- Federal funding makes up 43 percent
  - Title IV-E makes up 20 percent (including Chafee ILP)
  - Medicaid makes up 14 percent
  - TANF makes up 8 percent
  - Title IV-B part 2 and Chafee ETV make up the other 1 percent.
- Other Funds make up 5 percent
- General Fund makes up 52 percent

Funding Justification and Significant Changes to CSL

There is one investment in the Governor's Budget, in addition to the regular essential packages that are part of the normal budget build process.

There is one Revenue Shortfall in this program area due to excess Other Fund and Federal Fund limitation.

Package Number: 070	Package Title: Drop OF and FF excess limitation				
General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
	(6,230,549)	(16,623,182)	(22,853,731)	n/a	n/a
Description: In the Well Being area, excess OF limitation is being dropped. The limitation is primarily child trust and is empty limitation. No fund shift was requested. Federal fund limitation is being removed for the TANF block grant. A technical adjustment was made between Program and Delivery/Design to align the fund splits and budgeted amounts related to the TANF block grant. This left					

empty/excess Federal Fund limitation in the Well Being set of budgets, primarily the Regular Foster Care budget. No fund shift was requested.

Package Number: 116	Package Title: Respite Care Program				
General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
19,276,693	0	1,109,646	20,386,339	n/a	n/a

Description:
Oregon does not currently have a formalized respite care program that would certify pay and monitor respite providers. Respite care is short-term childcare services that offer temporary relief, improve family stability, and have been shown to reduce the risk of abuse or neglect. This Policy Option Package is derived from the recommendation from the assessment conducted by the consulting firm Alvarez & Marsal. Respite care provides foster parents and other caregivers with short-term childcare services that offer temporary relief, improve family stability, and reduce the risk of abuse or neglect. Respite can be planned or offered during emergencies or times of crisis.

This Policy Option Package requests a Respite Business Plan which is seeking to overlay with the Behavioral Rehabilitative Services (BRS) infrastructure. This respite plan relies on the BRS infrastructure, primarily the Proctor Care system, to diversify their placement services by adding respite supports through two funding models, Child Welfare or CCO reimbursed. Current BRS rules note that Proctor homes can serve 1 or 2 youth whom are not BRS clients, depending on the adult to child ratios natural to the home. Further, Oregon's Medicaid program allows for a lenient definition of respite care and the services associated with said respite service. Currently CCO's determine what a respite service is and whom can provide the services.

The Governor's Budget also proposes the investments as follows as part of Package 087:

- Increase in the Federal Fund amount to cover Title IV-E reimbursable costs for the Office of the Public Defender.

In addition, the Governor's Budget proposes reductions as follows:

- Reduces Residential Treatment Services by $346,639 Total Fund (-$190,189 General Fund), reducing budgeted beds by 1.5 beds on an average daily basis.
- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.

Oregon Department of Human Services Vocational Rehabilitation Program

Vision
Every Oregonian with a disability, who desires to work, is given an equitable opportunity and means.

Mission
Vocational Rehabilitation's (VR) mission is to assist Oregonians with disabilities to achieve, maintain and advance in employment and independence. VR partners with Oregonians with disabilities to gain employment through a variety of services designed to assist in identifying and mitigating the functional impediments created by disability.

Program
VR is a state and federal program authorized by state law and the federal Rehabilitation Act of 1973, amended in 1998 and in 2014 by the Workforce Innovation and Opportunity Act (WIOA).

VR helps Oregonians with disabilities gain employment through a variety of services. This includes helping youth with disabilities transition to jobs as they become adults; providing individualized counseling and supports to job seekers with disabilities to overcome barriers to employment; helping employers realize the benefit of employing diverse people with disabilities; and partnering with other state and local organizations that coordinate and provide equitable employment and workforce programs. Employment helps people with disabilities progress toward self-sufficiency, become involved in their communities, and live more engaged and satisfying lives.

All working-age Oregonians who experience a disability and are legally entitled to work are potentially eligible for VR services. Individuals who experience a medical, cognitive or psychiatric diagnosis that results in a functional impediment to employment are typically eligible. Recipients of Social Security disability benefits are presumed eligible for services.

VR has a diverse staff of counselors with expertise in the areas of intellectual and developmental disabilities (I/DD), deafness and hearing impairments, mental health, motivational interviewing, spinal injury, and traumatic brain injury. Additionally, the counselors consider the participant's cultural and linguistic needs .

Individuals we serve

Vocational Rehabilitation employees provide direct services through a network of local offices across Oregon. For a list, see:
http://www.oregon.gov/dhs/vr/Pages/officelocation.aspx

Services are provided by rehabilitation counselors and support staff who deliver direct client services through 34 field offices and multiple single employee outstations in Work Source Oregon Centers and other human services agencies across the state. As the demographics in Oregon are changing, VR is adapting accordingly to provide culturally and linguistic services to Oregonians and to help diversify the state workforce.

VR Data**:**

- Helped 16,907 individuals, 5,188 entering an individualized plan for employment and obtained 2,925 employment outcomes in fiscal year 2019.
- Contracted with 120 school districts and consortia on behalf of 184 high schools to provide serves for approximately 1,851 students each year.
- Assisted 853 individuals with intellectual and developmental disabilities (I/DD) obtain jobs in federal fiscal year 2019.
- The number of clients rehabilitated in VR by Race/Ethnicity for the state fiscal year 2019 breaks down to 116 American Indian or Alaskan Native, 249 Hispanic or Latino, 2,525 White, 7 African American, 29 Native Hawaiian or other Pacific Islander, and 70 Asian.
- VR staff in the field served 1,364 Oregonians who reported some level of hearing loss as their primary disability. Of those, 309 labeled themselves "Deaf" and 577 labeled themselves "hard of hearing." Consumers with hearing loss represented 8% of the total population served by VR during state fiscal year 2019.

Services Provided: VR is designed under five primary areas: basic services, youth programs, supported employment, career counseling information and referral, and independent living. In addition, VR is engaged in Oregon's Employment First program in partnership with the Office of Developmental Disability Services and is

actively engaged in improving workforce partnerships as a core partner in the state workforce programs.

Basic Services: These are basic services provided to individuals whose disabilities present a potential barrier to employment. A rehabilitation counselor conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of eligibility for services as well as the nature and scope of services to be provided. Vocational counseling and guidance build on this assessment and help the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes appropriate services in support of the plan while maintaining a counseling relationship with the client.

Youth Transition Program (YTP): YTP operates as a partnership between VR, the Oregon Department of Education (ODE), the University of Oregon's College of Education and local Oregon school districts. At least 75 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education at a rate exceeding the national average. This internationally and nationally recognized school-to-work transition approach is a best practice for young people with disabilities. YTP bridges the gap between school and work by providing coordinated vocational rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after completion of school. YTP currently serves more than 1,851 students in more than 120 school districts through comprehensive VR services.

Pre-Employment Transition services (Pre-ETS): In 2014, Congress passed the Workforce Innovation and Opportunity Act (WIOA). This new federal legislation provides an opportunity for students ages 14-21 who are presumed to be eligible for VR services to receive Pre-Employment Transition Services (Pre-ETS). These services provide students an opportunity to access services such as:

- Career Exploration
- Post-Secondary Counseling
- Self-Advocacy Instruction
- Work-Based Learning Experiences
- Workplace Readiness Training

Pre-ETS services are organized and delivered in collaboration with Local Education Agencies, and Local Education Service Districts. In 2019, VR provided 21,493 pre-employment transition services.

Supported Employment Services: These services target individuals with the most significant disabilities for whom employment was not possible through traditional means, but who can obtain and maintain competitive employment in the community with job coaching and ongoing supports. Basic vocational rehabilitation services are provided on a time-limited basis for each client. Oregon Health Authority (OHA), the Office of Developmental Disability Services (ODDS), other community programs, families and private employers are responsible for the follow-along services once VR has completed placement and training services. Supported Employment Services combine traditional VR services and support services provided by job coaches, typically at job sites.

Career Counseling, Information and Referral (CCIR): The WIOA created these services in the 2014 update to the Rehabilitation Act. States began the subminimum wage projects in 2017. These services provide career counseling, information and referral to individuals (any age) known by VR to be employed at subminimum wage. Employers with 14C certificates from Department of Labor are allowed to employ individuals at less than minimum wage. These employers are required to provide information about training opportunities (self-advocacy, self-determination, and peer support); however, the employers are prohibited from providing the CCIR as this is a required function by VR. In 2019, the VR program provided CCIR to 676 individuals, and 80% of these individuals indicated they are interested in competitive integrated employment opportunities.

Independent Living: Services are available through seven Centers for Independent Living (CILs). The CILs are nonprofit organizations that provide information and referral, independent living skills training, peer counseling, systems and individual advocacy, and transition services for youth. CILs also provide a range of services based on local needs, many of which complement services provided through other state and federally funded programs. Services are provided through a peer-mentoring model, with an emphasis on self-help, self-advocacy, and consumer responsibility.

CILs are part of a federal program established in the Rehabilitation Act of 1973. Oregon's State Independent Living Council was established by Governor's Executive Order 94-12 in 1994. VR has the responsibility to:

- Receive, account for, and disburse funds received by the state;
- Provide administrative support services to the CILs;
- Keep records and provide access to such records as required by the

Administration on Community Living (the federal authority for the Independent Living program); and
- Fund and support the State Independent Living Council's resource plan.

VR and the Work Incentive Network (WIN) provide benefits planning through a contract with the CILs. WIN was developed as a pilot project through a Medicaid Infrastructure Grant and provides benefits and work incentives planning to individuals with significant disabilities who want to obtain, maintain or increase their employment, but should not lose other benefits and medical coverage. This allows people on disability benefits to become employed, gain more levels of self-sufficiency, become engaged in their communities, and live a higher quality of life. They also begin paying taxes and reduce reliance on publicly funded services.

Employment First: Youth and adults with intellectual and developmental disabilities (I/DD) are significantly underrepresented in Oregon's workforce. With appropriate services and assistance, most people with I/DD can work successfully in the community. The state is seeking to increase employment of people with I/DD in integrated workplaces through increased efforts around the Employment First policy and the Settlement Agreement (Lane vs. Brown) with targeted outcomes.

The Governor's Executive Order 13-04 and subsequent EO 15-01 directs state agencies and programs, including VR, ODHS' Office of Developmental Disability Services (ODDS) and the Oregon Department of Education (ODE), to increase community-based employment services for people with I/DD and to reduce state support of sheltered work. VR has specialized counselors around the state committed to working with people with I/DD to find employment in the community.

Tribal Partnerships: The General VR program continues to partner with and support the Tribal VR Programs in the Confederated Tribes of the Umatilla, Confederated Tribes of Warm Springs, Confederated Tribes of Siletz, Confederated Tribes of Grand Ronde and the Klamath Tribes. Each tribe shares an individualized vision for its program and identifies how state VR can support delivering services to all Native Americans.

This collaboration includes:
- Sharing consumers with complex disability-based barriers to employment requiring specialized rehabilitation services

- Cross-training new VR counselors on the cultural customs specific to the tribal organization
- Joint rehabilitation trainings for state and tribal VR counselors
- Facilitation of tribal VR directors and tribal leaders to meet with the Department of Human Services Director
- Sharing space within the WorkSource buildings

Workforce Partnerships: With the passage and implementation of the Workforce Opportunity and Innovation Act (WIOA) of 2014, VR has been identified as a core partner in the workforce system. VR has been working closely with the core workforce partners to create a system that is less siloed, more efficient, inclusive, equitable and diverse.

VR, ODHS' Self Sufficiency Program (SSP), the Oregon Employment Department, local workforce development boards, and Adult Basic Education programs around the state have been meeting to ensure all our services are aligned, minimizing duplication and creating opportunities to expand services that meet the needs of our joint clients. Moving toward this shared purpose has increased awareness of the needs of individuals with disabilities seeking employment while creating more opportunities for our clients in local economies.

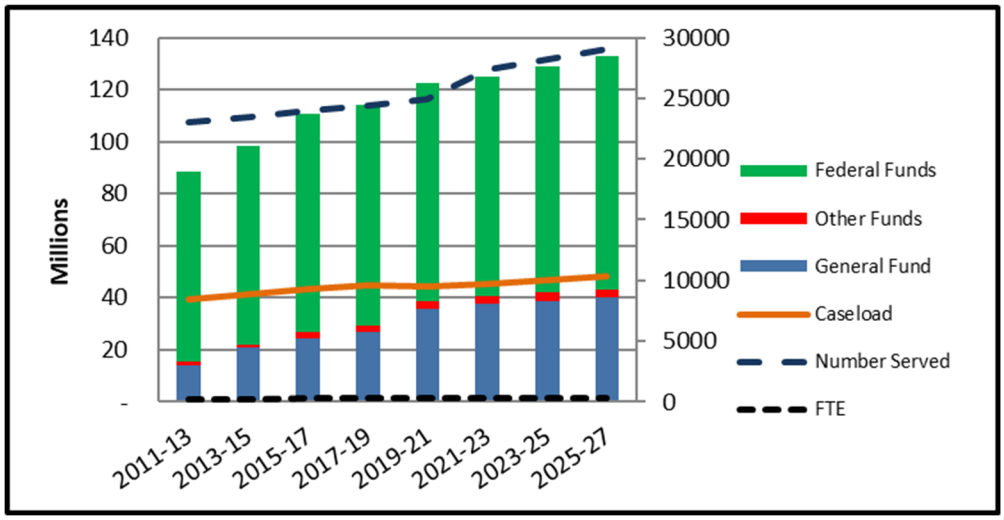
VR continues to create opportunities for diverse individuals with disabilities to gain equitable access and benefit from various workforce strategies. Moving forward, VR will enhance employer outreach strategies to engage employers and conduct outreach and education to show that our diverse clients are reliable, dependable and skilled workers who also happen to have disabilities. VR will also engage employers to provide work-based learning opportunities for all clients, including youth transitioning into post-secondary careers and apprenticeships.

As part of its integration into the workforce system as a core partner, VR has representation on the nine local workforce development boards in the state. VR also has a larger role in the statewide Workforce and Talent Development Board. As a core member of the workforce system, VR and its workforce partners have developed and updated the unified state plan that guides collaborative efforts to build an effective and strong workforce system.

Oregon Department of Human Services: Vocational Rehabilitation

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area: A Thriving Oregon Economy
Program Contact: Keith Ozols

Vocational Rehabilitation Funding Sources, Caseload Levels and FTEs



Note: Cost-per-case increase is the result of a growing number of people with cognitive disorders requiring services that come with higher costs.

Program Overview

Vocational Rehabilitation (VR) helps Oregonians with disabilities obtain, maintain, regain and advance in employment through counseling, specialized training and job placement. This includes helping youth with disabilities transition from the educational system to the workforce; assisting adults with disabilities achieve, maintain or advance in employment; helping employers overcome barriers to employing people with disabilities; and partnering with other state and local organizations that coordinate employment and workforce programs. The public workforce system in Oregon, of which VR is a federally mandated member,

includes the following state agency partners: Oregon Employment Department (OED), Self Sufficiency Program (SSP), VR, and the Higher Education Coordinating Commission (HECC). Agencies work in conjunction with the Governor's office and Local Workforce Development Boards. A Workforce System Executive Team is tasked with communication among partners and ensuring system alignment.

A total of 425,992 working-age Oregonians, under age 65, experience a disability, but only 37 percent are employed (Census Bureau Facts from 2014-2018/American Community Survey). Employment helps people with disabilities become more self-sufficient, involved in their communities, and live more engaged and satisfying lives.

All working-age Oregonians who experience a disability that creates a barrier to employment and are legally entitled to work are potentially eligible for VR services. Individuals who experience a medical, cognitive or psychiatric diagnosis that results in an impediment to employment typically are eligible for services. Recipients of Social Security disability benefits are presumed eligible for services. Approximately 95 percent of all eligible clients currently served by VR are people with significant disabilities. These individuals typically experience multiple functional limitations requiring several services provided over an extended period.

VR has counselors who specialize in the areas of intellectual and developmental disabilities (I/DD), deafness and hearing impairments, mental health, motivational intervention, spinal injury, and traumatic brain injury; however, the majority of VR counselors provide services to a wide array of Oregonians with disabilities.

Services are provided by rehabilitation counselors and support staff who deliver direct client services through 34 field offices and multiple single employee outstations in one-stop career centers and other human services agencies across the state.

Specialized services that help clients be as independent as possible are provided through seven Centers for Independent Living (CILs) located throughout the state. Both Information and Referral, as well as comprehensive services are provided.

VR staff work in partnership with community organizations and businesses to develop employment opportunities for people with disabilities. These activities range from live resume events and job fairs to presenting disability awareness workshops in local businesses. VR also offers business services that include consultations with employers about diversifying their workforces by hiring people with disabilities and pre-screening services to match employers with clients who are qualified, reliable job candidates.

Program Funding Request

OVRS	GF	OF	FF	TF	POS	FTE
LAB 19-21	35,576,784	3,012,926	83,842,517	122,432,227	261	260.04
GRB 21-23	29,187,767	10,574,496	81,447,687	121,209,950	249	248.04
Difference	(6,389,017)	7,561,570	(2,394,830)	(1,222,277)	(12)	(12.00)
Percent Change	-18.0%	251.0%	-2.9%	-1.0%	-4.6%	-4.6%

Reductions

Reductions are assumed in the GB figures above; a funding shift identified as one-time event utilizing YTP funds increasing the OF balance while decreasing GF accordingly as well as a decrease of (13) positions (above illustration; decrease 13 positions and approved POP with one position.) (All detailed adjustments and essential packages are listed toward end of this document).

However, the impact of the proposed budget and reduction of (13) FTE will greatly impact our service delivery and possibly force the program into the Order of Selection. An Order of Selection is a process for prioritizing eligible individuals into a waitlist and delays some individuals from receiving VR services due to limitations. Invoking the Order of Selection would have a negative cascading impact in the program and for the state. VR is committed to achieving the outcomes identified in the Governor's Executive Order for Employment for People with I/DD and the Lave v. Brown settlement. And to this date we have met those expectations with our existing budget and staff. Operating a program under Order of Selection could greatly impact meeting the benchmarks of this settlement

agreement and could lead to more delayed services of eligible individuals. The VR program has worked hard to maintain proper position authority and limited position vacancies.

Program Description

VR is designed under four primary areas: basic services, youth programs, supported employment, and independent living. VR is also engaged in Oregon's Employment First initiative. VR is a core partner in the implementation of the Workforce Innovations and Opportunities Act and is committed to improving access to the workforce system for Oregonians with disabilities. VR works with the Commission for the Blind and Oregon's Tribal VR (121) Programs.

Basic Services

These are basic services provided to individuals whose disabilities present an impediment to employment. The Vocational Rehabilitation Counselor (VRC) conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of eligibility for services as well as the nature and scope of services to be provided. Vocational counseling and guidance build on this assessment and helps the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes services and training in support of the plan while maintaining a counseling relationship with the client.

Youth Transition Program (YTP)

YTP operates as a partnership between VR, the Oregon Department of Education (ODE), the University of Oregon's College of Education, and local Oregon school districts. At least 75 percent of students with disabilities in YTP complete high school and transition to a job or postsecondary education, a rate that exceeds the national average. This internationally and nationally recognized school-to-work transition approach is a best practice for young people with disabilities. Local YTP teams deliver pre-employment transition services so students can begin career exploration while they are still in school. These services include career counseling, counseling on postsecondary education and training options, work-based learning experience, work-readiness skills development and training in self-advocacy. YTP bridges the gap between school and work by providing coordinated vocational

rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after completion of school. YTP currently serves about 2,388 students in more than 136 school districts.

Supported Employment Services
These services enable Oregonians with the most significant disabilities, including youth with the most significant disabilities, to achieve and maintain competitive integrated employment. Vocational rehabilitation supported employment services (i.e., job coaching, training normally done at the job site) are time-limited, lasting from job placement until the individual is stable in their job and long-term supports are in place. Oregon Health Authority's Behavioral Services, community programs and families, Office of Developmental Disability Services (ODDS, or private employers provide long-term supports after the individual reaches job stabilization, which continue after the client has exited the VR Program.

Program Justification and Link to Focus Areas

VR assists individuals with disabilities to establish a foundation by identifying a personal vision, goals and steps necessary to achieve success in education and employment, and become independent, productive citizens. The VR program and the services provided primarily link to the governor's initiative relating to Safer and Healthier Communities. It has been shown that higher rates of employment result in healthier and safer communities. This is especially true, in regard to Oregonians with disabilities, who are underrepresented in the workforce. Secondarily, by creating better access to the workforce system, we are increasing the number of employable Oregonians, many of whom bring in skills and attributes necessary to today's economy, thereby contributing to a Thriving Oregon Economy.

Employment and Jobs

- The VR Program has developed a plan in partnership with the workforce system as defined by the Workforce Innovations and Opportunities Act (WIOA) which includes goals regarding employment outcomes for clients, to increase skills upgrading and certification of Oregonians with disabilities seeking employment

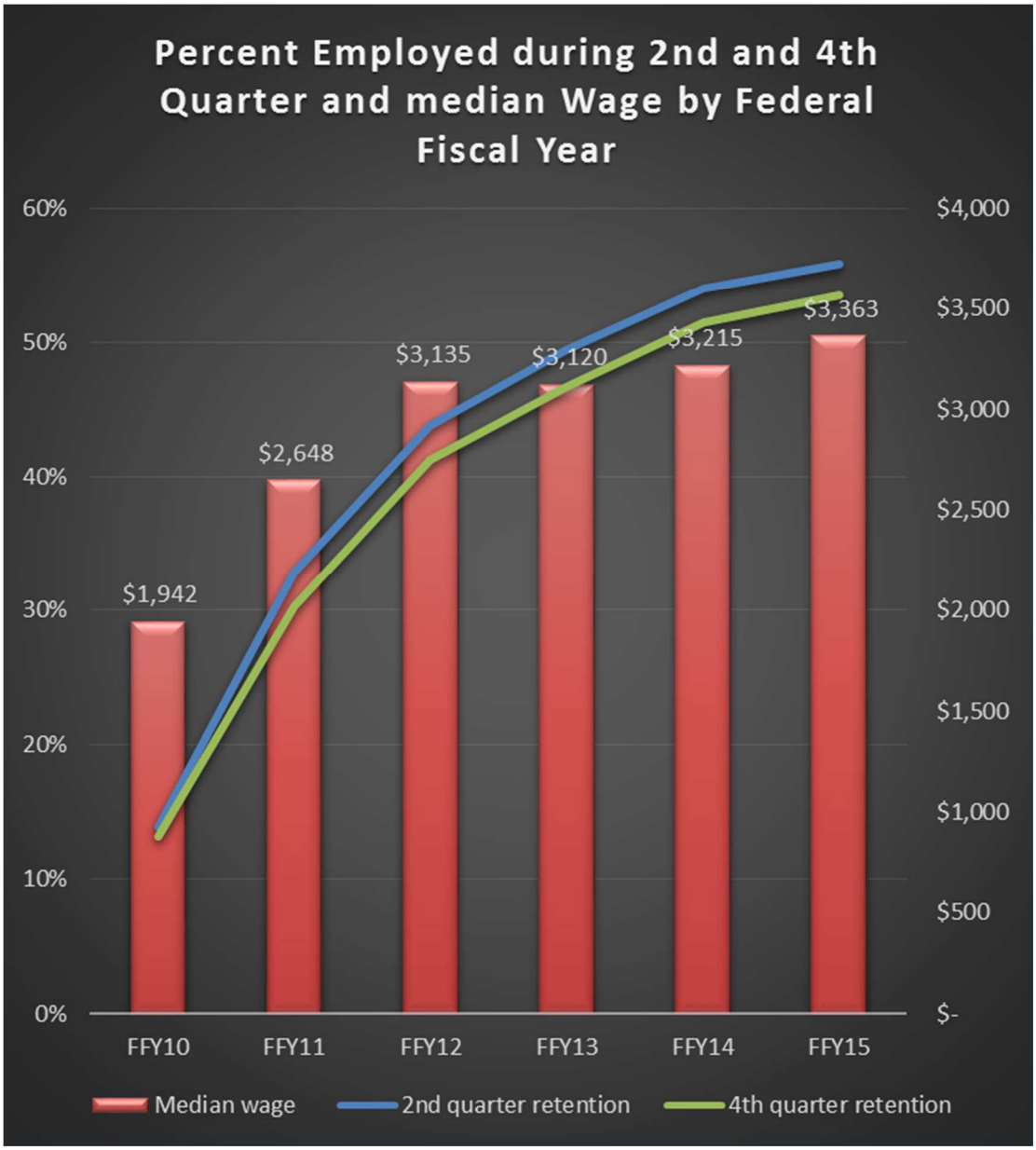
- As a result of the Lane v. Brown Settlement, the state is seeking to increase employment of people with intellectual and developmental disabilities (I/DD) in integrated workplaces through increased efforts around the Employment First initiative. The Governor's Executive Order 15-01 and the Settlement Agreement directs state agencies and programs, including VR, ODHS' Office of Developmental Disabilities Services (ODDS) and the Oregon Department of Education (ODE), to increase community-based employment services for people with I/DD and to reduce state support of sheltered work. VR has specialized counselors around the state committed to working with people with I/DD to find employment in the community.
- VR assisted 939 people with I/DD and 559 individuals with psychiatric disabilities to obtain jobs in federal fiscal 2019
- In federal fiscal year 2019, 2,868 individuals obtained and maintained work through the basic rehabilitation program. VR Employer Services provides training and technical assistance to employers for new hires and incumbent workers and identifies and refers qualified candidates.
- VR continues to contract and collaborate with the Community Connections program in reaching out to and providing specialized job placements services to native Spanish-speaking individuals with disabilities. The focus of these services has been in Portland, Clackamas, Salem and Woodburn, which have large Latino communities. This program had 128 successful employment closures with VR during the federal fiscal year 2019.
- VR is continuing to increase community engagement with communities of color, non- or limited-English speaking communities and other communities across the state. VR works with ODHS to provide information in alternative formats and language to communities across the state.

Program Performance

Vocational Rehabilitation measures its performance primarily by employment outcomes. Employment outcomes are defined as the number of individuals who obtained and successfully maintained employment for a minimum of 90 days. The chart below shows employment outcomes for the program since FFY2014.

VOCATIONAL REHABILITATION							
		FFY19	**FFY18**	**FFY17**	**FFY16**	**FFY15**	**FFY14**
# Served	Youth	5,087	4,878	4,407	4,215	3,887	3,449
	Adult	12,086	12,184	12,796	12,245	12,171	12,150
Employment Outcomes	VR Overall	2868	2703	2,827	2,973	2,723	2,376
	SE	974	812	465	660	414	254
	Youth	816	749	707	765	672	552
	SSI/SSDI	1062	1157	998	967	815	646
Percent Rehabilitated		56%	57%	59%	62%	63%	62%
Avg Hourly Wage		$ 14.26	$ 13.84	$ 12.78	$ 13.09	$ 12.18	$ 12.07
Avg. Weekly Hours		25	26	26	26	27	27
Cost per Rehabilitation		$7,583.15	$7,088.07	$6,580.74	$6,574.50	$6,471.00	$6,473.59

The Workforce Innovation and Opportunities Act of 2015 added several measures with emphasis on long-term employment. The graph below displays some of the new measures the program will be expected to achieve.



Education

- The internationally recognized Youth Transition Program has expanded to more than 136 school districts in Oregon. More than 75 percent of students

with disabilities in YTP complete high school and transition to a job or postsecondary education, a rate that exceeds the national average. YTP bridges the gap between school and entry into the workforce by providing coordinated vocational rehabilitation services while the student is in school and ensuring a smooth transition to adult services and employment after completion of school. YTP currently serves about 2,388 students in more than 136 school districts.

- VR utilizes Supported Employment, an evidence-based model, which allows individuals with developmental and intellectual disabilities to work in competitive employment in the community with needed supports.
- The Independent Living program partners with schools and families to support the transition of students with disabilities to secondary education and/or work.
- Memorandums of Agreement with the Office of Developmental Disabilities Services and the Oregon Department of Education are designed to more effectively align transition services, identify opportunities to braid and leverage funding in order to increase the number of students with disabilities.
- Introduction of services in partnership with ODE to meet WIOA requirements to expend 15 percent of our Federal Funds to meet Pre-Employment Transition Services as required by the WIOA.

Healthy and Safe Communities

The Independent Living Program consists of the following partners: 7 Centers for Independent Living, Oregon State Independent Living Council, Oregon Commission for the Blind and Department of Human Services – Vocational Rehabilitation. Federal funding is provided through the Administration on Community Living – ACL in both direct awards to individual Centers and pass through funding through the Vocational Rehabilitation program. Pass through funding requires a minimum State General Fund (SGF) match of 10%.

The mission of the Independent Living Network as established through the State Plan for Independent Living (SPIL): To empower people in Oregon who experience disabilities to direct their lives, access their communities and fulfill their responsibilities at their desired level of independence.

Centers for Independent Living

Centers for Independent Living (CILs) are non-residential community-based organizations that provide services and advocacy for individuals with all types of disabilities. There are nearly 500 CILs across the United States. There are seven private, nonprofit CILs in Oregon. Each CIL has a board of directors. Boards are made up of at least 51% of individuals with disabilities. CIL staff, play an important role in the delivery of services to enhance the independence of people with disabilities and are also, as required by the Rehabilitation Act, composed of 51 percent people with disabilities.

Services provided in CILs include peer support, independent living skills training, information and referral, advocacy and transition including services that; facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition youth to postsecondary life. CILs also work to make communities more accepting of individuals with disabilities. CILs provide services to individuals of all ages and all disabilities. The seven CILs in Oregon are located in: Portland, Eugene, Roseburg, Grants Pass, Klamath Falls, Bend and Ontario and are contracted to serve 22 of the 36 counties throughout the state.

CILs are mandated through the federal Rehabilitation Act, under the Administration for Community Living (ACL). Title VII, Chapter 1 of the Act states the current purpose of the program is to "promote a philosophy of independent living including a philosophy of consumer control, peer support, self-help, self-determination, equal access, and individual and system advocacy, in order to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities, and the integration and full inclusion of individuals with disabilities into the mainstream of American society."

Oregon State Independent Living Council (SILC)

The SILC is established by Executive Order of the Governor as a separate governmental entity, independent of any State agency. The governor appointments the members of the SILC. Member composition of the SILC must also meet the

51% majority of people with disabilities as required by the Rehabilitation Act. The SILC has bylaws and policies and procedures that align with the federal requirements set forth in the Rehabilitation Act and Assurances and Indicators of minimum compliance, as well as State requirements.

Vocational Rehabilitation – Special Services Independent Living Program
Vocational Rehabilitation (VR) serves as the Designated State Entity (DSE), to receive, administer and account for the funds made available to the State under Title VII, Chapter 1, Part B of the Rehabilitation Act and State General Funds appropriated for Oregon's IL Network. The match rate for Title VII, Chapter 1, Part B funds is 10 percent General Fund; 90 percent Federal Funds. All partners of the IL Program receive funds through VR through executed state contracts.

Independent Living Outcomes

YEAR	FY2019	FY2018	FY2017	FY2016
Information & Referral Services	18,327	29,345	34,292	26,637
Total Consumer Service Records (CSRs)	2,426	2,309	2,208	2,221
Percent of New Consumer Service Records (New CSRs)	58%	60%	62%	66%
Percent of Closed CSRs with All Goals Complete	67%	78%	74%	68%

Enabling Legislation/Program Authorization

VR is a state and federal program authorized by Oregon state law (ORS 344.511et seq.) and the Workforce Innovation and Opportunity Act of 2014.

The Independent Living Program is a federal program established in Title VII of the Rehabilitation Act of 1973, as amended, and regulated by the Code of Federal Regulations, Title 45, and Part 1329. In conjunction, Oregon's State Independent Living Council was established in 1994 by Governor's Executive Order 94-12. VR

is listed as the designated state entity for this program in the State Plan for Independent Living, per Section 704 of Title VII.

Funding Streams

VR is funded through the federal Department of Education. It receives a formula-based grant with Match and Maintenance of Effort requirements. The match rate for Vocational Rehabilitation is 21.3 percent General Fund; 78.7 percent Federal Funds. For Independent Living the match rate is 10 percent General Fund; 90 percent Federal Funds. Grant dollars cannot be utilized by other programs. Program income, which is reinvested back into VR, includes Social Security reimbursement and Youth Transition Program grants.

FUNDING JUSTIFICATION AND SIGNIFICANT CHANGES to 21-23 CSL

There is one investment in the Governor's Budget, in addition to the regular essential packages that are part of the normal budget build process.

PACKAGE NO.	PACKAGE TITLE				
131	Social Security Cost Reimbursement				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$ -	$ -	$ 170,746	$ 170,746	1	1.00
PACKAGE DESCRIPTION					
Currently Vocational Rehabilitation (VR) is not fully capturing all of the available Social Security reimbursement available to its consumers who received Social Security Insurance (SSI) and/or Social Security Disability Insurance (SSDI) benefits and who become employed as a consequence of VR services. Historically these revenues have approached $10M per biennium. With this investment and additional changes in the Ticket to Work program this will lead to the collections of additional revenue to fund ongoing supports for individuals with the most severe disabilities.					

Again, this will be a self-funded position that will also be revenue generating. This will bring in additional federal funds that do not need to be matched. This will assist in keeping the VR program out of the Order of Selection while increasing client service dollars at the same time.

Additional Changes (including Essential Packages):

- Federal funds limitation was phased out by ($4,446,741) due to the end of federal period clean-up in CSL.
- Funding shift incorporated as One-Time event utilizing YTP funds; increasing impact on OF and decreasing GF accordingly of ($7,529,827) within VR program's - Basic Rehabilitation Services. The Total Fund (TF) impact of this action is $0.

In addition, the Governor's budget proposes reductions as follows:

- Analyst adjustment resulting in an elimination of (13) VACANT positions, largely made up of field "counselors", TF $(2,862,395).
- eliminate most inflation for Supplies & Services, DELIVERY at TF ($161,961) and DESIGN at TF ($151,584)
- additional 3% Vacancy savings applied, DELIVERY at TF ($1,057,705) and DESIGN TF ($8,310)
- reduction for DAS service charges, DELIVERY TF ($36,134)
- reduction for Attorney General services charges, DESIGN TF ($6,920)

Oregon Department of Human Services
Aging and People with Disabilities Program

Mission

To help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice and preserve dignity.

Vision

Oregon's older adults, people with physical disabilities and their families have easy access to services, support and early interventions that help maintain independence, promote well-being, honor choice, respect cultural preferences and uphold dignity.

Goals

To ensure that:

- Older adults and people who experience disabilities feel safe, respected and are able to live independently.
- Services meet changing needs and are easily accessible.
- All services are equity based and focused on the individual and their unique communities.
- The program remains innovative, preventive and demonstrates high-quality outcomes.
- Oregon continues to be a national leader in supporting broad, transparent collaboration with consumers and stakeholders.

Individuals we serve

During the 2021-2023 biennium, we expect to serve:

- More than 5,000 unique individuals age 60 and older through Oregon Project Independence.
- More than 36,450 older adults and people with physical disabilities per month with long-term services and supports paid through Medicaid.
- More than 212,000 older individuals through Older Americans Act services.

- More than 172,860 Oregonians with direct financial support services.
- Approximately 40,000 Oregonians who live in APD-licensed, long-term care facilities.
- More than 45,000 individuals who receive a Social Security Disability determination, helping many accesses federal income benefits available to individuals with a disability.
- More than 17,000 individuals protected from ongoing abuse.

Aging and Disability Resource Connection

Oregonians needing information and referral services about any APD programs or services and other resources that serve seniors and people with disabilities may contact the Aging and Disability Resource Connection (ADRC) of Oregon. The ADRC is a collaborative public-private partnership that streamlines consumer access to a complicated and confusing aging and disability service delivery system. ADRC services are free to Oregonians and the service raises visibility and awareness of the full range of options available. The ADRC provides trusted information and assistance and empowers people to make informed decisions. Through trained options counselors, Oregonians can develop action plans to address long-term services and supports needs that align with consumer preferences, their financial situation, strengths, values and needs. If a person is likely to be eligible for Medicaid long-term services and supports, they will be referred to APD local offices or Area Agencies on Aging (AAAs) for a full assessment.

Employees from both APD local offices and AAAs throughout Oregon are responsible for providing direct client services. Employees also determine eligibility for the aging and people with disabilities population for medical programs provided through the Oregon Health Authority (OHA). During 2019 calendar year, the ADRC received more than 77,724 direct contacts and 111,000 web hits.

APD is impacted by demographic growth in the older adult population and is increasingly serving a more diverse population. APD strives to identify disparities in outcomes for diverse populations and identify strategies to serve all individuals in a culturally and linguistically appropriate manner.

Adult Protective Services

APD and some AAA offices are responsible for investigating instances of abuse against older adults and persons with physical disabilities across the state. Elder abuse, and other adult abuse, is costly both from a human and financial perspective. A person who has experienced abuse is likely to have increased health and long-term care costs. In Oregon, there are currently 742,000 individuals over the age of 65 and another 426,000 with physical disabilities who are 18 or older; all who could become victims of abuse. In the 2019 calendar year, APS staff responded to more than 50,800 reports of abuse and conducted investigations in 17,131. Of the cases investigated, 67 percent were in the community and 33 percent were in facilities. Financial exploitation and neglect remain the most common forms of abuse for seniors and people with disabilities. In the 2019 calendar year, more than 50 percent of the alleged victims involved in community investigations did not have Medicaid at the time of the investigation. APS is often our first opportunity to work with these individuals and help protect them from neglect and harm.

Licensing

The APD Safety, Oversight and Quality Unit (SOQ) licenses many providers of long-term care for people who are aging and physically disabled. These providers range across the continuum of care. Through diligent oversight, investigation of complaints and reports of potential abuse, and corrective action, SOQ reduces future instances of unsafe conditions and improves the quality of care. These services are most effective when they are provided in a quality model aimed at preventing harm in the first place to protect the safety and health of vulnerable Oregonians.

The providers licensed by SOQ include adult foster homes, assisted living facilities, residential care facilities, nursing homes, conversion facilities, intensive intervention care facilities and facilities with memory care endorsements. SOQ strives to ensure service equity and delivery of culturally and linguistically appropriate services are provided to Oregonians.

Medicaid Services

In Oregon, approximately 36,000 older adults and people with physical disabilities use Medicaid long-term services provided through APD each month, with slightly more forecasted for the 2021-2023 biennium. By federal law, each state must develop criteria for access to nursing facility care paid by Medicaid. Criteria must include financial and asset tests as well as service eligibility criteria. The federal

government, through Centers for Medicare and Medicaid Services (CMS), must approve any criteria established by the states.

Many older adults and individuals with disabilities need assistance from other people to perform daily activities and to ensure their health and safety. To accurately identify those who need assistance, ODHS created service priority levels (SPLs) to establish eligibility for Medicaid long-term services and supports. SPLs prioritize services for older adults and people with physical disabilities whose well-being and survival would be in jeopardy without services. Level 1 reflects the most impaired while Level 17 reflects the least impaired; levels are based on the ability of the person to perform activities of daily living (ADLs). ADLs are personal activities required for continued health and well-being. These include mobility, eating, toileting, cognition and personal hygiene. Prior to 2003, ODHS served individuals through SPL 17. Since then**,** because of budget constraints, only levels 1-13 are funded.

APD assists thousands of Oregonians ─ who require ADL services and instrumental activities of daily living (IADL) services, which include housekeeping and meal preparation ─ in selecting competent providers and establishing effective working relationships with those service providers. Due to the increasingly diverse population served, the program requires supports that are equally diverse, linguistically and culturally appropriate.

Programs

APD's budget is sectioned into three key areas: program services, program design and program delivery.

Program Services

Program services focus on supporting seniors and people with disabilities in maintaining the utmost independence while supporting their individual needs.

Services are provided through six programs:

- Older Americans Act
- Oregon Project Independence
- Financial support services
- In-home services
- Community-based care facilities including adult foster homes

- Nursing facilities

Older Americans Act: This is a federal program and is administered through APD. It provides federal funding for locally developed programs for individuals ages 60 and older. APD distributes funds to local Area Agencies on Aging (AAAs) for service delivery through subcontractors. It is estimated that approximately 227,000 Oregonians currently access these services. The AAAs develop services, within federal expectations, that meet the needs and preferences unique to individuals in their local area. Program mandates require services target those with the most significant economic and social need, to minorities and those residing in rural areas. There is no income or asset requirements to receive services except those related to the Senior Community Service Employment Program (SCSEP).

APD distributes federal funds to the AAAs using a federally approved intra-state funding formula based on the demographics and square mileage of each area. APD encourages and incentivizes culturally specific and linguistically competent supports within all programs. Programs might include; family caregiver supports, nutrition via congregate and home-delivered meal programs, senior employment, legal services or elder abuse prevention services. Most AAAs also sponsor and promote evidence-based wellness and chronic health condition management activities. They may also provide assistance to senior centers.

Oregon Project Independence (OPI): This is a state-funded program offering in-home services and related supports to individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. Approximately 3,440 Oregonians were served in this program during calendar year 2019. It represents a critical element in Oregon's strategy to prevent or delay individuals from leaving their own homes to receive services in more expensive facility settings or depleting their personal assets sooner than necessary and accessing more expensive Medicaid health and long-term service benefits. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities. However, funding was not provided until 2014 and 2015. The funding allowed for a pilot program to expand the program to adults ages 19-59 with physical disabilities.

OPI is administered statewide by local Area Agencies on Aging (AAAs). Many areas have waiting lists due to high demand and limited program funding. Client eligibility is determined by an assessment of functional ability and natural supports related to activities of daily living. Typical services include assistance with

housekeeping, bathing, grooming, health care tasks, meal preparation, caregiver respite, chore services, adult day services and transportation.

The OPI program has no financial asset limitations for clients. A sliding fee scale is applied to clients with net monthly income between 100 and 200 percent of the federal poverty level (FPL) to pay toward the cost of service. A small group with income above 200 percent of FPL pays the full rate for services provided. Generally, this is because they benefit from the case management; ongoing support and monitoring, in addition to the actual purchased services.

Financial support services: APD has programs designed to meet a variety of special circumstances for certain low-income populations.

- *General assistance (GA) program:* With this program, APD serves individuals with severe disabilities who are experiencing homelessness or who are at risk of homelessness. To be eligible for the GA program, individuals must meet all of the following criteria:

    - Be homeless or at risk of homelessness;
    - Be an adult, age 18-64, with no minor children living with them;
    - Have a severe disability that meets Social Security disability criteria;
    - Be receiving Presumptive Medicaid medical assistance;
    - Meet all eligibility criteria for Supplemental Security Income (SSI);
    - Apply for SSI and appeal any denials received; and
    - Sign an Interim Assistance Agreement (IAR), allowing ODHS to recover GA funds paid to them once awarded SSA benefits.

    General assistance program benefits include up to $545 per month in housing assistance, $90 in utility assistance per month, $60 in cash assistance per month, and free assistance with the Social Security application and appeals process.

- *Cash payments – special needs:* APD is required to meet maintenance of effort (MOE) payments for low-income aged and disabled Oregonians who receive federal Supplemental Security Income (SSI) benefits. These benefits are focused on payments that allow clients to maintain independence and mobility in a safe environment. Examples of special needs payments include help for non-medical transportation, repairs of broken appliances such as a furnace, or for such things as adapting a home's stairs into a ramp.

- *Employed Persons with Disabilities Program (EPD):* This program allows people with a disability to work to their full extent and not lose Medicaid coverage. To be eligible, a person must be deemed to have a disability by Social Security Administration criteria, be employed and have adjusted income of less than 250 percent of FPL. Eligible individuals pay a monthly participation fee and are eligible for the full range of Medicaid benefits and services. APD currently serves approximately 2,000 individuals in the EPD program.

- *Other benefits:* The Centers for Medicare and Medicaid Services (CMS) requires ODHS to coordinate with Medicare in many areas and clients need help accessing other programs for which they are eligible. The federal Medicare program is the most common program clients need assistance with. APD determines client eligibility and submits client data to CMS for two Medicare-related programs: Medicare buy-in and Medicare Part D low-income subsidy. APD served more than 140,000 clients in March 2020 in these two programs. These programs help low-income beneficiaries with their cost-sharing requirements. Securing this coverage also ensures Medicare remains in a "first payor" status, ultimately saving the state's Medicaid program significant money.

Social Security Disability Determination Services:

APD determines eligibility for Social Security Disability and Supplemental Security Income benefits on behalf of the Social Security Administration. In federal fiscal year 2019, Disability Determination Services finalized decisions on 45,356 claims.

Medicaid Services and Supports:

Medicaid-funded Long-Term Services and Supports provides eligible individuals fundamental activities of daily living (ADLs) such as mobility, elimination, cognition, eating, bathing, dressing, and personal hygiene. These services ensure that the person is living in a safe and healthy environment. All services promote choice, independence and dignity. Services can be provided in nursing facilities, or community settings such as residential care, assisted living, memory care, foster homes or in the person's own home. In December 2020, APD served 35,515 unique individuals through Medicaid Services and Supports.

In-home services: In-home services are the cornerstone of Oregon's community-based care system and were created to meet the preferences of seniors and people with disabilities throughout Oregon. For older adults or people with physical disabilities, the ability to live in their own homes is compromised by the need for support in regular activities of daily living. For more than 25 years, Oregon has created options to meet people's needs in their own homes. All options are funded with support of the Medicaid program through home- and community-based waivers or state plan options. Oregon has been able to create cost-effective programs that meet people's needs in their homes and other community settings using these options and spared Oregonians from the unnecessary use of much higher cost services, primarily offered in nursing facilities.

Services to older adults and people with physical disabilities are designed to support assistance with fundamental activities of daily living (ADLs), such as mobility, cognition, eating, elimination, personal hygiene, dressing, and bathing. To receive in-home services, an individual must be financially eligible for Medicaid. A case manager works with the client and together they identify needs and develop a plan for the in-home services. There are different options that an individual can select to receive in-home services.

- *Medicaid client-employed Home Care Workers:* Home Care Workers (HCW) are hired directly by the client and provide many of the services Medicaid clients need to remain in their own homes. The client, or his or her selected representative, is responsible for performing the duties of an employer. These duties include selecting, hiring and providing on-site direction in the performance of the care provider duties authorized by a case manager to meet the client's individual needs and circumstances. The HCW must pass a criminal background check. In conjunction with the client, APD develops and authorizes a service plan, makes payment to the HCW on behalf of the client and provides ongoing contact with the client to ensure his or her service needs are met. More than 16,750 clients are expected to receive services supplied by HCWs each month in 2021-2023.

  The Oregon Home Care Commission (HCC) was established in 2000 by an amendment to the Oregon Constitution. It is a public commission dedicated to ensuring high-quality home care services to APD clients using client-employed providers. Service Employees International Union Local 503, Oregon Public Employees Union, represents approximately 17,000 HCWs. For purposes of collective bargaining, HCC serves as the HCW employer of record. The Commission maintains a statewide, computerized registry of

workers and provides an extensive training curriculum. The HCC also makes training available to clients to better understand their employer responsibilities and increase their skill in managing the use of HCWs.

- *In-home agency services:* Many clients prefer to receive their in-home services through an in-home care agency. In-home care agencies (IHCA) are licensed by the Oregon Health Authority. These agencies employ, assign and schedule caregivers to perform the tasks authorized by the client's case manager. APD contracts with licensed IHCAs throughout the state. IHCAs work closely with ODHS case managers and clients to ensure services are provided as authorized and to ensure the quality of the work performed.

- *Medicaid Independent Choices Program:* This program offers a choice to clients in the way they receive in-home services and increases clients' self-direction and independence. Clients receive a cash benefit based on their assessed need. They purchase and directly pay for services. Clients are responsible for locating providers, paying their employees, and withholding and paying necessary taxes. Depending upon how they manage their service benefit, many can purchase a few additional services or items otherwise not covered by Medicaid to increase their independence or well-being.

- *Medicaid adult day services*: Adult Day Services (ADS) provide supervision and care for clients with functional or cognitive impairments. Service may be provided for half or full days in stand-alone centers, hospitals, senior centers and licensed care facilities. ADS providers are certified, but not licensed, by ODHS.

- *Medicaid home-delivered meals:* Home-delivered meals are provided for to those who are homebound and unable to go to sites, such as senior centers, for meals. These programs generally provide a hot midday meal and, often, frozen meals for days of the week beyond the provider's delivery schedule.

- *Medicaid (state plan) personal care services:* Individuals who do not meet service priority levels (SPLs), but have some personal care needs, may qualify for Medicaid Personal Care Services. Services are generally limited to no more than 20 hours a month. Personal care services are more limited than the standard Medicaid Long term Services and Supports benefit.

- *Medicaid specialized living services:* The services are provided through a contract with APD and targeted to a specific group of clients living in their own apartments and assisted by a specialized program offering direct service and structured supports.

Community-based facilities: These include a variety of 24-hour care settings and services to provide an alternative to nursing facilities. Services include assistance with activities of daily living, medication oversight and social activities. Services can include nursing and behavioral supports to meet complex needs. State and federal guidelines related to health and safety of these facilities must be met.

- *Adult foster homes:* Services are provided in home-like settings licensed for five or fewer individuals who are not related to the foster home provider. Homes may specialize in certain services, such as serving ventilator-dependent residents.

- *Assisted living and residential care facilities:* Licensed 24-hour service settings serve six or more residents and facilities range in size from six to more than 100 beds. The difference between residential care and assisted living is generally in the structural set up of the facility and the fact that generally in residential care, individuals have shared rooms. Either type of facility can seek a Memory Care endorsement on top of the underlying licensure. There are additional requirements for Memory Care Facilities. Registered nurse consultation services are required by regulation.

- *Conversion facilities:* A conversion facility is a nursing facility that has decided to "convert" its license to that of a residential care facility. The facility must go through the federal process of "closing" the nursing facility before going through a state process for "converting" the building to a residential care facility.

- *Intensive intervention care facilities:* Intensive Intervention Care (IIC) facilities are small residential care facilities designed to serve individuals with high behavioral and mental health needs. Five or fewer people can live in a single IIC home.

- *Enhanced care services:* Specialized 24-hour programs in licensed care settings that provide intensive behavioral supports for seniors and people with physical disabilities who have needs that cannot be met in any other

setting. These programs support clients with combined funding from APD and the Oregon Health Authority's mental health program.

- *Memory Care Community Endorsement:* These facilities are licensed as an Assisted Living Facility or Residential Care Facility or Nursing Facility and serve individuals with Alzheimer's disease, other forms of dementia and other cognitive diseases. They are required to have enhanced training and a more secure setting for their residents. The endorsement is in addition to the underlying licensure.

- *Program for the All-inclusive Care for the Elderly (PACE):* PACE is a capped Medicare/Medicaid Program built on a care model that combines all Medicare and Medicaid medical services and long-term services and supports into one program. Currently, nearly 1,700 Oregonians age 55 and older are served in this program that generally allows them to attend adult day services and live in a variety of settings through Providence Elder Place. PACE programs are responsible for providing and coordinating their clients' full health and long-term service needs in all of these settings or an in-home setting. Additional providers will be opening in the near future.

Nursing facilities: Institutional services for older adults and people with physical disabilities are provided in nursing facilities licensed and regulated by ODHS. Nursing facilities provide individuals with skilled nursing services, housing, related services and ongoing assistance with activities of daily living.

Oregon has led the nation since 1981 in the development of lower cost alternatives to institutional (nursing facility) care. Home- and community-based alternatives to nursing facility services emphasize independence, dignity and choice and offer needed services and supports at lower costs than medical models.

Program Design

Staff and services support the administration of APD programs, including:

- Central leadership and administration
- Medicaid eligibility and federal waiver administration
- Development and maintenance of policy and administrative rules
- Oversight of licensed care facilities
- Ensuring Medicaid provider enrollment
- Support and leadership for various advisory councils.

- Administration of the Older Americans Act
- Home Care Commission

Program Delivery

Staff and services provide direct services to Oregonians, including:

- Direct service staff located in local offices throughout the state
- Case management
- Presumptive Medicaid Disability Determination Team
- State Family/Pre-SSI
- Disability Determination Services
- Administration of Medicare Modernization Act and Buy-in programs
- Provider payments and relations
- Adult Protective Services investigations
- Adult Foster Home, Nursing Facility and Community-Based Care licensing
- Long-term care referral services registry

Eligibility and case management services are delivered throughout the state by APD and Area Agency on Aging (AAA) employees. ORS Chapter 410 allows AAAs to determine which populations they wish to serve and which programs they wish to administer. Type B Transfer AAAs choose to provide Medicaid services in addition to Older Americans Act and OPI services. In areas where the AAAs (Type A - AAAs) do not provide Medicaid services, APD has local offices to serve older adults and people with disabilities.

APD and AAA case managers perform a variety of roles in serving older adults and people with disabilities. They determine long-term services and supports eligibility, assist individuals in developing person-centered service plans, and find qualified providers. They address issues and concerns regarding providers. They act as advocates and champions for consumer rights. They assist individuals in accessing supports available through APD and other programs. In short, case managers are the front line in protecting individuals from abuse and neglect.

APD case managers face increasingly complex work. In just the past seven years, APD implemented Waivered Case Management expectations requiring monthly contact on every case. Due to changes to the Fair Labor Standards Act, APD added more responsibilities on working with home care workers, including managing hourly caps, limiting overtime and ensuring access to adequate

services. Based on federal expectations, APD has also increased expectations on person-centered planning and ensuring individuals' safety. Legal requirements have made notices more complex and detailed, requiring more case management time to issue each notice.

History

During the past 40 years, there has been a profound shift in society's understanding of the importance of independence for aging and people with disabilities. Traditionally, states had provided services to these individuals in institutional settings such as nursing facilities. Oregon's first nursing facility opened in the 1940s. With the passage of the federal statute creating Medicaid, the state began to pay for nursing facility services for eligible individuals in the 1960s.

The Older Americans Act also passed in the 1960s, which over time, has expanded additional protections and services to vulnerable older adults, including access to home-delivered meals, senior centers, transportation, family caregiver support, legal services and the Office of the Long Term Care Ombudsman to uphold rights and resolve complaints.

Professional standards and public thinking about how to best serve people with disabilities began to change and community living became more accessible. Leading the nation in the 1970s, Oregon developed legislation that recognized the importance of assisting seniors in maintaining their independence and recognizing their inherent dignity. Later, on a national level, civil rights were strengthened and expanded by the Americans with Disabilities Act, in the areas of employment, public accommodations, transportation and housing. Community integration, a right, became more available to individuals with disabilities as accessibility increased and society began to accept people with disabilities as part of the community. Families had the ability to remain intact and to keep their loved ones — child, adult or senior — at home.

Federal dollars to fund Medicaid waivers first became available in 1981 for "Home and Community-Based Services." That same year, the Oregon Legislature updated its policies around disabilities and found that significant numbers of people with disabilities lived in institutions because adequate community services did not exist. The Legislature mandated that the state work to empower people with disabilities, keep them as independent as possible, and develop service settings that were alternatives to institutionalization. The 1981 Oregon Legislature also created the

Senior Services Division and a strong statutory mandate to support seniors in their own homes and community settings outside of institutions. This action forged the way for Oregon to lead the nation in the development of lower-cost alternatives to institutional care.

In response to that mandate, Oregon applied for, and received, the first home and community-based waiver that allowed Medicaid funds to provide long-term services outside an institution. Throughout the 1980s and 1990s, Oregon received waivers that allowed services for unique groups of people. For Medicaid-eligible older adults and people with disabilities in Oregon, this has meant that the provision of long-term care has, in large measure, shifted away from nursing facilities to in-home services, assisted living facilities, residential care facilities and adult foster homes. In 2013, APD worked with the Legislature to shift from waivers to a state plan that allowed the state to gain additional federal funds to support individuals receiving services through the Medicaid program.

Future populations

The aging population is growing rapidly. The number of people 65 and older in the United States is expected to increase to 55 million in 2020, to 70 million by 2030, and to 88.5 million ─ or 20 percent of the population ─ in 2050.

The aging population in Oregon will increase dramatically as baby-boomers continue to enter the retirement age. The aging population growth rate has exceeded 4 percent annually since 2011. Estimates show 48 percent more older adults in 2020 than in 2010. This population of elders are typically more financially challenged than previous generations.

In 2016, approximately 17 percent of Oregon's population was 65 years or older. By 2030, the percentage is expected to increase to nearly 20 percent.

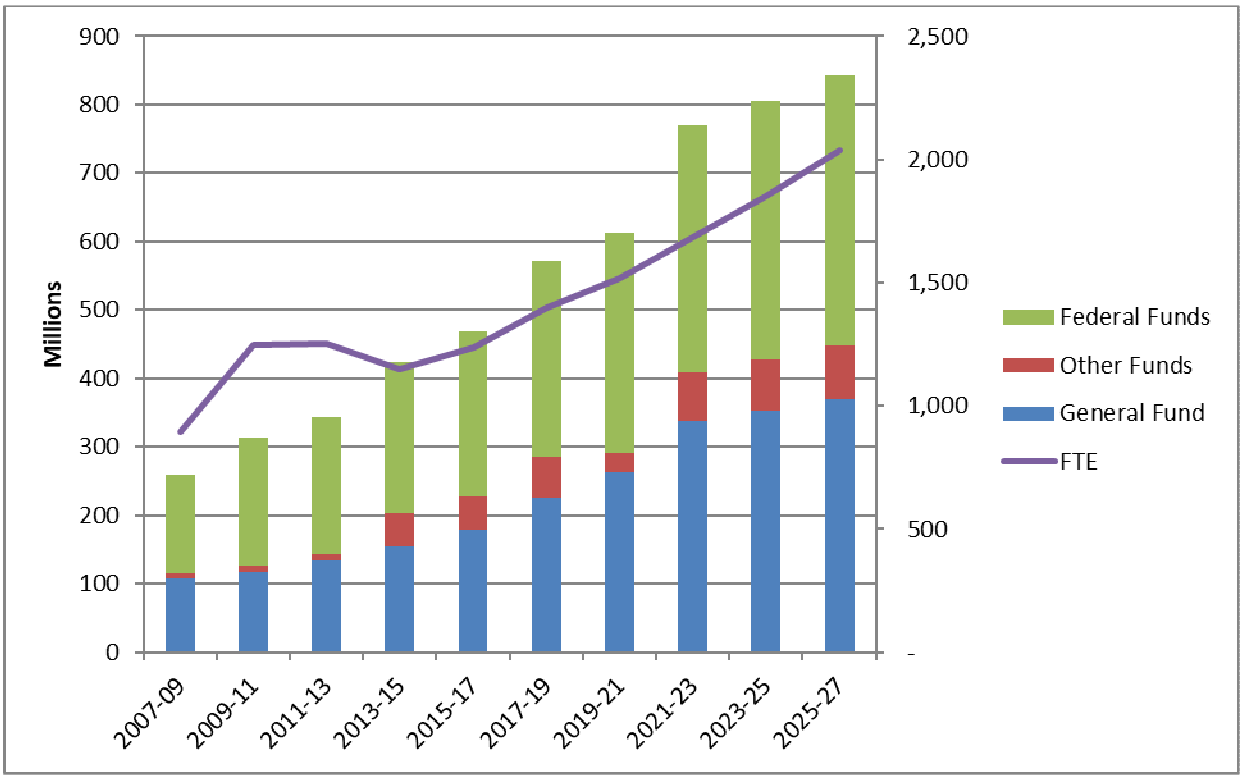
In Oregon, people 85 years or older make up a small but rapidly growing group within the total population. By the end of 2010, approximately 76,000 Oregonians will have reached age 85. By 2020, the number is expected to reach nearly 120,000, an increase of almost 64 percent.

A focus on service equity and diversity, including individuals of different races, ethnicities, genders, sexual orientation, disability, age and other under-served populations, will create new approaches to service delivery that ensure all

individuals have access to critical supports and services and achieve desired outcomes.

Oregon Department of Human Services: Delivery and Design

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Mike McCormick



APD expects to see a rebound in caseload growth in the coming biennium with increased complexity in the individuals it serves. APD faces immediate challenges to sustain staffing levels to meet the growing need for services and higher expectations on those workers.

Program Overview

The Aging and People with Disabilities (APD) delivery system provides services and supports to Oregonians over the age of 60 and to adults with physical disabilities. The population is a diverse cross-section of Oregonians that requires supports that take into account race, ethnicity and language; gender expression, and sexual orientation. APD provides services to individuals recognizing their unique individuality and lived experiences.

Design and Delivery includes staff created programs and services and provide technical assistance for Oregon's long-term care system as well as the staff and partners who directly provide services in over 50 offices located throughout the state.

Program Funding Request

APD Delivery and Design						
	GF	OF	FF	TF	Positions	FTE
19-21 LAB	$ 262,337,829	$29,146,886	$ 321,889,682	$ 613,374,397	1,570	1,516.87
21-23 GRB	$ 337,578,875	$70,942,142	$ 360,471,550	$ 768,992,567	1,692	1,683.43
Difference	$ 75,241,046	$41,795,256	$ 38,581,868	$ 155,618,170	122	166.56
Percent Change	28.7%	143.4%	12.0%	25.4%	7.8%	11.0%

Program Description

The APD program delivery system provides respectful and inclusive services and eligibility determinations to over 160,000 Oregonians. Some of the services accessed by individuals include:

- Medical assistance (Oregon Health Plan and Medicare premium assistance)
- Disability determinations
- Supplemental nutrition assistance
- Long term services and supports

Some individuals access financially based services such as Medical assistance and are served by eligibility staff only; case management services are provided to individuals accessing long term services and supports only. Approximately 35,000 of the 160,000 individuals APD serves access long-term care services and supports. For these individuals, local case management services generally consist of assessment, choices counseling, service plan development, risk monitoring and ongoing monitoring. Additionally, local offices have memorandums of understanding (MOUs) with local Coordinated Care Organizations. These MOUs focus on joint accountability for coordinating care for individuals accessing long-term care services. State and Area Agency on Aging (AAA) case managers are the front line in ensuring effective care coordination occurs for individuals served by APD's long-term care system.

Local staff license adult foster homes, including those that do not participate in Medicaid. Local staff also provide adult protective services, consisting of investigations of abuse and neglect against seniors and people with disabilities.

APD has historically earned local service delivery staff through a caseload ratio model (e.g. one eligibility worker for every 500 cases). In the 13-15 biennium, the Legislature authorized the transition to a workload model. This model differs from the caseload ratio model in that it measures time required to perform tasks and captures work performed for individuals who are never found eligible. However, the model has fallen out of date recently and needs an overhaul. Additionally, it only captures the work that staff are able to do and does not account for changes in expectations and the work they are unable to complete.

The delivery system is comprised of both state staff and AAA staff located in communities throughout Oregon. Under ORS 410.270, AAAs have the right to elect to deliver Medicaid services locally. Currently, four AAAs have elected this option. These four AAAs (Multnomah County, Northwest Senior and Disability Services, Oregon Cascades West Council of Government. and Lane Council of Governments) serve the most populous areas of Oregon. APD serves the remainder of the state including Washington and Clackamas counties.

The Oregon Home Care Commission (HCC) is also included in the Design and Delivery Program Area. Under Oregon's constitution, the HCC is responsible for ensuring the quality of home care services for seniors and people with disabilities. The Commission maintains a website of home care workers and personal support workers that can be accessed by all Oregonians, including those not served by Medicaid. Training is provided to both consumers and home care workers in a variety of areas addressing safety and quality. The efforts of the HCC are critical to the successful delivery of long-term care services to Oregonians.

APD's Design and Delivery area also includes the staff that design and administer services centrally. Some of the major services provided include:

- Negotiating system design with federal partners
- Developing program policy and maintaining administrative rules
- Paying providers
- Executing contracts

- Negotiating and implementing collective bargaining agreements
- Maintaining provider rates

Program Justification and Link to Focus Areas

There is a direct link between this program and the goal of Safer, Healthier Communities. The APD Delivery system supports individuals living in their communities in settings of their choice, whether in their own home, a community-based care facility or a nursing facility. Partnerships between local law enforcement, local court systems, and local advocates are critical to ensuring the senior and disability populations are protected from neglect and abuse.

Enabling Legislation/Program Authorization

Oregon Revised Statutes 410.070 charges the agency with primary responsibility for the planning, coordination, development, and evaluation of policy, programs and services for older adults and people with disabilities in Oregon. Area Agencies on Aging have universal responsibilities as articulated in ORS 410.210. Additionally, ORS 410.270 authorizes Area Agencies on Aging to perform services locally that would otherwise be administered by state staff if they elect to do so.

Funding Justification and Significant Changes to CSL

PACKAGE NO. 207	PACKAGE TITLE: Provider Time Capture (PTC) M & O				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$1,814,048	$0	$1,000,000	$2,814,048	0	0.00

PACKAGE DESCRIPTION

The Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) in-home care programs need a system that will increase program integrity and comply with the federal 21st Century CURES Act for Electronic Visit Verification (EVV) System and the U.S. Department of Labor Fair Labor Standards Act (FLSA). This would be done with the implementation of a time, attendance and payment system for the program's Home Care Workers and Personal Support Workers (HCW/PSW). The drivers for this work include a need for:

1. Improved timeliness and accuracy of data
2. Improved compliance with federal, state, and bargaining requirements
3. Increased efficiency and internal controls
4. Decreased duplication of efforts across agencies
5. HCW/PSW to accurately and timely report services provided across programs
6. Decrease dependency on outdated legacy systems

This POP requests General Fund to implement ongoing maintenance and enhancements that build upon a base system implemented in the 2021-23 biennium that would result in an integrated solution that meets the 21st Century Cures Act criteria and helps protect vulnerable Oregonians. Not funding this POP would limit Oregon's ability support the system.

The Governor's Budget proposes additional investments as follows:

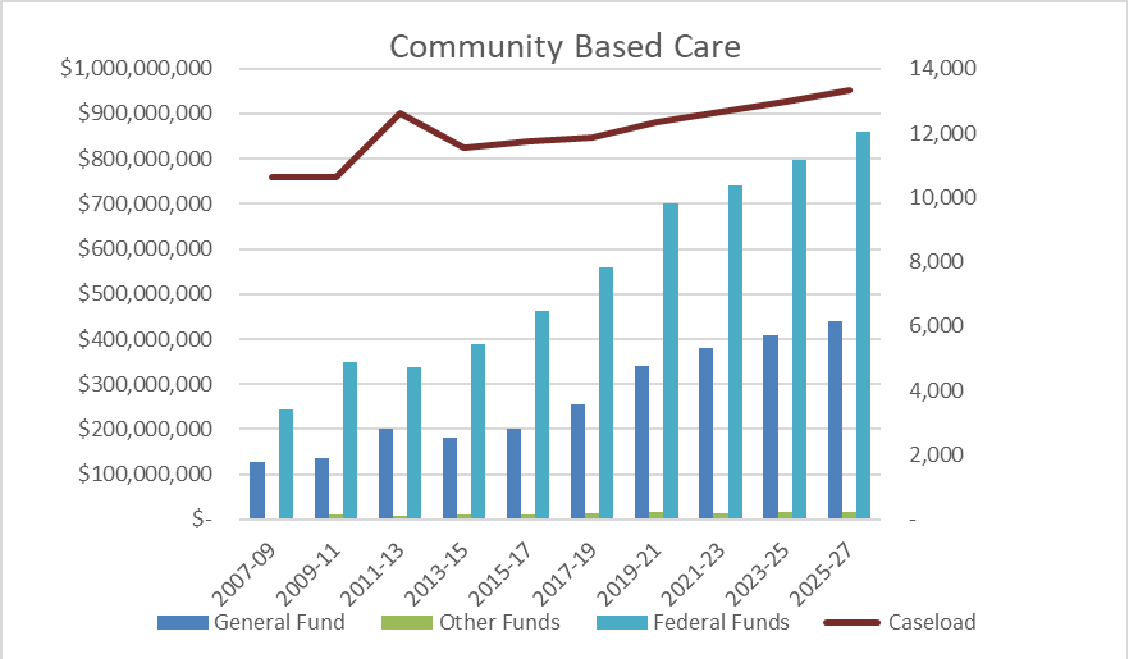
- Adds funding for Provider Time Capture positions approved in August 2020 Special Session.
- Other Fund Limitation increased for processing Waiver Case Management.
- Adds Funding for Infectious Disease Control and Prevention
- Adds Funding for Training and Apprentice programs for Certified Nursing.
- Adds Funding for Essential Health Care Worker retention initiative.

The Governor's Budget proposes reductions as follows:

- Reduces Funding for Waivered Case Management based on projected savings
- Extends the position reduction of vacancies from 19-21
- Additional 3% Vacancy Savings
- Eliminate most inflation for Supplies and Services
- Reduction for Attorney General services charges
- Reduction for DAS service charges

Oregon Department of Human Services: Medicaid Long-Term Care Community-Based Care

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Mike McCormick



Access to care was challenging when a robust private-pay market existed in the mid-2000s. An investment by the Legislative Assembly in 2008 strengthened access considerably.

Program Overview

Community-based care is considered the middle layer of Oregon's long-term care continuum and includes a variety of 24-hour care settings and services for low-income seniors and people with physical disabilities who cannot meet their own activities of daily living. These services are part of Oregon's nationally recognized home and community-based care system, which provides a critical, cost-effective alternative to nursing facilities.

Eligibility for services is based upon a combination of financial criteria and service needs. An individual's service needs are calculated as a "service priority level" which ranges from 1 (highest need) to 18 (lowest need). In the 2003 budget crisis,

funding to serve individuals with service priority levels 14 through 17 was eliminated (SPL 18 was not funded at that time). These levels remain unfunded through Medicaid; however, some (not all) of the needs can be met for these individuals through Older Americans Act and Oregon Project Independence programs.

Program Funding Request

APD Community Based Care				
	General Fund	**Other Fund**	**Federal Fund**	**Total Funds**
19-21 LAB	$340,563,556	$15,559,662	$701,871,290	$1,057,994,508
21-23 GB	$380,120,722	$15,255,627	$741,491,879	$1,136,868,228
Difference	$39,557,166	-$304,035	$39,620,589	$78,873,720
% Difference	**11.62%**	**-1.95%**	**5.64%**	**7.46%**

Program Description

The State of Oregon strives to meet the needs and expectations of increasingly diverse populations, and community-based care provides a critical alternative to nursing facilities for seniors and people with disabilities who cannot meet their own daily needs.

Eligibility for long-term care services and supports is based upon a combination of financial criteria and service needs. Recipients contribute their own funds toward room and board directly to community-based care facilities, while the state pays for services consisting mostly of assistance with activities of daily living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and instrumental activities of daily living (meal preparation, housekeeping, laundry, shopping, medication, and oxygen management). Nursing facility care is a guaranteed Medicaid benefit to eligible individuals. If the state did not use alternatives to nursing facility level of care, more than 31,000 individuals, including more than 12,200 in community-based care, would likely be receiving services in nursing facilities at approximately 300 percent of the cost of community-based care services.

Community-based care includes:

- Adult foster homes, which serve five or fewer individuals in a home-like setting. Residential care facilities (RCF), which serve six or more individuals in a facility with private or shared rooms and common areas. Assisted living facilities (ALF), which serve six or more individuals in their own apartments.
- Memory care facilities, licensed as either an ALF or RCF, with an endorsement allowing them to specialize in serving individuals with dementia.
- Enhanced-care services, which serve APD eligible individuals complicated by significant mental health needs. This program is jointly funded between ODHS and the Oregon Health Authority.
- Program of All-Inclusive Care for the Elderly (PACE) serves more than 1,600 individuals via a fully capitated premium. The program is jointly funded with Medicare and Medicaid dollars and provides an integrated program for medical and long-term services. Participants are 55 years of age or older, generally attend adult day services, and live in a variety of settings representative of Oregon's long-term care continuum. PACE providers are responsible for providing and coordinating the full health and long-term service needs of their clients in all of these setting types.

APD competes with the private pay market for access to most community-based care. Most facilities have a mix of private pay and Medicaid residents. As the society ages and the economy strengthens, APD may lose access due to competition for open beds with the private pay market.

Adult foster homes are represented by SEIU and have collective bargaining rights. Factors such as safety and quality cannot be negotiated; however, issues such as training and service rates are mandatory subjects of bargaining.

Each community-based care setting must meet federal and state laws and regulations related to health, safety and service delivery. Mandatory services include assistance with activities of daily living, medication oversight, and social activities. Some settings that serve individuals with more complex needs may include additional services, such as nursing and behavioral supports.

Program Justification and Link to Focus Areas

Community-based care is a direct link to the Safer, Healthier Communities focus area (Oregonians are healthy and have the best possible quality of life at all ages). The program maximizes federal resources while reducing unnecessary costs in higher levels of care. With one of the lowest levels of nursing facility utilization in the country, Oregon is at the forefront of using community-based care as a core alternative to nursing facilities. With ongoing support, Oregon can meet the target of serving 90 percent of the publicly funded long-term care caseload in-home and community-based care in the next ten years (up from 86 percent).

Program Performance

A key goal of the Oregon Department of Human Services (ODHS) is that people are safe and living as independently as possible. ODHS currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service settings such as community- based care. As of May 2020, ODHS served 12,312 individuals in community-based care, compared to 4,433 in nursing facilities.

Community-based care service plans have been proven to be a cost-effective alternative to nursing facility care. Costs range by facility type and assessed need of the individual. The monthly average cost by setting is:

- AFHs: $3,930
- RCFs: $2,280
- RCFs (Specialized, including Memory Care): $5,270
- ALFs: $2,760

The cost of similar services provided in a nursing facility exceeds $10,575 per month.

Enabling Legislation/Program Authorization

Community-based care is operated under a variety of Medicaid home and community-based options. The newest mechanism is the 1915(k) State Plan Option or, “K plan.” Through the K plan the state provides services that substitute for

nursing facility services, the mandated benefit for Medicaid eligible individuals. The K plan provides an enhanced federal match allowing the state to draw down additional federal funds to support the Medicaid program. Additionally, ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

Funding Streams

Community-based care services are funded through the Medicaid program. Therefore, the federal government pays approximately 67 percent and the state pays 33 percent. There is a small amount of funding from the estates of former recipients. When a Medicaid recipient passes away, the state is required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Funding Justification and Significant Changes to CSL

The Governor's Budget proposes investments as follows:

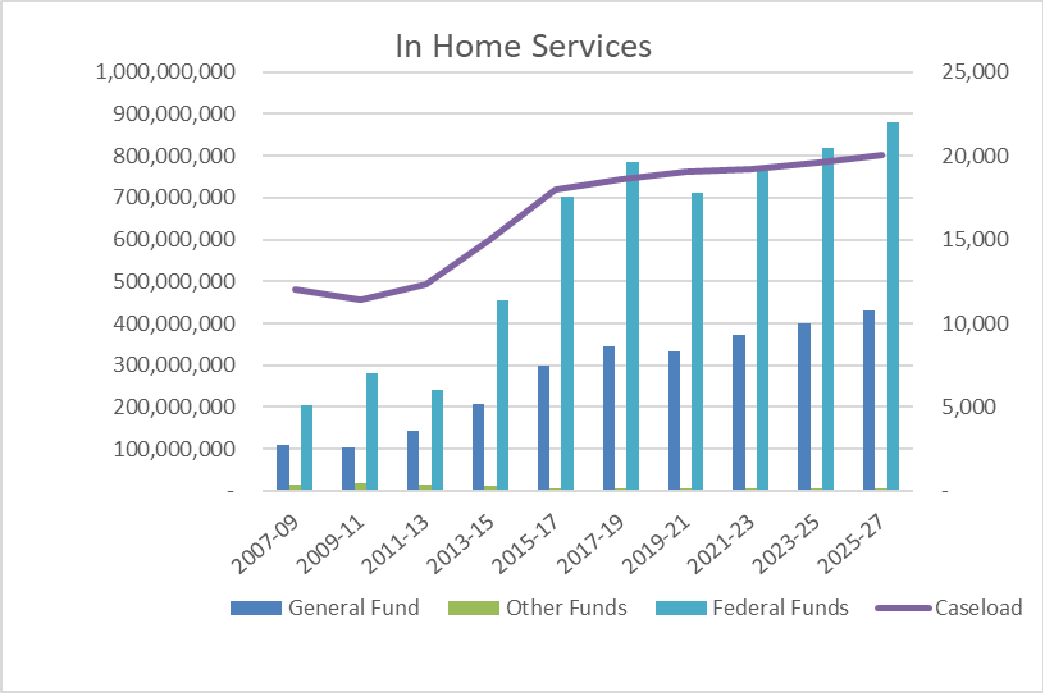
- Adds funding for Virtual Visits and Technology Supports to Improve Care and Socialization for Seniors-support.

The Governor's Budget proposes reductions as follows:

- Reduces inflation funding for the full 24 months.
- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.

Oregon Department of Human Services: Medicaid Long-Term Care In-Home Services

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Mike McCormick



In the 13-15 biennium, in-home agency and personal care budgets were moved from 'other services' to In-Home care for reporting purposes.

Program Overview

In-home services are the least restrictive service offered in Oregon's long-term care continuum. This program funds Medicaid long-term care services to seniors and people with disabilities in their own homes. Individuals are eligible to receive the same services in a nursing facility. In 2013, Oregon added a new Medicaid, 1915(k) State Plan Option, or "K plan," that provides additional flexibility and federal funds. Approximately 53 percent of individuals served in Oregon's long-term care system are served in their own homes. In-home services offer an opportunity to provide individualized care in a respectful, sensitive, and inclusive manner to Oregonians from a variety of diverse backgrounds.

Program Funding Request

APD In Home Care				
	GF	OF	FF	TF
19-21 LAB	$ 334,113,299	$ 4,197,619	$ 712,695,791	$ 1,051,006,709
21-23 GB	$ 372,790,972	$ 4,197,619	$ 762,773,343	$ 1,139,761,934
Difference	$ 38,677,673	$ -	$ 50,077,552	$ 88,755,225
% Difference	11.6%	0.0%	7.0%	8.4%

Program Description

This cost-effective program enables eligible low-income seniors and people with disabilities to remain in their own homes and established communities. Individuals from culturally diverse backgrounds benefit from this program that provides enhanced independence, health, safety, and quality of life. Oregon's model of long-term care is referred to as a social model, distinctly different from a medical model of care. Social models of care focus on client autonomy, respect, choice, and individualized care planning. Individuals are viewed holistically, provided supports that enhance independence, dignity, and respect.

Eligibility for services is based upon a combination of financial criteria and service needs. An individual's service needs are calculated as a "service priority level" which ranges from 1 (highest need) to 18 (lowest need). In the 2003 budget crisis, funding to serve individuals with service priority levels 14 through 17 was eliminated (SPL 18 was not funded at that time). These levels remain unfunded through Medicaid; however, some (not all) of the needs can be met for these individuals through Older Americans Act and Oregon Project Independence programs.

In-home supports include necessary assistance with activities of daily living (walking, transferring, eating, dressing, grooming, bathing, hygiene, toileting, and cognition) and instrumental activities of daily living (meal preparation, housekeeping, laundry, shopping, medication, and oxygen management). Assistance ranges from several hours per week to 24 hours per day. Without these supports, more than 19,000 individuals would likely receive services in a more costly nursing facility. Oregon provides a variety of in-home service options available to individuals based on preference, choice, and cost-effectiveness.

Consumer-Employed Provider Program

Individuals participating in this program receive services from homecare workers. The in-home recipient is considered the employer and is empowered and responsible to hire, train, supervise, track hours worked, address performance deficiencies, and discharge providers. Homecare workers are paid a set rate established through collective bargaining, which the State pays on the individual's behalf. The Oregon Home Care Commission establishes homecare worker enrollment standards and training for homecare workers, both of which contribute to the quality of in-home services. APD is forecasted to serve approximately 20,000 individuals in this program in the 2021-2023 biennium.

Independent Choices Program

This program is a 1915(j) State Plan Option and allows individuals to exercise more decision-making authority in identifying, accessing, managing, and purchasing goods and services that enhance independence, dignity, choice, and well-being. This option is popular among individuals who wish to take complete control over the planning, budget and provision of services. In the Independent Choices Program, the cost of the established service plan is "cashed-out" and deposited into the eligible individual's dedicated Independent Choices Program checking account. The individual then pays providers directly based on an individually negotiated rate. Participants have the flexibility to use a portion of the funds to purchase goods that enhance their independence and are unavailable through the medical plan, such as a wheelchair lift for a vehicle or a wheelchair ramp for their home. The State performs periodic monitoring with an emphasis on to ensure that the funds are used to meet the individual's service needs and that funds are used appropriately. APD is forecasted to serve approximately 600 individuals in this program in the 2021-2023 biennium.

Specialized Living Services

These services are designed to serve a specific special-needs consumer base, such as those with traumatic brain injuries or quadriplegia who would otherwise require 24-hour care. The services are provided through contracts with qualified vendors who provide specialized, shared-attendant services to individuals living in their own homes or apartments. APD is forecasted to serve approximately 200 individuals in this program in the 2017-2019 biennium.

Cost Drivers

The major cost drivers of the in-home services program are the current number of eligible individuals, their level of needed assistance, the length of time receiving services, and the growing population of those requiring services. The population served is much different than it was 30 years ago when Oregon first received a waiver to allow in-home services. With the advancement of medical technology and treatment options, individuals are living longer with chronic disease and significant disabilities. Another major cost driver is the provision of wages and benefits for homecare workers tied to collective bargaining. This includes set wages, paid time off, workers' compensations premiums, unemployment insurance, and other benefits.

Program Justification and Link to Focus Areas

In-home services link to the Safer, Healthier Communities focus area. In the early 1980s, Oregon was the first state awarded a Medicaid 1915(c) Home and Community-Based Services waiver from the Centers for Medicare and Medicaid Services, which allowed Oregon to serve individuals in their homes and communities. In 2013, Oregon added a new, 1915(k) State Plan Option, or "K plan," that provides additional flexibility and funds. In an independent study conducted by AARP, Oregon received an overall ranking of 4th out of 50 states in terms of choice of settings and providers, quality of life and quality of care, and effective transitions from nursing facilities back into the community. Across the nation, Oregon continues to be a leader for serving individuals in their own homes.

The program empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health and safety are maintained through the provision of necessary assistance with activities of daily living and instrumental activities of daily living. Consistent provision of services, including medication management and the preparation of nutritious meals, delays or diverts an individual's entry into more costly care settings.

Program Performance

A key goal of the Oregon Department of Human Services (ODHS) is that people are safe and living as independently as possible. OO currently measures this goal based on the percentage of individuals living in their own homes in lieu of a licensed care facility, as well as the percentage of individuals who move to a less restrictive service setting.

Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. Eligible individuals have the right to receive long-term care services in a nursing facility. While states are not required to participate in Medicaid, they must follow Medicaid rules to receive federal matching funds. Oregon's Long-Term Care system operates under a variety of Medicaid options which allows long-term care services to be provided in home and community-based settings, more cost effective than the required nursing facility service.

Funding Streams

In-home services are funded through the Medicaid program. Therefore, the federal government pays approximately 67 percent and the state pays 33 percent. There is a small amount of funding from the estates of former recipients. When a Medicaid recipient passes away, ODHS is required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Funding Justification and Significant Changes to CSL

The Governor's Budget proposes investments as follows:

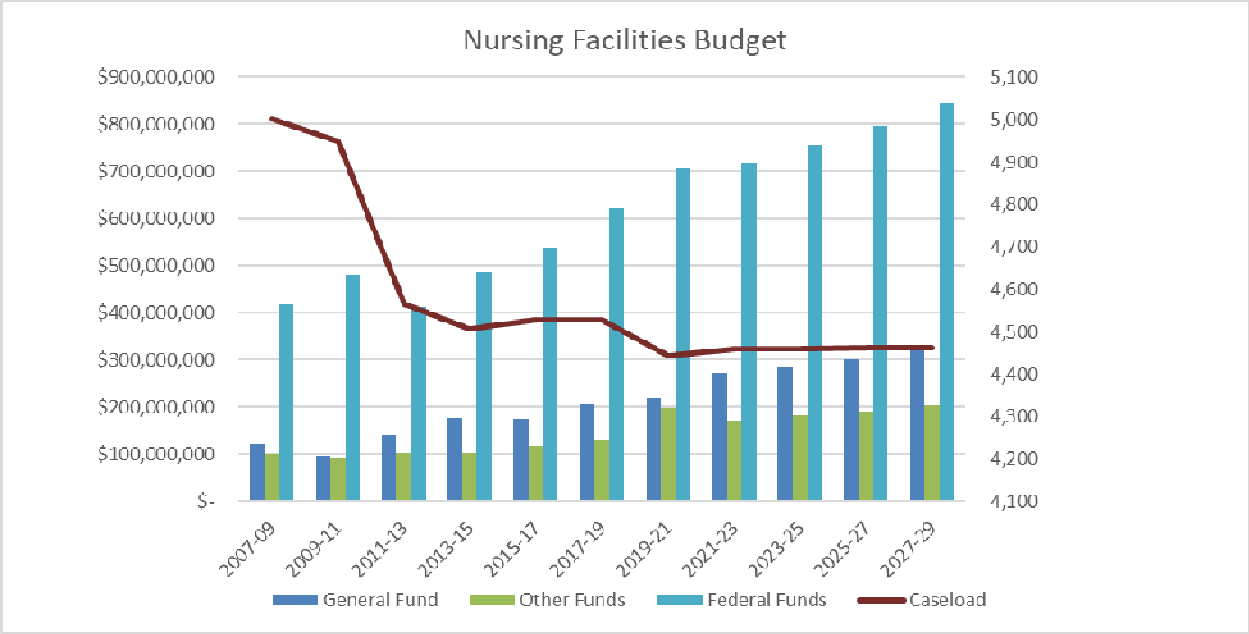
- Virtual Visits and Technology Supports to Improve Care and Socialization for Seniors-support in-home caregivers

The Governor's Budget proposes reductions as follows:

- Reduces inflation funding for the full 24 months.
- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.

Oregon Department of Human Services: Medicaid Long-Term Care Nursing Facilities

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Mike McCormick



Caseload has shifted toward an overall downward trend as more and more individuals choose to receive long-term care services in a home or community-based setting.

Program Overview

Nursing facility services are the institutional option available in Oregon's long-term care continuum, which also consists of in-home and community-based care. Nursing facilities are generally considered the most restrictive setting of the three options offered; however, this program is important for individuals with the highest levels of acuity and is a mandated federal benefit under the Medicaid program. Nursing facility services are the guaranteed benefit (entitlement) by federal law for individual who meet nursing facility level of care criteria set by the state.

Program Funding Request

APD Nursing Facilities				
	General Fund	**Other Fund**	**Federal Fund**	**Total Funds**
19-21 LAB	$220,164,090	$198,115,292	$706,734,135	$1,125,013,517
21-23 GB	$271,551,412	$173,130,565	$717,326,230	$1,162,008,207
Difference	$51,387,322	-$24,984,727	$10,592,095	$36,994,690
% Difference	**23.34%**	**-12.61%**	**1.50%**	**3.29%**

Program Description

Nursing facilities are most appropriate for people with high acuity needs requiring 24-hour medical oversight and a protective/structured setting. They offer short-term care for individuals who need rehabilitation services or 24-hour nursing. They may be appropriate for a limited number of individuals who need long-term care due to permanent health problems too complex or serious for in-home or community-based care settings.

Nursing facility rates cover basic, complex, pediatric, enhanced care, and post-hospital extended care. Services vary in nursing care facilities, but generally consist of the following:

- Medical treatment prescribed by a doctor;
- Physical, speech, and occupational therapy;
- Assistance with personal care activities such as eating, walking, bathing, and using the toilet (custodial care); and
- Social services.

Oregon currently has 129 licensed nursing facilities with 10,731 licensed beds, a continued decrease in both since the 2017 Legislative Session. These facilities have approximately 2.3 million annual resident days, of which nearly 70 percent are Medicaid clients. The majority of residents were admitted directly from acute care hospitals with a very small percentage from home.

Payer	Long-Term Care – Nursing Facility
Medicare	14.03%
Medicaid	70.81
Private Pay	15.16%

There has been a significant increase in the number and percentage of Medicaid consumers receiving services. There has been a significant increase in revenue coming from Medicaid in the last biennium. It is now 70.81% of NF revenue compared to 61% previously.

The main cost drivers are low census in nursing facilities, the length of stay in a nursing facility, and the steady increase in the daily reimbursement rate. The nursing facility reimbursement rate is tied to the provider assessment statute. The current nursing facility reimbursement rate is $357.73 per resident per day, and the provider assessment rate is $27.28. In the 2021-2023 biennium, the provider assessment is expected to account for approximately $142.2 million of $3.6 billion in total APD program expenditures.

Program Justification and Link to Focus Areas

Nursing facility services link to the Safer, Healthier Communities focus area. Though nursing facility level of care is a guaranteed benefit, Oregon has been the national leader in creating cost-effective alternatives that meet people's needs in their homes and other community settings, such as assisted living facilities, in-home care, retirement communities, residential care, and adult foster homes. Oregon continues to work closely with individuals and their families to offer the full array of community-based services. The new State Plan Authority approved by the Centers for Medicare and Medicaid Services in July 2013 provides Medicaid-funded resources to assist individuals in transitioning from nursing facilities.

Nursing facilities are an important service in our continuum, meeting the needs of some individuals with higher acuity levels; however, ODHS still believes there are opportunities to decrease its usage. Oregon continues to highlight, strengthen, and encourage the use of community-based care facilities instead of nursing facilities. ODHS has established a goal of decreasing the percentage of long-term care recipients utilizing nursing facility services to 10 percent. As of May 2020, the

percentage of long-term care recipients utilizing nursing facilities services is 12.4 percent.

Program Performance

Nursing facilities are heavily regulated by the federal government and are licensed and routinely monitored by the state. The state establishes requirements for nursing facilities that promote quality of care and maximization of personal choice and independence for residents.

ODHS remains diligent in diverting and relocating people who receive Medicaid-funded long-term care services from nursing facilities into home or community settings. One-way performance is measured in this program is by the occupancy percentage of nursing facilities. Oregon has the lowest occupancy in the nation at 64 percent compared with the national average of 82 percent.

Enabling Legislation/Program Authorization

Medicaid is an entitlement program that was enacted in 1965 under Title XIX of the Social Security Act. While states are not required to participate in Medicaid, in order to receive federal matching funds states must follow the Medicaid rules. Oregon's long-term care system operates under Medicaid state plan authority. All clients qualify for nursing facility care have the choice of receiving care in other settings such as in-home or in community-based care settings.

Oregon's nursing facility reimbursement rate and accompanying provider assessment authorization is promulgated in ORS 409.736. The 2013 Legislative Assembly reauthorized the provider assessment through 2020.

Funding Streams

Nursing facility services are funded through the Medicaid program; therefore, the federal government pays approximately 61 percent with the remaining 39 percent being split between state general funds and provider taxes. In the 2019-2021 biennium, provider taxes from nursing facilities are expected to total $136.9 million There is $28.2 million in biennial funding from the estates of former recipients. When a Medicaid recipient passes away, the state is required by federal law to recover expenditures for the individual's care from the recipient's estate.

These funds are reinvested in services for other individuals, offsetting the need for general fund.

Funding Justification and Significant Changes to CSL

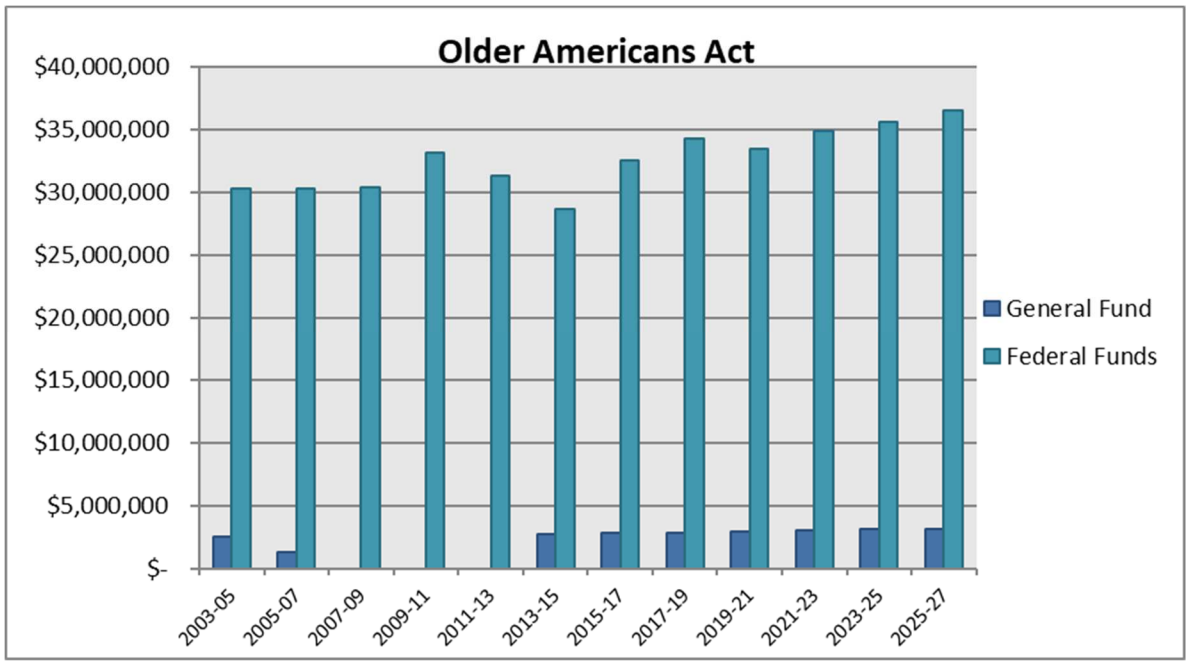
PACKAGE NO. 125	PACKAGE TITLE: EAU Business Process Change/Prog Integrity				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
-$748,860	$748,860	$0	$0	0	0.00
PACKAGE DESCRIPTION The primary objective of the policy package is to increase estate recovery efforts for reinvestment in DHS programs and to improve integrity to DHS programs through increased communication, recovery, productivity, accuracy and efficiency. Additional revenue for DHS will be provided to the Adults and People with Disabilities (APD) Programs. The funding request above is part of POP 125 request which is also in Shared/SAEC services.					

The Governor's Budget proposes the following reduction:

- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.

Oregon Department of Human Services: Older Americans Act

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Outcome Area:
Program Contact: Mike McCormick



Older Americans Act funding comes primarily from the federal government. In 2019, OAA funding helped serve nearly 213,000 Oregonians.

Program Overview

Services and supports available to individuals under the Older Americans Act (OAA) provide vital assistance designed to prevent or delay entry into Medicaid-funded long-term care such as In-Home or 24-hour residential services. The OAA is a Federal law that set out a national aging network structure consisting of the U.S. Administration on Aging (AoA) now part of the Administration for Community Living, State Units on Aging (ODHS/Aging and People with Disabilities program), and Area Agencies on Aging (AAAs). The OAA authorizes funding and services through this network to serve older individuals in their homes and communities, through local entities. All individuals, aged 60 or older, regardless of income are eligible to receive services but the programs are targeted

towards those in greatest social or economic need. A specific focus on how to better serve diverse populations of older adults across race/ethnicity, sexual orientation, gender, veteran status, and other intersecting categories are essential with the continually changing demographics of Oregon.

Program Funding Request

APD Older Americans Act				
	GF	**OF**	**FF**	**TF**
19-21 LAB	$2,877,112	$0	$33,427,805	$36,304,917
21-23 GB	$3,000,828	$0	$34,865,201	$37,866,029
Difference	$123,716	$0	$1,437,396	$1,561,112
% Difference	**4.30%**		**4.30%**	**4.30%**

Program Description

Older Americans Act services are administered entirely by 16 local Area Agencies on Aging. To qualify for OAA supported services an individual must meet the following criteria:

- Be 60 years of age or older;
- Be a caregiver of someone 60 years of age or older (or younger if the person is diagnosed with Alzheimer's Disease or related dementia) or an older relative caring for a child 18 year of age or younger or an individual with disabilities age 18 or older; or
- Be 55 or older and have an adjusted income at or below 125 percent of Federal Poverty Level for the Senior Community Service Employment Program (Title V).

Please Note: There is no income or asset/resource criteria for eligibility, except for the Senior Community Service Employment Program (Title V).

The Older Americans Act authorizes services and funding by title

Title III
Supportive Services - Provides assistance to maintain independence through assisted transportation, information and referral/assistance, in-home care, adult day care, chore services, home modification and other housing help, legal assistance,

mental health outreach, and assistive devices. Title III also partially funds Oregon's Aging and Disability Resource Connection (ADRC), which provides unbiased information, referral, and options counseling for individuals (consumers, family members, caregivers) needing long-term services and supports.

Nutrition Services - In order to reduce hunger and food insecurity and promote socialization, health, and well-being the Act authorizes both home-delivered (commonly known as Meals on Wheels) and congregate (community setting, senior center, community center, etc.) meals programs. The Act also requires nutrition education and counseling.

Services Incentive Program (NSIP) - Supplements funding authorized under Title III for food used in meals served under the Older Americans Act. States receive an allocation based on the number of meals served under the OAA in the state in proportion to the total number of meals served by all states.

Preventive Health Services - Authorizes evidence-based programs that promote healthy lifestyles through physical activity, appropriate diet and nutrition and self-management of chronic health conditions.

National Family Caregiver Support Program - Provides individual and group options counseling, training, and respite care for family members and friends who are primary caregivers to seniors. This program also provides support to older relatives and raising grandchildren.

Title V

Senior Community Service Employment Program (SCSEP) – Authorizes a community service and work-based training program for older workers that provides subsidized, service-based training for low-income persons 55 or older who are unemployed and have poor employment prospects. Participants are paid minimum wage for approximately 20 hours per week while they develop valuable skills and connections to help them find and keep jobs in their communities. Title V funding is awarded to ODHS/APD from the U.S. Department of Labor and is competitively sub-granted to a qualified job training organization.

Title VII

Elder Rights Services - Provides a focus on the physical, mental, emotional and financial well-being of older Americans. Services include pension counseling, legal assistance, and elder abuse prevention education.

Ombudsman Program - Establishes an Office of the State Long-Term Care Ombudsman program to identify, investigate, and resolve complaints made by or on behalf of residents of licensed care facilities (nursing homes, assisted living, and adult foster homes) and promote system changes that will improve the quality of life and care for residents. The allocation for this program is 100 percent passed through to the Office of the Long-Term Care Ombudsman, a separate state agency from APD.

OAA Funding

OAA funding is granted to each State Unit on Aging (ODHS/APD) based on a population formula. The State Unit on Aging sub-grants Title III funds to Oregon's 16 designated Area Agencies on Aging (AAA) based on a state population formula. The AAAs work with their local communities to assess and develop a menu of services that meet the needs of older adults in their planning and service area. Subsequently, the AAA submits an Area Plan to the State describing the delivery of OAA services in their communities; this is basis for the funding agreement between the AAA and ODHS/APD.

Program Justification and Link to Focus Areas

OAA program services contribute to the Safer, Healthier Communities goal. The OAA, in partnership with providers and clients, provides vital support for older adults who are at significant risk of losing their independence by providing food, job training/opportunities, social support, transportation, chronic disease self-management and fall prevention.

Annual State Program reports are submitted to the Administration on Community Living, consisting of service unit data and client demographics. Evidence-based programs supported by the preventive health services funding under Title III have provided an opportunity to demonstrate health care cost-saving based on the research supporting the programs. The Senior Community Service Employment

Program tracks six performance measures each year including employment and retention. Performance standards and measures have recently been established for the Aging and Disability Resource Connections Program and will be tracked appropriately.

Program Performance

- **Number of people served/items produced**
  OAA data reporting requires AAAs to capture identifiable unduplicated clients who receive "registered services" and an estimated number of clients receiving "non-registered services." Registered services include personal care, home care, chore, meals, day care, case management, assisted transportation, caregiver, and nutrition counseling. Non-registered services include but are not limited to information and assistance, health promotion programs, group education, etc. The AAAs served approximately 213,000 distinct individuals in state fiscal year 2019.

- **Quality of the services provided**
  Program standards have been established for the major services and annual program monitoring is conducted.

- **Timeliness of services provided**
  The Family Caregiver Support Program of the OAA is the only service area that consistently encounters wait lists.

- **Cost per service unit**
  Varies depending on the level of community support, the OAA funding on average supports about one-third of the cost of service. Further funding comes from local governments, donations, and fundraising.

Enabling Legislation/Program Authorization

Federal Law: 45 CFR, Part 1321.

Funding Streams

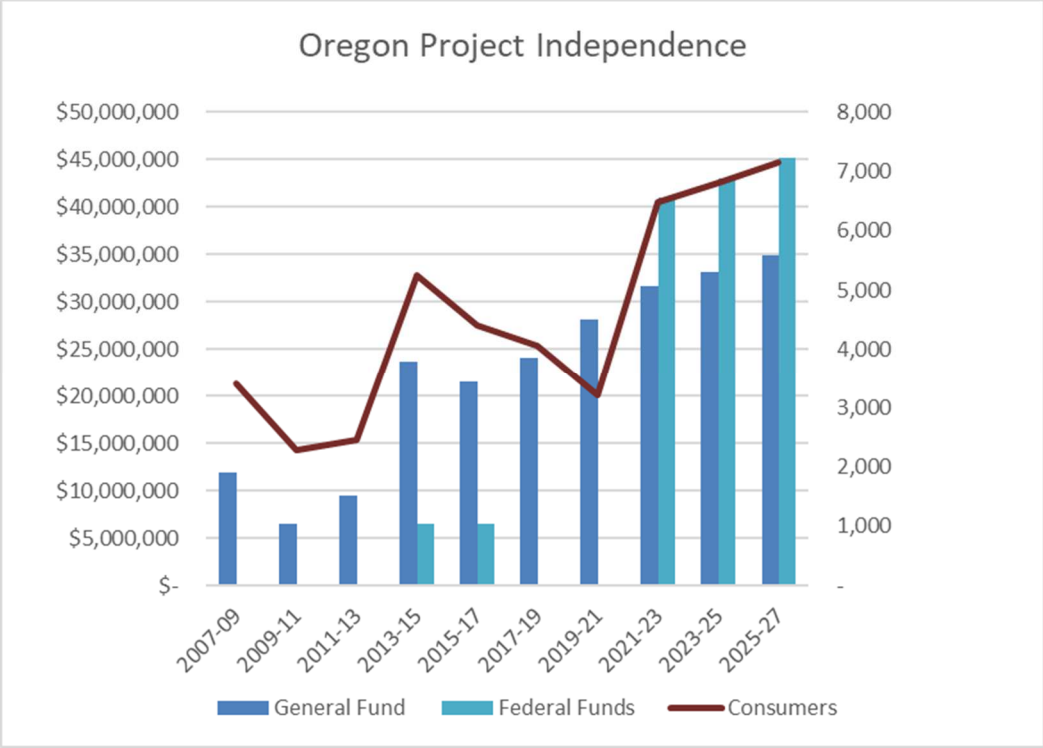
OAA funds are 100 percent federal. The law has a required Maintenance of Effort and state match of $5 million per biennium, which is met with state funding authorized for the Oregon Project Independence Program (ORS 410.410 to 410.480). OAA funding was never intended nor does it fully fund services. Each dollar of OAA funding is leveraged with $2 of state and local funds, participant donations, and community fundraising. Additionally, the services are enhanced with the in-kind support of volunteers, donated community space and equipment, etc.

Funding Justification and Significant Changes to CSL

N/A

Oregon Department of Human Services: Oregon Project Independence

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Mike McCormick



Program Overview

Oregon Project Independence (OPI) provides preventive and in-home services and supports to a diverse population of eligible individuals to reduce the risk of out-of-home placement and promote self-determination. This program optimizes eligible individuals' personal and community support resources to prevent or delay spend down to Medicaid-funded long-term care.

Program Funding Request

APD Oregon Project Independence				
	GF	**OF**	**FF**	**TF**
19-21 LAB	$28,106,710	$0	$0	$28,106,710
21-23 GB	$29,315,299	$0	$34,805,145	$64,120,444
Difference	$1,208,589	$0	$34,805,145	$36,013,734
% Difference	**4.30%**			**128.13%**

Program Description

Oregon Project Independence (OPI) is a state-funded program offering in-home services and related supports to a diverse population of Oregonians. ODHS/APD strives to deliver in-home services in a culturally and linguistically appropriate manner. OPI provides essential services such as personal care, homecare and chore assistance, adult day care, service coordination, registered nursing (teaching/delegation of nursing tasks to caregivers), case management and home-delivered meals. This program complements services provided under the Older Americans Act.

Traditionally, OPI has served individuals who are 60 years of age or older who are assessed as needing assistance with activities of daily living (eating, dressing/grooming, bathing/personal hygiene, mobility, elimination, and cognition) and/or instrumental activities of daily living (housekeeping, shopping, transportation, medication management and meal preparation) and are not receiving Medicaid. Also, individuals under age 60 who have been diagnosed with Alzheimer's disease or a related disorder are also eligible. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities and recently $6 million to continue funding for a pilot program has been made available to support this limited expansion.

There are neither income nor resource requirements for eligibility; however, these factors are taken into consideration when assessing the individual's risk of needing Medicaid long-term care. OPI clients do not pay a charge for the service coordination they receive. Services other than service coordination are provided at no cost to families with net incomes at or below 150 percent of the federal poverty level (FPL). Families with net incomes from 150 percent to 400 percent FPL pay a

fee toward services using a sliding scale based on income. Families with net incomes at or above 400 percent FPL pay the full cost of the services provided (other than service coordination).

A 2018 study conducted by Portland State University found:

- Half of all traditional OPI consumers were 78 years and older and half of all OPI-Expansion (OPI-E) (serving younger people with disabilities) consumers were 54 years and older.
- The majority of consumers in both traditional OPI and OPI-E are women.
- 84% of traditional OPI consumers and 80% of OPI-E consumers were non-Hispanic White.
- OPI consumers assessed needs are similar to Medicaid consumers though approximately 26% would not meet Medicaid Service Priority Level eligibility.
- 71% of traditional OPI and 82% of OPI-E consumers have incomes that would qualify them for Medicaid.
- Most (at least 59%) have assets that disqualify them for Medicaid.

In a 2012 study of selected comparable clients, OPI clients used 24 percent of the hours that Medicaid clients used. The hourly rates are the same for homecare worker services in the two programs. Due to budget restrictions, the OPI program has capped the number of hours available to each client. In addition to meeting all assessed personal needs, Medicaid eligibility also provides individuals with comprehensive healthcare under the Oregon Health Plan (OHP). OPI clients do not access OHP so the state healthcare expenditures are $0.

Oregon Project Independence services are delivered statewide through the network of 16 designated Area Agencies on Aging (AAAs). Administrative cost efficiencies have been realized in one area of the state where neighboring AAAs collaborated to jointly secure contracted services of a single in-home care agency. AAAs share these types of innovations and strategies.

Program Justification and Link to Focus Areas

OPI contributes to the Safer, Healthier Communities focus area and has a desired outcome to “decrease the number of older Oregonians that access Medicaid-funded long-term care.” AAAs are currently maintaining waiting lists of individuals who are eligible to be served by OPI. Annually, the “unable to serve” lists of

individuals will be evaluated to determine how many of these individuals accessed Medicaid-funded services while waiting to be served by OPI.

This program empowers individuals to direct their own services and make choices that enhance their quality of life, live with dignity, and remain as independent as possible. Health is maintained through the provision of necessary assistance with activities of daily living and instrumental activities of daily living.

Program Performance

APD recently conducted an analysis of the Return on Investment (ROI) for OPI. Nationally recognized researchers estimated that the estimate of OPI's ROI is 3.8 to 1. For fiscal year 2016-17, they estimated, at a minimum, benefits totaled $49.4 million and came at a cost of $13.0 million.

Data on number of individuals accessing OPI over the last 20 years:

Biennium	Number of unique consumers
2001 - 2003	4,415
2003 - 2005	2,939
2005 - 2007	3,637
2007 - 2009	3,414
2009 - 2011	2,278
2011 - 2013	2,455
2013 - 2015	5,250
2015 - 2017	4,403
2017 - 2019	4,055
2019 - 2021*	3,213

2019-2021 OPI unique consumers as of June 30, 2020

Quality of the services provided

Personal and home-care services are delivered via licensed in-home care agencies or registered home care workers. Quality of care standards for in-home care agencies are set forth in licensing rules found in OAR Chapter 333, Division 536; compliance with licensing standards is monitored by the Health Care Licensing and Certification unit of the Public Health Division. Home Care Workers who provide services to OPI clients are required to be registered with the Home Care Commission and receive background checks and ongoing training.

Enabling Legislation/Program Authorization

OPI is authorized under Oregon law at ORS 410.410 to 410.480.

Funding Streams

Currently, OPI is comprised of state General Funds. Services are expanded through the utilization of program income generated from client cost sharing based on a sliding fee schedule. POP 103, the Expansion of OPI services, APD proposes to obtain federal matching funds for these programs through an 1115 Medicaid Demonstration project with the federal Centers for Medicare and Medicaid Services (CMS).

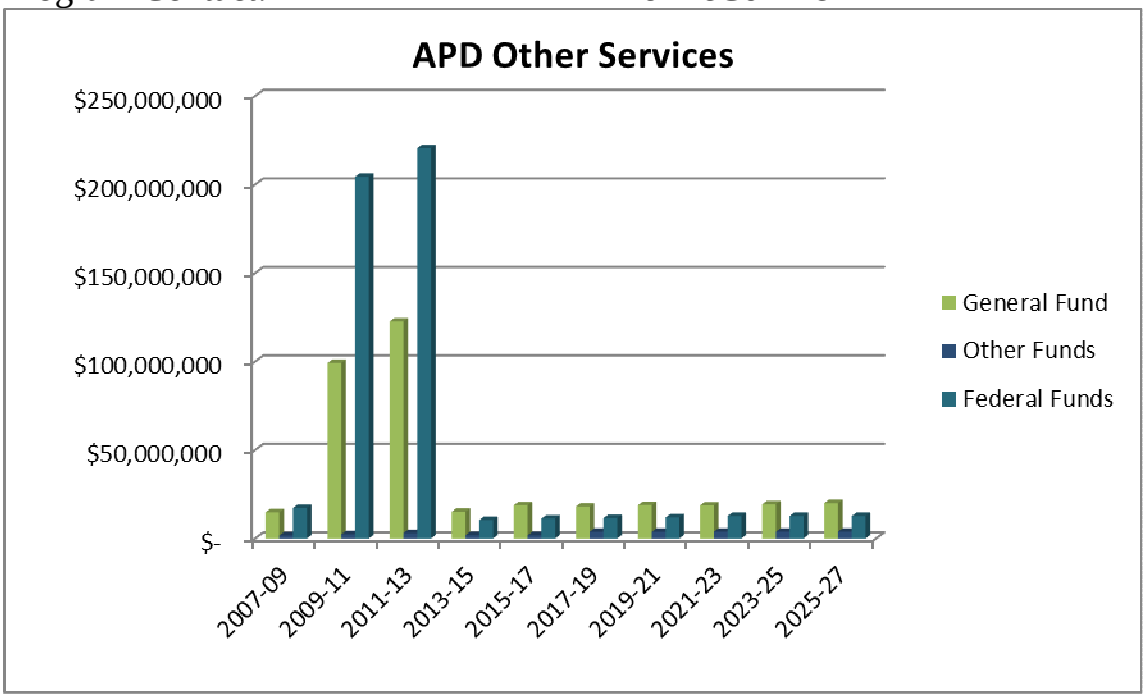
OPI serves as the required Maintenance of Effort (45 CFR Sec. 1321.49) and state match (45 CFR Sec. 1321.47) to receive federal funding under the Older Americans Act. At least $5 million per biennium in state funds is needed to maintain the Maintenance of Effort and match requirements of the OAA.

Funding Justification, And Significant Changes to CSL

PACKAGE NO. 103	PACKAGE TITLE: OPI Expansion				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$0	$0	$34,805,145	$34,805,145	0	0.00
PACKAGE DESCRIPTION This policy package would create a stable and sustainable program to assist consumers who need a lighter amount of supports through an expanded Oregon Project Independence (OPI) program, with the goal of helping these consumers remain independent while delaying or avoiding entry into the full Medicaid long term services and supports system.					

Oregon Department of Human Services: Other Services

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Mike McCormick



Costs for 2009-2011 and 2011-2013 are higher due to the transfer of the funding for Medicare Part A and Medicare Part B buy-in programs from the Oregon Health Authority (OHA) to Aging and People with Disabilities (APD). These funding sources were transferred back to OHA in 2013-2015, but APD continues to administer the programs.

Program Overview

The other services category is dominated by federally mandated programs, such as the Medicare Buy-in and the Medicare Part D low-income subsidy programs, which help low-income Medicare beneficiaries meet their cost sharing requirements. This cost-effective investment ensures that Medicare remains in a first-payer position, thereby reducing or eliminating costs to the State's Medicaid health programs (Oregon Health Plan). Other services also include programs that support individuals living as independently as possible in the community. For example, home-delivered meals provide a critical support to many individuals who otherwise may not be able to remain independent in their own home.

Program Funding Request

APD Other Services (excludes OPI and OAA)				
	GF	**OF**	**FF**	**TF**
19-21 LAB	18,851,214	3,821,204	11,892,353	34,564,771
21-23 GB	18,683,433	3,856,543	12,784,721	35,324,697
Difference	(167,781)	35,339	892,368	759,926
% Difference	**-0.9%**	**0.9%**	**7.5%**	**2.2%**

Program Description

Federal law requires states to provide payments for Medicare beneficiaries who meet specific income guidelines. APD helps consumers access this benefit. Medicare beneficiaries include individuals aged 65 or older and people with disabilities who have been receiving Social Security Disability payments for at least two years. The passage of the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 expanded the asset allowance and eliminated the estate recovery component of Medicare Savings Programs. These changes eliminated many of the barriers to the Medicare buy-in programs for a significant number of Oregonians.

Oregon is expected to serve more than 150,000 seniors and people with disabilities in the following programs:

- **State Medicare buy-in:** By purchasing Medicare Part B (which has a federally required premium) for individuals eligible for both Medicare and Medicaid (dual-eligibles), the Medicaid program pays for medical services (such as physician, radiology and laboratory services) only after Medicare has paid as primary payer.

- **Medicare savings programs:** Clients in these programs receive federally mandated assistance with their Medicare Part B premiums. Specified low-income Medicare beneficiaries and qualified individuals are those individuals who have income between 100 percent and 135 percent of the federal poverty level.

- **Qualified Medicare Beneficiaries:** Beneficiaries receive state assistance for the costs associated with the Medicare hospital benefit, Part A, and physician services, Part B, that would otherwise be required of them, including premiums, deductibles and co-payments. These clients have income equal to or less than 100 percent of the federal poverty level.

- **Medicare Part D:** Medicare Part D is the Medicare pharmacy benefit. All clients in the Medicare buy-in programs receive assistance from CMS with their Medicare Part D premiums and co-insurance amounts. Oregon pays a per-person monthly premium to Medicare for eligible clients.

In addition to those mandated programs, APD works to provide services that support individuals in their own home. These supports reduce reliance on nursing facilities and licensed community-based care while simultaneously improving quality of life and saving taxpayers' money. These programs provide supplemental services as needed to in-home clients and are not tracked as a separate caseload. These programs include:

- **Medicaid Adult Day Services:** Adult day services provide supervision for adults with functional or cognitive impairments who cannot be left alone for significant periods of times. Services may be provided for half or full days in stand-alone centers, hospitals, senior centers, and licensed care facilities.

- **Medicaid Home-Delivered Meals**: Home-delivered meals are provided for Medicaid eligible clients receiving in-home services who are homebound and unable to go to the congregate meal sites, such as senior centers, for meals. These programs generally provide a daily hot mid-day meal and often frozen meals for days of the week beyond the provider's delivery schedule.

- **Cash payments:** APD makes special-needs payments to reduce the need for more expensive long-term care payments and to allow a client to retain independence and mobility in a safe environment. Special needs payments may be used for such things as adapting a home's stairs into a ramp or repairing a broken furnace. Clients can also receive cash payments to help pay Medicare Part D prescription drug copays, payments for non-medical transportation, and a one-time emergency payment for an unexpected loss (such as stolen cash, a car repair or a broken appliance). The budget

supporting these payments meets the federal requirement for APD's maintenance of effort (MOE).

Program Justification and Link to Focus Areas

Other services are targeted supports that help Oregonians remain in the least restrictive setting possible. The Department strives to provide services in a respectful, culturally and linguistically appropriate manner. These services tie to Strategy 1 on changing how health care is delivered in Oregon by supporting efforts to increase home- and community-based care to 90 percent of the total Medicaid long-term care caseload. The Safer, Healthier Communities focus area also envisions an integrated system that these community supports will help realize.

These services allow individuals to receive services at the right time and in the right place. They maximize expenditures by using the federal portion of Medicaid funding to provide person-centered services when the person needs them. It ties directly to the desired outcome of Ensuring Financial Stability for the Long-Term Care Service Systems and Supports.

Other Services complement and enhance in-home service plans, contributing to overall cost-effectiveness and the sustainability of the plan. Other services not only have a positive impact on consumers, but also their natural support system (relatives/friends/neighbors), preventing burnout and the need for higher cost services.

Program Performance

In an independent study conducted by AARP in 2017, Oregon received an overall ranking of 4th out of 50 states in terms of choice of settings and providers, quality of life, quality of care, and effective transitions from nursing facilities back into the community. With approximately 53 percent of the Medicaid caseload served in their own homes, Oregon continues to rank in the highest percentile.

Enabling Legislation/Program Authorization

Services in this category are operated under both the Medicaid state plan options, including the "K plan" and Oregon's Home and Community Based Care 1915(c)

waiver. The state provides services that "waive" against nursing facility services, the mandated entitlement for Medicaid eligible individuals under Title XIX of the Social Security Act. Additionally, ORS 410 and ORS 443 provide statutory policy and structure to the services offered.

Funding Streams

Other services are mostly funded through the Medicaid program; therefore, the federal government pays approximately 67 percent and the state pays 33 percent. There is a small amount of funding that is state general fund only, which serves to meet the state's maintenance of effort requirements. Finally, there is a small amount of funding from the estates of former recipients. When a Medicaid recipient passes away, the state is required by federal law to recover money spent for the individual's care from the recipient's estate. These funds are reinvested in services for other individuals, offsetting the need for general funds.

Funding Justification and Significant Changes to 21-23 CSL

The Governor's Budget proposes reductions as follows:

- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.

Oregon Department of Human Services
Intellectual and Developmental Disabilities Services Program

Mission

The Department of Human Services Intellectual and Developmental Disabilities (I/DD) Services program provides support across the lifespan to Oregonians. The Office of Developmental Disabilities Services (ODDS), stakeholders, and the developmental disabilities community come together to provide services, supports and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.

Vision

People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community.

Program

The I/DD program fulfills its mission and carries out its responsibilities while adhering to the following values:

- Choice, self-determination and person-centered practices
- Children and families together
- Health, safety and respect
- Community inclusion and community living
- Strong relationships
- Service equity and access

ODDS worked with a diverse group of stakeholders representing all areas of the I/DD service delivery system to develop a strategic plan that will guide its work for the next biennium and beyond. The Mission, Vision and Goals included here reflect that effort and the plan.

The strategic planning process resulted in a firm understanding that the person, their family and the goals they want to achieve remain at the core of our system. This process also committed the agency to develop a Service Equity Plan, to reach out to underserved populations and to remove barriers to access, providing services by staff with the appropriate cultural and linguistic capacities.

ODDS seek to achieve the following strategic goals**:**

- Create a system that is sustainable, easy to use, with effective communication and equitable access.
- Honor and support people to make their own choices about who they want to be and what they want to do in their life.
- Support equal opportunity for living options and meaningful employment in an integrated community setting.
- Provide families the amount and type of supports they need to raise their children at home, or when necessary, in another family home within their community.
- Support health and safety while people live rich, full lives.

People Served

The I/DD program serves people with intellectual disabilities (IQ 75 or below) or developmental disabilities such as autism, Down syndrome and cerebral palsy. These disabilities are lifelong and have a significant impact on the person's ability to function independently. Some people with I/DD may also have significant medical or mental health needs. Most people with I/DD meet Medicaid financial eligibility requirements.

Community First Choice Option Services

The I/DD service system is composed of three basic components: program design, program delivery and program services primarily offered through the Affordable Care Act's Community First Choice Option (CFCO).

Under CFCO, eligible persons must receive a functional needs assessment that informs the planning process. They also participate in a person-centered planning process that focuses on the person's strengths, community engagement, personal goals and outcomes. That planning process results in an annual plan, the Individual Support Plan (ISP), that documents the services the person will access in order to meet their goals. Together, the functional needs assessment and the ISP inform the amount and/or rate for services that are available to the person.

Program Services

I/DD offers a broad array of services to optimize choice and offers an array of cost-effective supports based on functional need.

Attendant Care

Attendant care provides support for people to perform activities of daily living and instrumental activities of daily living (ADL/IADL). With CFCO, this is the primary service available to people with I/DD. Attendant care services are generally categorized based on the setting where the person lives.

Services that now fall under attendant care include:

- In-home supports for children and adults
- Children's intensive in-home services
- 24-hour services:
  - Group home for children and adults
  - Adult and child foster care
  - Supported living (adults only)
- Day supports
- Stabilization and Crisis Unit (SACU)

In-home supports for children and adults

These services are designed to provide ADL/IADL supports in the home or in the community. Children who receive these supports live with family, and adults live either with family or in their own home. In-home services are provided to a majority of individuals served by the I/DD program.

When families are supported to provide the core care that also meets linguistic and cultural standards of service, even people with the most significant needs have active and engaged lives in their community. Without in-home services, many individuals would require much more expensive out-of-home services such as group or foster homes.

Persons who live in their own home or with their family can access other services that may be needed to successfully support these individuals in their own home. These services may include increased attendant care, professional behavior services, assistive technology or environmental modification.

For both children and adults, in-home services are provided by Personal Support

Workers (PSWs) or certified provider agency Direct Support Professionals (DSPs).

Personal Support Workers are directly hired by the person or their employer representative. Direct Support Professionals are employees of private organizations that contract with the state to provide services.

Children's Intensive In-Home Services (CIIS)

These services consist of three model waiver programs that provide intensive supports to children living in the family home. One of these programs is for children with intensive behavioral issues who, without supports, would require specialized out-of-home services. The second program is for children with medical conditions who, without supports, would require nursing home services. The third program is for children with intense medical needs. These children are dependent on life support technology such as ventilators that, without these in-home services, would require a hospital setting. With the implementation of the Community First Choice Option, children who do not have the intensive needs described above can access in-home support services through their local Community Developmental Disabilities Programs (CDDP) upon completion of a needs assessment and an Individualized Support Plan (ISP).

24-Hour Services

24-Hour services are for children and adults who can no longer remain at home or adults who choose to receive services in a 24-hour setting and include group homes, foster homes and supported living services. Under CFCO, these services are also categorized as attendant care. These services are primarily provided in settings outside the family home, with exception of Supported Living.

These important services provide an alternative to institutional care. Community-based care, as opposed to institutional care, remains a less restrictive and more cost-effective program. In this setting, diverse recruitment and the ability to provide linguistically and culturally appropriate services are fundamental to removing barriers to service access. Group home and supported living services are provided by private organizations that contract with the state. Adult foster care providers are represented by the Service Employees International Union (SEIU). Child foster care providers are private providers licensed through either Child Welfare or the local Developmental Disabilities office.

People usually receive 24-hour services when they are unable to stay at home on

their own or with their family. This may be due to a person's needs or the caregiver's ability to continue providing services.

Children with disabilities enter 24-hour comprehensive services as a voluntary placement because the intensive needs of the child cannot be met in the family home or may be involuntary through child welfare action. Child Welfare programs maintain responsibility for the court relationship, but I/DD provides the specific disability-related care.

Day Services

Day services are available for people who are over 18 and out of school. Many adults receiving 24-hour services also receive day services. These services are available for up to 25 hours a week for out-of-home activities, including employment-related activities. Adults receiving in-home supports are also able to receive day services as part of their attendant care. Day support activities that fall under the category of attendant care are provided through CFCO and provide supports promoting integration, independence and participation in the person's community.

Transportation

Non-medical transportation is also provided to help persons with I/DD in in-home and 24-hour services when public transportation is not available, or not feasible, to help them participate in employment or other services.

Stabilization and Crisis Unit (SACU)

SACU is a 24-hour service provided under the CFCO. SACU provides a safety net for Oregon's most vulnerable, intensive, medically and behaviorally challenged people with I/DD. SACU provides services when no other community-based option is available for a person. This includes persons with I/DD coming out of the Oregon State Hospital, corrections systems, and from crisis situations where counties and private providers cannot meet the needs of the person to ensure health and safety. SACU focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible.

SACU provides 24-hour residential and day supports to people with I/DD from across the state who have significant medical or behavioral needs. The services are provided in licensed five-bed group homes.

SACU started in 1987 when Oregon began moving all persons with developmental disabilities living at the state institution (Fairview Training Center and Eastern Oregon Training Center) to private providers. There were a small number of people with complex medical or behavioral needs who could not yet be supported by private providers.

From the first homes that were opened by SACU to today, the profile of the people served has changed. As private agencies increase their skills to meet challenging needs and agree to provide services, the person who needs a safety net has changed. In the past, the numbers of people with intensive behaviors often had a diagnosis of autism. Today, intensive behaviors are more related to co-occurring mental health diagnosis and/or personality disorders.

Ancillary Services

In addition, people with I/DD served through I/DD are able to access vital ancillary services. Examples of these services include:

- Professional Behavioral Services
- Assistive devices
- Assistive technology
- Long-term care community nursing
- Environmental modifications
- Specialized nursing

Employment First Policy

This policy states that employment in fully integrated work settings will be the first and priority option explored in service planning for all working-age adults and students preparing to transition to the world of work. This policy is based on the general philosophy that persons with developmental disabilities have the ability, with the right supports, to be productive and contributing members of their communities through work. This philosophy also recognizes intrinsic and financial benefits of paid work to the persons with disabilities and their families.

To support the policy and philosophy of fully integrated work settings, since July 1, 2015 the department no longer funds services for new people to enter sheltered workshops. Employment services are also provided consistent with the provisions and expectations of Executive Order 15–01, “Providing Employment Services to

Individuals with Intellectual and Developmental Disabilities," reissued in January 2015.

Employment Services

These services have been strengthened and improved as part of the important Employment First initiative. I/DD has restructured employment services to encourage integrated, competitively paid employment for people with I/DD. Employment services are no longer bundled with attendant care services; they have been broken out into discrete services to support people as they learn about, find and maintain employment. Employment services are not offered through the CFCO; they remain available through the Medicaid waiver.

Employment services include:

- Employment path
- Job discovery
- Job development
- Job coaching
- Small group supported employment

Family Support Services

These services are available to any family with a child with I/DD and under the age of 18 that is not eligible for Medicaid. The program offers minimal support services with the most common request being for respite care.

All children in this program have case managers through their county CDDP and state-funded services are allocated based on need. Most children are also in school programs and the case manager coordinates between school and home. Family support services can be more cost effective by allowing the family to support the child with a small amount of funding, without accessing Medicaid.

Family-to-Family Networks

These family-driven networks provide training, information, referral and general support with families providing support among one another. Just having another family to connect with or problem solve with is often what it takes to be supported in the family home.

Program Design and Delivery

Staff and services support the administration of I/DD programs through a central

office providing strategic planning, program funding, policy development, general oversight and technical support to community services and support and leadership for various advisory councils.

The structure for service delivery and design includes a central program administration office within ODHS and contracted services with community Developmental Disabilities Programs (CDDP) and Brokerages.

Contracted CDDPs, usually operated by county government, are responsible for eligibility determination and redeterminations, protective service investigations and foster care licensing and reviews. After eligibility is established through the CDDP, adults who live in in-home settings can choose to be served by the CDDP or a Brokerage.

Brokerages provide case management services, including assessment and service planning for adults in-home.

Case Management
These services are provided through certified entities called Brokerages or through Community Developmental Disabilities Programs (CDDPs). CDDPs support children and adults while Brokerages support adults in in-home settings.

A functional needs assessment is administered to determine the person's level of need and the amount or rate of services that will be available. The Services Coordinator (SC) or Personal Agent (PA) then works with the person, family and others important in the person's life to complete an Individual Support Plan (ISP) and a career development plan (CDP). They then work with the person to identify necessary supports required to meet the needs identified through the assessment and the goals identified in the ISP/CDP. SCs and PAs provide referrals to providers and other resources necessary to meet the person's needs. SCs and PAs continuously monitor the individual's ISP implementation, person's satisfaction with services and supports, and the plan and services in place, to ensure the person's health and safety.

Quality Improvement
In 2017, the I/DD program created a Quality Improvement unit. This unit is responsible for coordinating quality assurance and quality improvement activities for I/DD services. This includes performing regular quality reviews of Brokerages and Community Developmental Disabilities Programs; overseeing Licensing activities; coordinating with Abuse Investigator Specialists (AIS) and the Office

of Training, Investigations and Safety (OTIS); establishing quality metrics for I/DD; collecting and analyzing data to measure overall system performance and to inform policy decisions.

Brokerages and Community Developmental Disabilities Programs (CDDP) field reviews

The I/DD Quality Assurance unit conducts field reviews on a two-year cycle in each CDDP and Brokerage. The reviews are focused on ensuring Centers for Medicare and Medicaid Services (CMS) Assurances are met through performance measures approved by CMS. The reviews assist I/DD in identifying program-specific strengths and areas requiring improvement allowing for focused training and technical assistance. The reviews assist with identifying individual issues needing to be corrected as well as allow for analyzing common trends across the state that may suggest a need for system changes, improvements, best practices and training.

I/DD Licensing Unit

The Intellectual/Developmental Disabilities (I/DD) Licensing Unit oversees a statewide program responsible for licensing and the quality of care in programs serving persons with I/DD, including the licensing of adult foster homes and 24-hour residential facilities. It oversees, and is responsible for, the Medicaid-agency certification of agencies and the endorsement of 24-hour residential programs, supported living programs, and employment programs. It also certifies Support Service Brokerages and Child Foster Homes throughout the state. Through licensing and certification, the I/DD licensing team ensures that providers of services comply with requirements for federal and state reimbursement. The I/DD Licensing team conducts complaint investigations and determines necessary corrective action up to and including civil penalties or revocation of a license or certificate.

History — Future Trends

Oregon is recognized nationally as an innovative leader in developing community-based services for persons with I/DD. Oregon is one of the few states that have no state or privately operated institutional level services specifically for people with developmental disabilities. In fact, the majority of persons with developmental disabilities in Oregon are served in their own home or their family's home.

The work of ODDS and its partners and stakeholders aims to achieve a self-

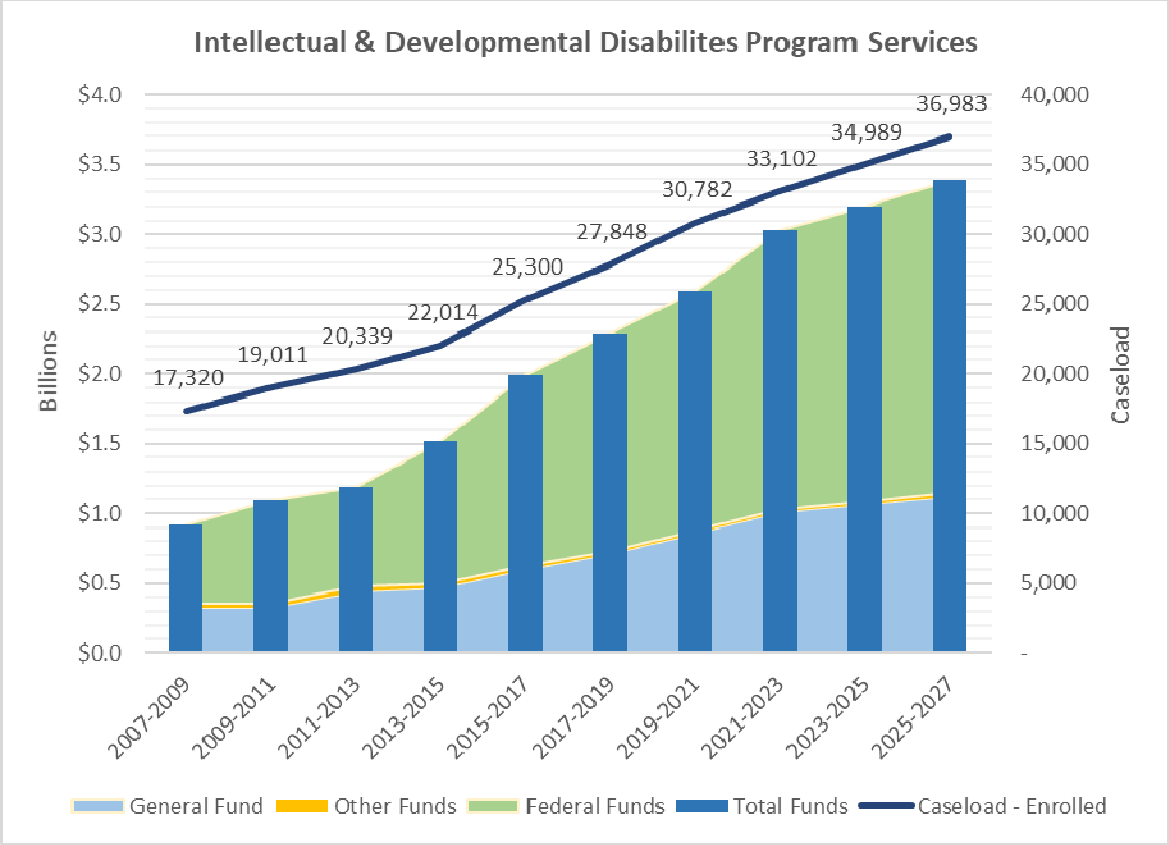
directed, family-involved, individually focused, culturally appropriate and sustainable approach to service. People with I/DD and their families report a high level of satisfaction through increased control over services, the ability to more fully integrate in their home communities, and through the benefits of home and community life.

Nationally, and in Oregon, the number of people with intellectual and developmental disability-related needs is growing. There also is an increase in the number of people who need services that have co-occurring mental health needs or are coming from the corrections system. To reach underserved or underrepresented communities, more consistent and deliberate efforts are needed to build a diverse workforce capable of delivering linguistically and culturally agile services. However, to further advance the inclusion of people with I/DD in their communities of choice, and to serve the increasing number of people with I/DD accessing services, efforts to ensure the long-term sustainability of the system must continue.

Oregon Department of Human Services: Program Services

Primary Long-Term Focus Area: Safer and Healthier Communities
Secondary Long-Term Focus Area:
Program Contact: Lilia Teninty

Program Services – Caseload and Funding



Note: Effective 2013-2015, K Plan increased enrollment as well as lifted spending caps.

Program Overview

Oregon home- and community-based services for people with intellectual and developmental disabilities are provided under several Medicaid authorities including Community First Choice Option (CFCO), also known as K Plan; and five 1915(c) waiver programs. ODDS also operate a small Family Support program funded by state general funds providing limited flexible supports for individuals and families.

Currently, ODDS home- and community-based services support more than 30,000 adults and children with intellectual and developmental disabilities to live their lives in their communities. About 13,000 of them receive services in their own of family homes.

Program Funding Request

I/DD Program Services	GF	OF	FF	TF
19-21 LAB	$ 857,933,459	$ 19,954,739	$ 1,716,506,428	$ 2,594,394,626
21-23 GB	$ 1,007,367,914	$ 21,098,061	$ 1,998,413,140	$ 3,026,879,115
Difference	$ 149,434,455	$ 1,143,322	$ 281,906,712	$ 432,484,489
Percent Change	17.4%	5.7%	16.4%	16.7%

Program Description

Oregon home- and community-based services for people with intellectual and developmental disabilities are provided under several Medicaid authorities including Community First Choice Option (CFCO), also known as K Plan; and five 1915(c) waiver programs. Supports provided under K Plan are services such as attendant services that support individuals in accomplishing activities of daily living and instrumental activities of daily living (ADL/IADL), relief care, behavioral support services, transportation, environmental modifications, and assistive technology and devices.

The Adult and Children Waivers provide services such as case management, employment services, and other ancillary services (direct nursing services, specialized medical supplies, environmental safety and vehicle modifications, and family training). Services through the Children's Waiver are provided to children in all settings, including family homes, group homes, and foster care through Community Developmental Disabilities Programs (CDDPs). Services through the Adult Waiver are provided to adults, age 18 and older. Adults receiving service through CDDPs may reside in all settings including their own homes, family homes, supportive living, group homes, and foster care. Adults served through Support Services Brokerages receive services in their own or family home. Individuals receiving services through either waiver can access all K Plan services. Under CFCO, an individual can elect to live in any setting of their choice, but it may impact whether they receive case management support through CDDP or Brokerage.

Of the more than 30,000 individuals enrolled in services (May 2020 Variance Report), 3,078 live in 24-hour group homes, 3,438 in foster homes, 733 in supported living. 12,945 individuals, who receive I/DD services in addition to case management, reside in their own or family homes. 7,583 of the adults served at home receive case management support through Support Services Brokerages; 13,002 adults living in all settings receive case management through the CDDP system. In-home support services average approximately $2,195 per month per individual while out-of-home services average approximately $6,727 per month.

For both children and adults, the direct care services are provided through Personal Support Workers (PSWs), provider agencies, behavior consultants, and respite providers. Personal Support Workers were provided collective bargaining rights in 2010 through HB 3618.

Employment services

ODDS currently offer supported employment services, such as job development, job coaching, supported small-group employment, discovery, and Employment Path. Discovery and Employment Path help individuals explore and learn skills to help them gain competitive integrated employment. These services are currently provided though the all five waivers.

People who are employed in the community have the highest level of integration and have stronger social networks. The more people with developmental disabilities can achieve paid employment, the less dependence there is on public resources and the greater the state's flexibility in designing future services that respond to the need of this population.

Oregon has been very successful in developing community-based care to move away from institutions as a model of care. Individuals with developmental disabilities fully engaging with their communities brings positive outcomes while being fiscally beneficial. Based on federal requirements, community employment services will be the only employment services to receive federal funding as of September 1, 2020.

Model Waivers

ODDS administer three Model Waivers through the Children's Intensive In-Home Services (CIIS) unit: Medically Involved Children's Waiver, Medically Fragile Model Waiver, and Behavioral Model Waiver for children. Currently, these waivers serve about 388 kids. Children receiving service through Model Waivers are also able to access K Plan services. These services are substantially the same as individuals served through the Comprehensive and Support Services Waivers, including attendant services, relief care, behavioral support services, environmental modifications, and assistive technology and devices.

Family Support Program

Limited supports for children are offered by ODDS through the Family Support Program and are available to any family of a child under age 18 who is not receiving K plan or waiver services. The program is funded by general fund and offers flexible supports with the most common request being for attendant care and respite services. On average, during 2019-21 biennium, the program served 105 families per month at an average monthly cost of about $223 All children in these programs have case managers through their county Community Developmental Disabilities Program (CDDP).

Program Justification and Link to Focus Areas

ODDS service and supports for people with intellectual and developmental disabilities link to the Safer, Healthier Communities area through its focus on individuals with intellectual/developmental disabilities (I/DD) to ensure they are healthy and have the best possible quality of life in their communities among families and friends and are working or attending school to achieve their greatest potential. Additionally, ODDS continuously work to ensure that services are provided in a linguistically and culturally competent manner.

When compared to the entire Medicaid population, adults in the Medicaid-funded home- and community-based services with I/DD are uniquely more reliant on the service system to make lifestyle changes and to adequately access health care. Funding I/DD programs to support the necessary lifestyle choices that reliably and consistently follow through with medical recommendations will result in significant cost savings to the state's medical programs. Families and case

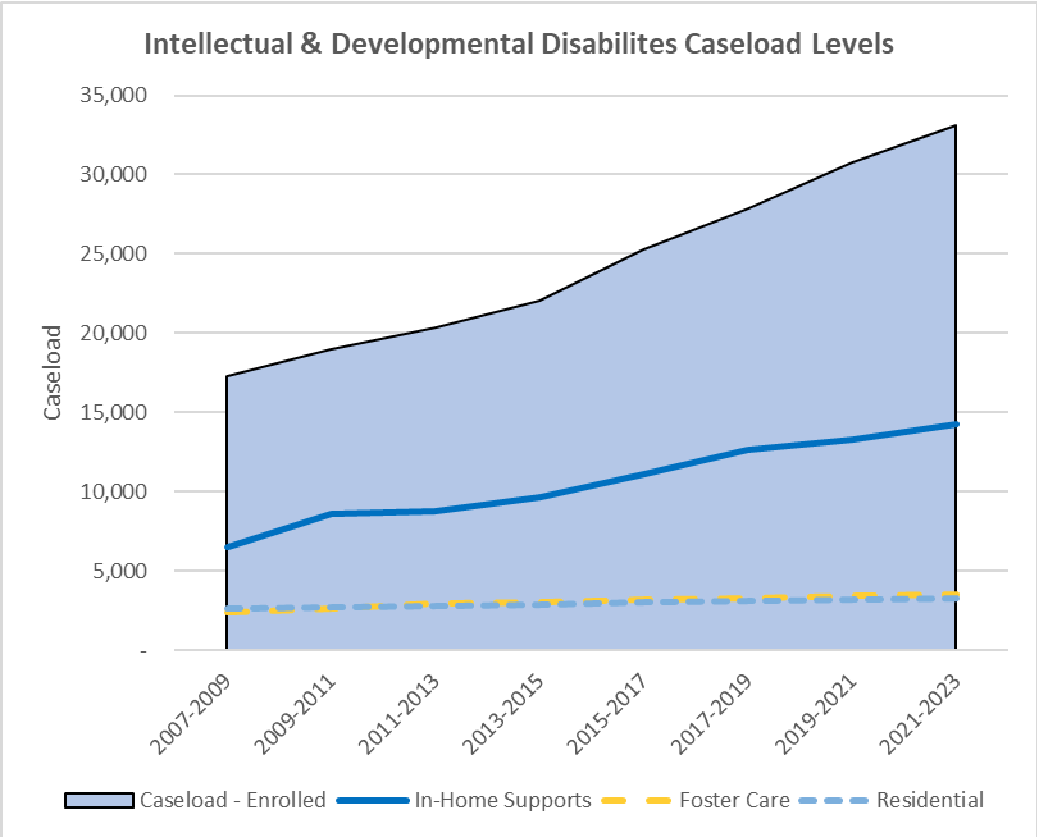
managers are critical to help with health care coordination in the communication and implementation of treatment.

I/DD services are critical to the financial stability of a family and to the person with intellectual/developmental disabilities. With supports, families are not forced to decide between working and supporting their family member. It is also important that working-age adults with developmental disabilities are supported to work. Oregon has implemented an Employment First policy. This prioritizes individuals in actively engaging in developing work skills and defining work interests, pursuing job development or being employed in the community, and receiving support to maintain employment. In addition to being happier and healthier, individuals with I/DD who are employed broaden their network of supports, contributing to the Thriving Oregon Economy focus area.

Executive Order 15-01 and the *Lane v. Brown* Settlement Agreement reached in 2016 directs state agencies to take numerous steps that will advance the State's Employment First policy in Oregon. The goal of this Order is to further improve Oregon's system of designing and delivering employment services to those with intellectual and developmental disabilities in achieving competitive integrated employment, including a significant reduction over time of state support of sheltered work and an increase in investment in employment services. The Order and Agreement cover the time of July 1, 2014 through July 1, 2022 and specifies certain benchmarks and metrics to be achieved each year.

Program Performance

Supporting individuals to live at home or live on their own is the most desirable outcome for people with I/DD and is most cost effective for the state. The number of people supported at home has been the largest area of growth in the I/DD system.



Fall 2020 Forecast

Enabling Legislation/Program Authorization

Oregon Revised Statutes 427.005, 427.007, and 430.610 through 430.695 enable the provision of family support for children with developmental disabilities. Oregon Revised Statutes 427.410 enables the provision of Support Services for adults through Support Services Brokerages.

At the federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it

relates to the ADA and Rehabilitation Act. The Olmstead ruling applies to ODDS services.

Funding Streams

The services are designed and approved using Medicaid 1915c Home and Community-Based Waivers, and primarily, the Community First Choice Option in the Medicaid State Plan. The program funding match rate is 63 percent Federal funds and 37 percent State General Funds for waiver services and 69 percent Federal funds and 31 percent State General Funds for State Plan services.

Funding Justification and Significant Changes to CSL

There is one investment in the Governor's Budget, in addition to the regular essential packages that are part of the normal budget build process.

PACKAGE NO.	PACKAGE TITLE				
POP 119	Implementation of the New Rate Model				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$ 34,414,903	$ -	$ 66,874,523	$ 101,289,426	-	-
PACKAGE DESCRIPTION POP 119 request funds to cover the cost of transition to the new rate models for provider agencies delivering specific services. This funding will cover transition from the old rate model based on old assessment instrument to the use of new Oregon Need Assessment (ONA) and new rate model.					

In addition, the Governor's Budget proposes reductions as follows:

- Eliminates funding for the Family Networks program

- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.

Oregon Department of Human Services: Delivery and Design

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area: N/A
Program Contact: Anna Lansky

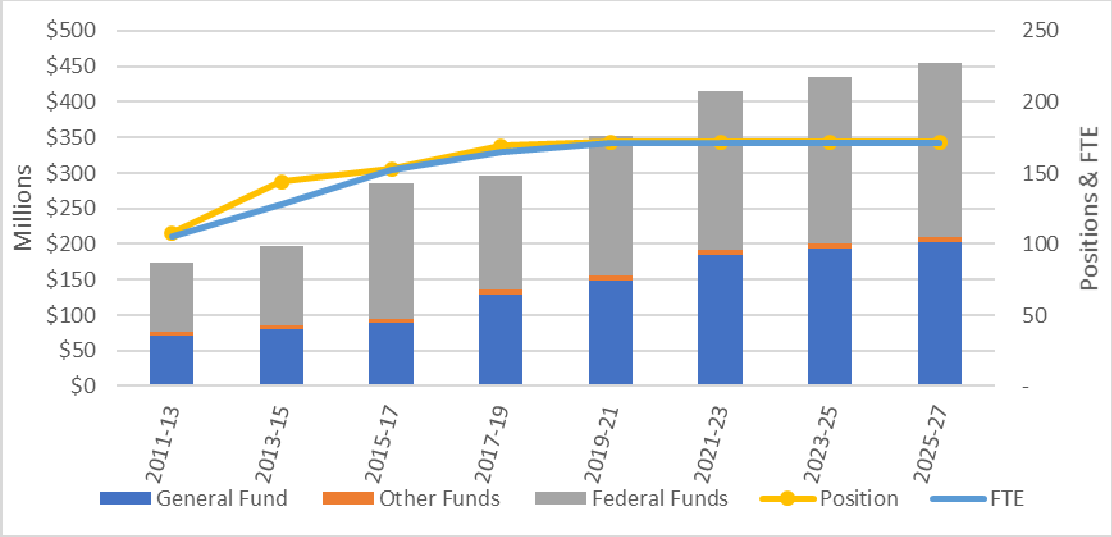


Figure I: Funding of I/DD Delivery and Design (not reflective of funding or FTE for the Stabilization and Crisis Unit (SACU)).

Program Overview The Office of Developmental Disabilities Services (ODDS) manages a lifespan program that provides support and funding to children and adults with intellectual and developmental disabilities (I/DD) to live fully engaged lives in their communities. Oregon has stopped using institutional models to care for people with I/DD and has focused all efforts on people living in their community. Programs are provided in the community in the person's own home, family home or in a foster care, group home or in supported living programs. Design and Delivery provides administrative and operational support to these programs.

Program Funding Request

Intellectual & Developmental Disabilities Delivery and Design	General Fund	Other Funds	Federal Funds	Total Funds	Positions	FTE
19-21 LAB	$148,490,757	$7,225,884	$196,192,469	$351,909,110	172	171.30
21-23 GB	$184,700,698	$7,537,081	$223,108,924	$415,346,703	172	171.25
Difference	$36,209,941	$311,197	$26,916,455	$63,437,593	-	(0.05)
Percent Change	24.39%	4.31%	13.72%	18.03%	0.00%	-0.03%

Program Description

More than 30,000 Oregonians with I/DD receiving case management and other supports through the ODDS program. Since implementation of Community First Choice Option (CFCO), also known as K Plan, in July 2013, the Oregon I/DD service delivery system has undergone significant changes. Due to CFCO implementation, ODDS now can provide services to all eligible children, while in the past families with children with I/DD had to reach crisis before being able to access services and supports. Additionally, the K Plan has expanded in-home services for adults as well, lifting budget caps previously imposed on the number of services adults with I/DD were able to access in their own or family homes. Under CFCO, the amount of in-home services is determined based on functional needs assessment. As a result of these changes, the number of individuals served within I/DD system significantly increased.

The structure for service delivery and design includes a central program administration office, Children Intensive In-Home Services (CIIS) unit, and contracted services with Community Developmental Disabilities Programs (CDDPs) and Support Service Brokerages (Brokerages). Additionally, the ODDS central office provides strategic planning, program funding, policy development, provider licensure and certification, general oversight, and technical support to community services. Contracted Community Developmental Disability Programs (CDDPs) are responsible for eligibility determination, program enrollment, case management, abuse investigation, and quality assurance. Adults receiving in-home services can also choose to get case management through contracted Brokerages.

With CFCO, people can choose the setting in which they live, which increases the importance of supporting and strengthening the ability of families and communities to include and provide natural supports to those with I/DD.

ODDS delegates the responsibility for administration to local county government, Community Developmental Disabilities Programs (CDDPs), in accordance with state statutes (ORS 407). ODHS has Intergovernmental Agreements with all but six counties. In those counties, the state contracts with a private agency. Local oversight responsibilities include determining eligibility for developmental disabilities, planning and resource development, developing and monitoring Individual Support Plans, documentation of service delivery to comply with state and federal requirements. CDDPs also are responsible for case management services, evaluation and coordination of services, abuse investigations of adults

and quality assurance services. ODDS provide funding for the equivalent of nearly 1,097 full-time employees of CDDPs through contracts. CDDPs provide case management for all individuals, except adults choosing to be served by a Support Service Brokerage. Adults living in their own or family home have a choice of case management providers, between the local CDDP and a Brokerage. Children are all served by the CDDPs, except those case managed by ODDS staff through the Children's Intensive In-Home Services or Children's Residential Services programs.

There are 14 Support Service Brokerages statewide. Brokerages vary in size and support from 251 to 720 people. People with I/DD are enrolled in Brokerages from the county when they select Brokerage case management services. Once in a Brokerage, the Brokerage Personal Agent (PA) completes a needs assessment, develops the Individual Support Plan, and assists the person in determining services needed, amount of service and possible workers or agencies. PA's help the individual to design plans that meet their needs as determined by the need's assessment. ODDS provide funding for 319 full-time employees to the Brokerages. In order to not duplicate services, once a person is in a Brokerage, they do not also get case management from the CDDP.

The majority of individuals receiving services are eligible for Medicaid. Oregon no longer uses institutional models of care for people with I/DD. Instead, the state uses Medicaid Home and Community-Based Services (HCBS) that allow for shared funding from the federal government. Through the CFCO State Plan Option, the states receive FMAP plus an additional 6 percent in federal match.

ODDS staff provide policy and program design, technical support, provider licensure and certification, quality assurance, and field support of CDDPs, Brokerages, and direct service providers. There are more than 3,900 private service provider agencies, including 1,418 foster care providers and more than 16,000 Personal Support Workers. Regulatory oversight for licensed settings is provided by the ODDS Licensing Unit.

Central office staff provides programmatic and budget analysis support to Department of Administrative Services Labor Management, collective bargaining, for the Adult Foster Homes, Home Care Workers, and Personal Support Workers.

The Delivery system also includes the Children's Intensive In-Home Services (CIIS) and the Children's Residential Services comprised of state staff under

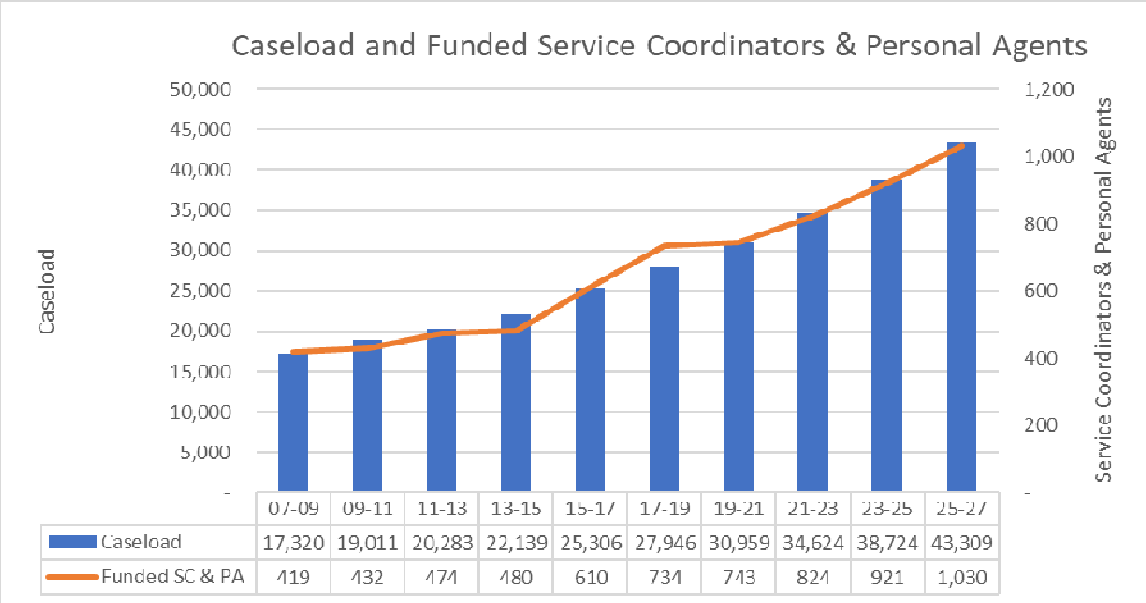
ODDS' umbrella. These units operate and provide case management services to the three Model Waivers for children and provide case management support to children in residential services.

Program Justification and Link to Focus Areas

This program links to the Safer, Healthier Communities focus area. The program delivery system, designed and monitored by central staff and implemented through either the CDDP or Brokerage, is designed to ensure supports are provided so the individual is healthy and safe, and fully engaged in their community. The goal is to help them have the best possible quality of life at any age. Person-centered strategies are used to maximize the person's outcomes and use of natural supports. The CDDP and Brokerage report on critical incidents and the data are used to track trends and determine strategies to improve healthy living outcomes.

Program Performance

Adequate personnel resources are necessary to ensure delivery of programs and provision of services within Developmental Disabilities in a linguistically and culturally competent manner. The chart below provides a comparison of the caseload growth to the equivalent contracted CDDP and Brokerage personnel: CDDP Service Coordinators and the Brokerage Personal Agents.



	07-09	09-11	11-13	13-15	15-17	17-19	19-21	21-23	23-25	25-27
Caseload	17,320	19,011	20,283	22,139	25,306	27,946	30,959	34,624	38,724	43,309
Funded SC & PA	419	432	474	480	610	734	743	824	921	1,030

Figure II: Growth of I/DD Caseload and CDDP Service Coordinators and Brokerage Personal Agents.

Enabling Legislation/Program Authorization

The services are designed and approved using Medicaid 1915c Home and Community-Based Waivers and the CFCO Medicaid State Plan. Without the waivers and state plan, individuals would be entitled to Institutional Care for Individuals with Intellectual and Developmental Disabilities (ICF/IDD). Individuals can also be court committed to the state care and custody under ORS 427. Case Management is authorized under the Medicaid State Plan. Federal authorization for all services is at 42 C.F.R. 441 and Section 1915(c) of the Social Security Act. Authorization to provide the services in Oregon is in ORS 410.070, 409.050.

At the federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these federal laws are subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead Decision requires states to provide services and supports in non-segregated settings.

Funding Streams

The services are designed and approved using the Community First Choice Option in the Medicaid State Plan and Home and Community-Based Waivers, which provide a federal match to the program's General Fund. The program funding match rate for waivered services is 63 percent Federal Funds and 37 percent state General Fund and for CFCO services is 70 percent Federal Funds and 30 percent state General Fund.

The administration of CDDP, Brokerage, and Central Office staff are funded at the Medicaid administrative match of 50/50. Authorization to provide the services in Oregon is in ORS 410.070, 409.050.

Funding Justification and Significant Changes to CSL

There is one investment in the Governor's Budget, in addition to the regular essential packages that are part of the normal budget build process.

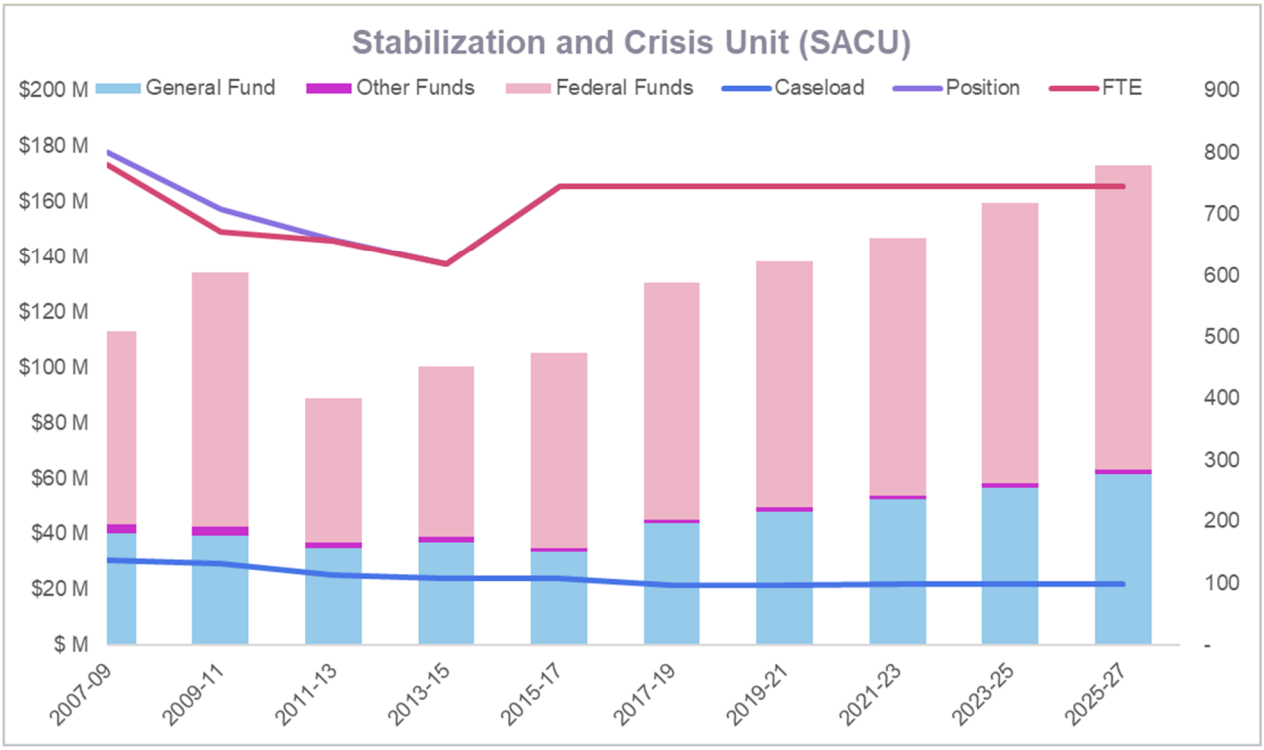
PACKAGE NO.	PACKAGE TITLE				
POP 107	Diversity, Equity and Inclusion				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$570,000	$0	$475,000	$1,045,000	-	-
PACKAGE DESCRIPTION					
The purpose of POP 107 is to advance equity initiatives that will result in more equitable, accessible service delivery to communities of color and historically disadvantaged groups. Including: document and content review and complete translations, reverse translations of case documents, verbal interpretation, alternate tools and materials, and training.					

In addition, the Governor's Budget proposes reductions as follows:

- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.
- Eliminate most inflation for Supplies and Services
- Additional 3% Vacancy savings
- Reduction for DAS service charges
- Reduction for Attorney General services charges

Oregon Department of Human Services: Stabilization and Crisis Unit (SACU)

Primary Long-Term Focus Area: Safer, Healthier Communities
Secondary Long-Term Focus Area: N/A
Program Contact: Sierra Rawson



**A 7 percent overall budget reduction occurred in 2011.*

Program Overview

The Stabilization and Crisis Unit (SACU) is a safety net resource for Oregonians with intellectual and developmental disabilities (I/DD) with no other option for a residential bed due to significant I/DD and mental health challenges. SACU serves the most vulnerable, intensive, behaviorally and medically challenged individuals with I/DD. This includes people with developmental disabilities coming out of crisis situations, including hospitals, correctional systems, and private providers who cannot meet the needs of the individual to ensure their health and safety. Almost all individuals served by SACU present with dual diagnosis of mental health and I/DD issues. This program is an integral part of the overall intellectual/developmental disabilities continuum of services. SACU focuses on supporting people in

community-based settings and preparing them to return to less intensive service levels once stabilized.

Program Funding Request

	Stabilization and Crisis Unit					
	GF	**OF**	**FF**	**TF**	**Positions**	**FTE**
19-21 LAB	47,946,109	1,467,118	89,276,901	138,690,128	745	745.00
21-23 GB	52,465,593	1,498,250	93,066,339	147,030,182	745	744.92
Difference	4,519,484	31,132	3,789,438	8,340,054	-	(0.08)
Percent Change	**9.43%**	**2.12%**	**4.24%**	**6.01%**	**0.00%**	**-0.01%**

Program Description

SACU provides 24-hour residential services to individuals with intellectual/developmental disabilities who have significant behavioral, mental health/medical care needs. The services are provided in licensed 5-bed group homes located across six counties from the Portland metropolitan area south to Eugene.

As individuals enter SACU, staff work with each person to modify behaviors and increase individual skills. Many of the individuals supported have frequent and intense behaviors and staff may provide physical interventions as trained through the Oregon Intervention System (OIS). All individuals have focused behavioral protocols that require frequent staff training and a high level of data collection and review. The program utilizes a person-centered approach and complies with all state and federal regulations.

There is an active referral list of adults and children waiting to enter SACU. Before entry into SACU, individuals are first referred by the local Community Developmental Disabilities Program to community-based providers across the state. When a person is denied or terminated from a current provider program, they move to a SACU placement. Nearly all individuals served have co-morbid (co-occurring) disorders of mental illness and intellectual/developmental disability and mental illness. The acuity level of challenging behaviors requires intensive 24-hour supervision and behavioral support services to ensure safety to themselves and the community. Challenging behaviors range from aggression toward people or property, including self-injurious behaviors. SACU also supports up to 10 individuals with medically fragile conditions that require 24-hour nursing care and support services.

More than 50 percent of these individuals have a history of criminal charges and/or current or pending legal sanctions. The convictions range from such crimes as assault, criminal mischief, theft, harassment, public indecency, possession, rape, sex abuse, and murder. A number have legal sanctions as a result such as parole, probation, Psychiatric Security Review Board (PRSB), or are registered sex offenders. Some are civilly committed as they have been found to be a danger to themselves or others. The majority of individuals referred to SACU have an identified need for a secured facility due to their risk of flight and/or offensive behavior. In addition, a large percentage of individuals require a secure placement where housing modifications are implemented to avoid injury to self and others.

SACU serves 75 adults who need acute stabilization and crisis services. These individuals have been identified due to extreme behavioral and psychiatric needs that have not been successfully provided in the community.

SACU has 15 beds available for children (up to 18 years old) who are in acute crisis situations and require stabilization. These children come from a variety of settings including the family home, foster care, 24-hour group home care, and institutional care.

SACU serves up to 10 individuals in specialized medical facilities due to their fragile medical conditions and I/DD needs.

In all the homes, SACU staff provide services that ensure health and safety needs are met and that the individual has the ability to participate in the community. As the goal of the program is to have the individual live in the most independent, least restrictive community setting, it is important to ensure the individual can be supported in the same type of setting.

All of the individuals in SACU qualify for Medicaid, currently use the Oregon Health Plan and are served by Coordinated Care Organizations, to meet their medical needs. Since there are high medical, behavioral and mental health needs, the program treatment plans are critical for individual stabilization and coordination of health services.

From the initial homes established in 1987 through today, the profile of the individuals served by SACU has dramatically changed. As private agencies increased their skills to meet challenging needs and were able to provide services, the individual who needs safety net services has changed. In 2000, SACU had six

homes serving 30 people with high medical needs. Today these medical homes serve only up to 10 individuals. These individuals now receive care in community and nursing facilities.

In the past, the numbers of people with intensive behaviors were people who had a diagnosis of autism. Today, intensive behaviors are related to co-occurring mental health diagnosis and/or criminal convictions.

With the 2015-2017 budget, SACU completely transformed the organizational structure to increase efficiencies and lower injuries and overtime. The agency formed seven island structures within the existing three regions and created a staffing float pool, which allows for more flexibility in direct care staffing. SACU also created the Crisis Outreach Assessment Team (COAT), a rapid-response team that responds to an individual's crisis as it is occurring. COAT also completes mental health assessments allowing SACU to better support the individuals served. In addition, SACU contracted with a national consultant, Benchmark, to review SACU as a whole and make recommendations for improved services as well as individual and staff safety.

Program Justification and Link to Focus Areas

SACU links to the Safer, Healthier Communities focus area. SACU helps individuals with intellectual/developmental disabilities be healthy and have the best possible quality of life by helping them live in their communities and to work or attend school to achieve their potential. Stabilization and training are provided for adults and children who have entered the program in crisis. SACU helps individuals transition back into community settings with support from their families, caregivers, or private providers.

Individuals enrolled have no other alternatives for a residential placement. They are in crisis due to a family breakdown; discharge from a hospital, psychiatric or correctional setting, or discharge from a private provider who can no longer support them due to the intensity of their behavioral or medical needs. SACU provides a critical alternative to assist the person to return to a healthy and productive life through a high-quality residential program, including community-based housing, appropriate nutritional and medical care, and interventions.

In addition, the safety net provided by SACU allows for targeted, community-based support to individuals in crisis or with otherwise unmet intensive needs,

individuals receive the services they need for the time they need them, and are then assisted to transition back to families or private providers.

Program Performance

Staff ratios are quite high; at minimum all require a 1:1 staffing level. Many require a greater staffing level while in the community. The goal is to stabilize behaviors and health issues in a residential setting so that transition to a private provider is successful. Average length of stay for SACU adults overall (in both medical and behavioral beds) is 6.4 years.

SACU is focusing on placement of these long-term individuals in private care. These types of individuals, who can now be served by private providers due to improvements in community service skills and capacity, are no longer prioritized for this program.

SACU continues to build strong data tracking, including clinical data (individuals' incidents, medication errors, safety records, restraints, and a number of other elements), staffing data (ratios, overtime), and programmatic data (admissions, transfers, exits, length of stay). SACU uses this data to make programmatic changes.

Enabling Legislation/Program Authorization

Virtually all individuals served by SACU are funded through Medicaid Home and Community-Based Waivers and the 1915(k) Medicaid State Plan. The individuals served by SACU would be entitled to nursing home or intermediate care facilities for persons with intellectual and developmental disabilities (ICF/IDD) institutional services. Oregon no longer uses institutional care, but the service would be required if we could not meet the need in the community.

Other federal laws and rulings that impact services delivered through SACU are the Americans with Disabilities Act and the Supreme Court Ruling on Olmstead, which generally require individuals to be served in least restrictive, non-institutional settings. Oregon commitment statutes in ORS 427 also require the State to provide care and custody to a person who presents harm to themselves or others, and SACU's status as the safety net is integral to accomplishing this.

Additional statutes that guide the delivery and program are found in ORS 412, 430, 409 and 410. The Oregon Administrative Rules (OARs) that govern the operations

of SACU require that individuals be supported in the community and in pursuit of educational and vocational activities.

At the Federal level, in addition to all applicable Medicaid statutes and regulations, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973. Compliance with these Federal laws is subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. The Olmstead ruling is relevant to SACU in that it requires all services allowed in the waiver, including SACU, are ones that create inclusion in the community equitably across the state.

Funding Streams

The services are designed and approved using a Medicaid 1915(c) Home and Community-Based Waiver and a 1915(k) Medicaid State Plan which provides a Federal match to the program's General Funds. The program funding match rate is 63 percent Federal funds and 37 percent state general funds for waiver services and 69 percent Federal funds and 31 percent state general funds for 1915(k) State Plan services. Based on their income level, some individuals also pay an other funds contribution toward their room and board costs.

Funding Justification and Significant Changes to CSL

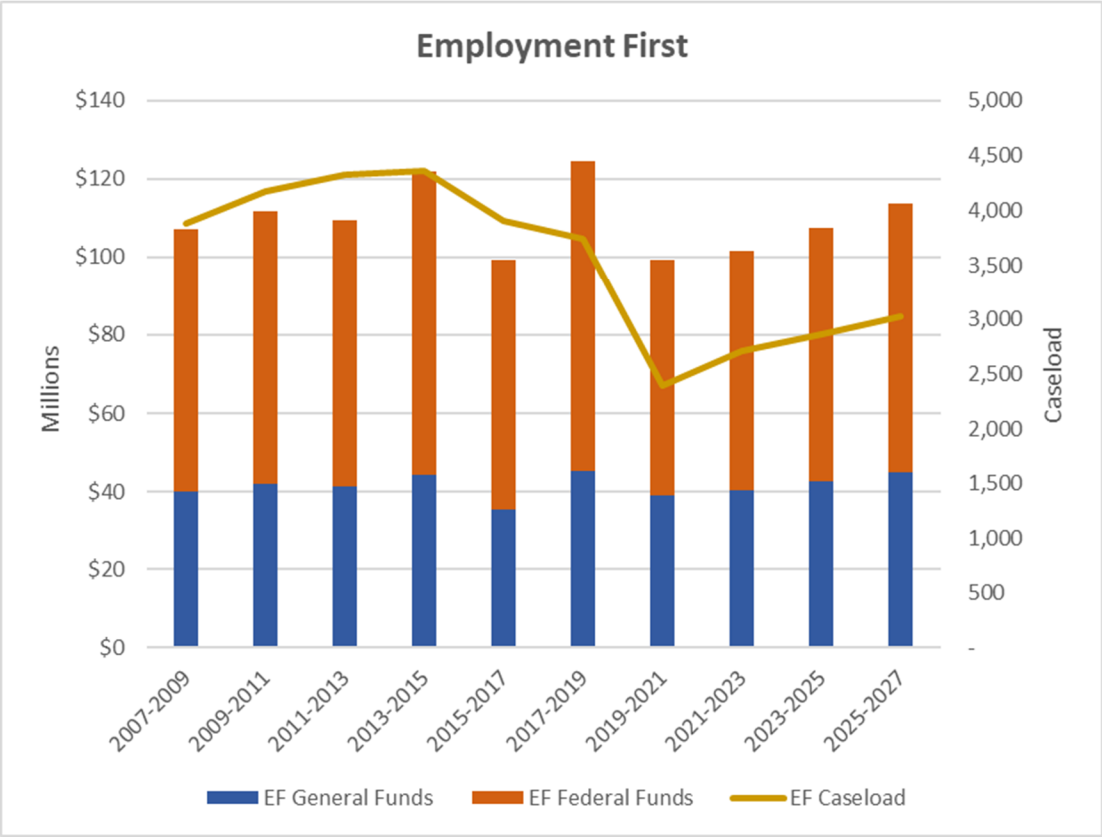
There is are no investments in the Governor's Budget, only the regular essential packages that are part of the normal budget build process.

The Governor's Budget proposes reductions as follows:

- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.
- Eliminate most inflation for Supplies and Services
- Additional 3% Vacancy savings
- Reduction for DAS service charges
- Reduction for Attorney General services charges

Oregon Department of Human Services: Employment First Intellectual and Developmental Disabilities Services

Primary Outcome Area:	Thriving Oregon Economy
Secondary Outcome Area:	Safer Healthier Communities
Program Contact:	Acacia McGuire Anderson, 503-884-4910



Program Overview

Employment First is a nationwide initiative which helps individuals with I/DD reach and maintain competitive integrated employment by ensuring that employment is the first and priority option in each state. Research has shown that people who are employed in the community have the highest level of integration and have stronger social networks. The more people with developmental disabilities that achieve paid employment, the less dependence there is on public resources and the greater the state's flexibility in designing future services that respond to the need of this

population. For these reasons and many more, in 2008 Oregon was an early adopter of the Employment First initiative. Employment First is both a national initiative and a state policy. In Oregon, Employment First includes the Office of Developmental Disabilities Services (ODDS), Vocational Rehabilitation (VR), and the Oregon Department of Education (ODE). Employment First is working to increase employment opportunities for individuals with intellectual and developmental disabilities (I/DD). New federal regulations, as well as the Lane v. Brown settlement agreement, place even greater emphasis on the state's need to provide community-based employment services to people with I/DD. Finally, due to COVID-19 there has been an interruption in employment services, as well as job loss or job reduction; this is in part because people with I/DD are at greater risk of negative effects from COVID-19. As individuals decide to return to work, increase hours, etc. the employment first services become even more critical. These services can help people with I/DD identify accommodations that can help keep them safe and healthy while at work and can also help people return to work.

Program Funding Request

Employment First	*GF*	*OF*	*FF*	*TF*
19-21 LAB	$38,934,805	$-	$60,326,355	$ 99,261,160
21-23 GB	$40,235,138	$-	$61,527,704	$101,762,842
Difference	$ 1,300,333	$-	$ 1,201,349	$ 2,501,682
Percent Change	3.3%	0.0%	2.0%	2.5%

Program Description

Employment First is based on the general philosophy that individuals with intellectual and developmental disabilities have the ability to be productive and contributing members of their communities through work. This philosophy also recognizes intrinsic and financial benefits of paid work to the individuals with disabilities and their families. This improved economic self-sufficiency has shown to also reduce reliance on government services. Oregon has been very successful in developing community-based care to move away from institutions as a model of care. Having individuals with developmental disabilities fully engaged in their communities is highly desirable as an outcome and fiscally efficient. The Employment First initiative is designed to ensure that employment supports are provided in the community.

All people with developmental disabilities who are eligible to receive services through either the Comprehensive or Support Services waiver and the Community First Choice (K Plan) may choose to receive residential support through in-home services, foster care, group homes, or supported living services, as well as employment and/or day services. Employment supports include:

- Employment Path services — individuals learn employment skills
- Supported Small Group services —supports for individuals to work in the community with up to seven other individuals who have disabilities and make minimum wage or better
- Job coaching —support to work independently in a community-based job making minimum wage or better
- Discovery — a time-limited service designed to help an individual learn more about their employment strengths and potential job interests

The Employment First policy states that work in integrated jobs is the first and priority option in planning employment services for working-age adults and youth. Services should be planned to use person-centered practices that identify an individual's talents, skills, and interests. This information can then help inform employment options and career opportunities.

In 2014, CMS issued additional guidance regarding their Home and Community Based Services (HCBS) regulation requiring that employment supports be community-based by March 2019. Further, DHS reached a settlement in the Lane v. Brown case in January 2016 which requires that ODDS, VR, and the ODE work together to ensure that individuals who are currently in a sheltered workshop (or who have been in a sheltered workshop as of 2012) or individuals eligible for ODDS services transitioning out of high school receive supported employment services to help them obtain competitive integrated employment. Additionally, the Rehabilitation Act was amended formally as of June 30, 2016 via the Workforce Innovation and Opportunity Act, which requires competitive integrated employment as the outcome to be considered a successful placement through VR.

These federal and state changes, as well as implementing Employment First policies, require some fundamental systems transformation. Many providers needed support to change business practices to support individuals in jobs throughout their communities. Due to this technical assistance and other support, the last Sheltered Workshop in the state of Oregon will close August 31, 2020 and alternatively, focus

on delivering integrated employment supports.

It continues to be critical for business partners to embrace the benefits of hiring people with developmental disabilities. Employment First partners with the Oregon Council on Developmental Disabilities and other stakeholder and advocacy organizations to develop policies and communications that strengthen employment outcomes.

As part of the department's strategic planning to integrate those with developmental disabilities into their communities, as well as new federal regulations which require that all employment supports be community-based, Oregon has moved away from the Sheltered Workshop model into a community based model as the last Sheltered Workshop in Oregon closed August 31, 2020. For people with developmental disabilities, the goal is that their time in career exploration and hours working in the community will increase and time spent in sheltered workshops decreases. This goal aligns with federal regulations, as well as the Lane v. Brown settlement agreement.

Program Justification and Link to Focus Areas

Employment First links to the Thriving Oregon Economy focus area. Individuals with developmental disabilities are healthier, safer, and happiest when they are engaged in meaningful work. Individuals are more likely to be able to live with their family longer when they have their own daily schedule that is similar to working parents. As with all other citizens, for individuals with I/DD, employment has many positive impacts. These impacts include increasing self-worth, building relationships, and access to community resources. Employment improves economic well-being as well as physical and mental health. Employment supports are key in moving people with developmental disabilities away from 24-hour support services, which results in fewer public funds being spent.

Employment First also links to other economic development strategies to increase workforce diversity while meeting business needs in ways that result in jobs and prosperity for all Oregonians. Hiring people with disabilities is not only of benefit to those individuals, but also to businesses. Businesses report that their employees with disabilities help with overall retention, contribute to a positive workplace culture, are dedicated and hard workers, etc. Some information from Oregon employers can be found here: Employer Testimonial.

Program Performance

Employment trends have been tracked since 2007. Since Employment First began in 2008, there has been growth in community employment. Additionally, according to the March 2019 Employment Outcome Survey data 1,509 people received individual supported employment services. This is a 23% increase in people working in individual supported employment services from March 2018. From July 2018 to July 2019 (SFY 2019), Vocational Rehabilitation (VR) had 853 closures that led to competitive integrated employment for those people also receiving ODDS services. For more information, please visit the Employment First Outcomes and Successes Report.

Employment First and its partners have reached the goals outlined in the 2015-2017 Bid ensuring that by 2016, no transition age youth may enter a sheltered workshop when leaving school as there were no new entries into a sheltered workshop setting allowed by Oregon Administrative Rule as of 7-1-2015. Although there were over 4,200 individuals in a Sheltered Workshop setting (totaling more than 45 Sheltered Workshops) in 2012, as of July 1, 2020 there are only 45 people remaining in a single Sheltered Workshop setting and as of August 31, 2020 all Sheltered Workshops in Oregon have closed.

For more details regarding process, please visit our bi-annual data reports: http://www.oregon.gov/DHS/EMPLOYMENT/EMPLOYMENT-FIRST/Pages/data-reports.aspx

Employment First Goals:

By June 30, 2022, based on the Lane v. Brown Settlement, Employment First (through ODDS and Vocational Rehabilitation) must place 1,115 individuals currently or recently in a sheltered workshop in competitive integrated employment; and

By June 30, 2022, based on the Lane v. Brown Settlement and Executive Order 15-01, Employment First must provide supported employment services to 4,600 transition age youth or individuals currently or recently in a sheltered workshop. This is required by the Lane v. Brown Settlement Agreement and ODHS along with ODE is progressing toward system change to ensure these outcomes are reached.

To date, Oregon is in substantial compliance with the Lane v. Brown Settlement Agreement. However, COVID-19 has impacted job placement goals, as well as the hours individuals with I/DD work. This makes this biennium critical to ensuring that Oregon continues to meet the required Lane v. Brown Settlement Agreement outcomes so that the agreement can be resolved as planned. Without continued efforts, Oregon stands to lose providers who deliver these services and ultimately, could fail to meet metrics.

Enabling Legislation/Program Authorization

The provisions of employment-related services for individuals with developmental disabilities are in ORS 430.610, .650, and .670. The enabling statutes are in ORS 409.050 and ORS 410.070.

At the federal level, in addition to all applicable Medicaid statutes and regulations such as the Home and Community Based Services regulation and Workforce Innovation and Opportunity Act mentioned above, services must comply with the Title II of the Americans with Disabilities Act (ADA) of 1990. Compliance with these federal laws are subject to the U.S. Supreme Court's Olmstead Decision of 1999 and the U.S. Department of Justice's interpretation of that decision as it relates to the ADA and Rehabilitation Act. ADA and Olmstead are relevant to Employment First since the program must assure statewide access in the least restrictive environment.

As of January 2016, the Lane vs. Brown case has been formally settled and Oregon via ODHS and ODE are mandated to effectively implement policies to achieve the required outcomes of the Settlement Agreement, which is mandated under federal jurisdiction.

Funding Streams

All funding for Employment First through ODDS is matched through the Medicaid 1915(c) Home and Community-Based Waiver. When a person is getting job development from Vocational Rehabilitation (VR), OVRS Title 1 case service funding is used.

Funding Justification and Significant Changes to CSL

There is one investment in the Governor's Budget, in addition to the regular essential packages that are part of the normal budget build process.

PACKAGE NO.	PACKAGE TITLE				
POP 119	Implementation of the New Rate Model				
GENERAL FUND	OTHER FUNDS	FEDERAL FUNDS	TOTAL FUNDS	POSITIONS	FTE
$ 4,111,562	$ -	$ 6,335,014	$ 10,446,576	-	-
PACKAGE DESCRIPTION					
POP 119 request funds to cover the cost of transition to the new rate models for provider agencies delivering specific servcies. This funding will cover transition from the old rate model based on old assessment instrument to the use of new Oregon Need Assessment (ONA) and and new rate model.					

In addition, the Governor's Budget proposes a reduction as follows:

- Assumes continuation of enhanced FMAP savings related to the COVID-19 pandemic for the first quarter. This type of reduction does not impact programs or services, it is only a reduction to the General Fund while an increase to the Federal Funds occurs resulting in $0 Total Fund impact.

ODHS Program Eligibility Requirements 2020

	Child Welfare (CW)	Intellectual and/or Developmental Disabilities (I/DD)*	Aging and People with Disabilities - Medicare Savings Programs (APD)	Long-Term Care (LTC - within APD)	Adult Protective Services (APS)	Vocational Rehab Services (VR)	Employment Related Day Care (ERDC)	Temporary Assistance for Needy Families (TANF)	Supplemental Nutrition Assistance Program (SNAP)
Age	0-18, 18 - 21st birthday if in Foster Care prior to age 18.	All Ages	Any age with Medicare	65 or older or disabled N/A- (ACA Expansion Population)	65 or older or disabled	16 and older (can be down to age 14 if appropriate)	Children 0 - 12 years. Children with documented special needs are served through the age of 17.	Serves families with children up to age 17 and through age 18 if the child is in secondary school or an equivalent program full time.	All ages. Certain groups must apply together if in same household including: those who purchase and prepare together, spouses, adults who have children in common, children under the age of 22 living with parents, and children under 18 who are under parental control within household.
Disability	N/A	Age 0-7: 1) standardized testing verifying significant impairment; or 2) medical stmt w/diagnosis of neurological condition that will likely cause significant impairment in two or more areas of adaptive behavior. School-age children and adults: Significant impairment in adaptive behavior caused by: 1) intellectual disability present prior to age 18 (IQ 75 or below); or a neurological condition, prior to age 22 and expected to last indefinitely, that originates in and directly affects the brain. All age groups: impairment cannot be primarily related to an excluded condition, including, but not limited to, a mental or emotional disorder, sensory impairment, substance abuse, personality disorder, learning disability or attention deficit hyperactivity disorder.	N/A	SSA determination of blindness or disability	SSA determination of blindness or disability	Must have a physical or mental impairment that constitutes a substantial impediment to work that requires vocational rehabilitation services to obtain, maintain, regain and advance in employment. The presumption is that employment is the applicants objective.	Higher child care reimbursement rates may be available for children with documented special needs.	N/A	SSA determination of blindness or disability. Disability exempts ABAWDs from having to meet work requirements, makes students of higher education SNAP eligible, qualifies household for medical deductions and removes shelter cap on cases.
Citizenship	N/A	Must be a citizen or meet non-citizen requirements.	Must be a citizen or meet non-citizen status requirements.	Must be a citizen or meet non-citizen status requirements.	N/A	Must meet I-9 Federal Requirements to work in the United States.	Must be a citizen or meet non-citizen requirements.	Must be a citizen, qualified non-citizen, or other specific unqualified non-citizen.	Must be a citizen or meet non-citizen requirements.
Residency	N/A	Must be a resident of Oregon. For applicants under 18, legal guardian must be resident of Oregon.	Must be resident of Oregon	Must be a resident of Oregon	N/A	Must meet I-9 Federal Requirements to work in the United States.	Must be a resident of Oregon.	Must be a resident of Oregon	Must be resident of Oregon
Income	N/A	In-home waiver services: Oregon Supplemental Income Program – Medical (OSIPM) income limits; generally, the countable income limit is 300% of the full SSI standard for a single individual. In-home k-plan services: OHP MAGI-based income methodologies are used; up to 133% FPL. Case mgmt only: N/A.	$1005-$1357	$735-$2205	N/A	N/A	Current income must be no more than185% of the federal poverty level	Income must meet income and payment standards. Income limits vary by family size, but in general current income must be no more than 37% of the federal poverty level for initial certifications for a family of three. To meet ongoing, the same family must be no more than 60% of the federal poverty level.	Most households must have gross income below 185% of the federal poverty level to be eligible for SNAP. Services are based upon income received in past 30 days.
Asset/Resource Limits	N/A	OSIPM: $2000 (1-person need group) - $3,000 (2-person need group).	N/A	$2,000 - $3,000 (categorical) N/A- (ACA Expansion Population)	N/A	N/A	Cannot exceed $1,000,000.	Applicant resource limit $2,500. Recipient's resource limit $10,000. Allows a motor vehicle exclusion up to $10,000.	There is a $25,000 liquid asset test for households to meet categorical eligibility. All households that do not meet categorical eligibility must meet a $2250 resource limit unless an elderly or disabled member is in the household—then the resource limit is $3250.

	Child Welfare (CW)	Intellectual and/or Developmental Disabilities (I/DD)*	Aging and People with Disabilities - Medicare Savings Programs (APD)	Long-Term Care (LTC - within APD)	Adult Protective Services (APS)	Vocational Rehab Services (VR)	Employment Related Day Care (ERDC)	Temporary Assistance for Needy Families (TANF)	Supplemental Nutrition Assistance Program (SNAP)
Other	N/A	Needs assessment and authorized individual support plan.	N/A	Must meet service priority levels from 1 - 13: Individuals with the most impairments are assessed at a higher priority level. For example, individuals at level 1 have a higher level of need than an individual at level 13.	N/A	Youth age 14 can be eligible for VR services while participating in Transition activities coordinated by school districts.	N/A	Family must include one child or pregnant individual. Child only case must be under the age of 18 or under the age of 19 and in secondary school or equivalent program full time.	Able-Bodied Adults Without Dependents (ABAWDs) are adults ages 18-49 who don't have children in the home and must meet work requirements to be eligible for SNAP in non-waived counties, unless they meet an exemption. Qualified non-citizens are only eligible when additional criteria is met or when a special status such as Refugee or Trafficking is applicable.

***Intellectual/Developmental Disabilities**

In order to access DHS I/DD Services, individuals must meet one of the assessment/diagnosis requirements. For all other programs, all requirements must be met.

2021-23 ODHS — Governor's Budget (POPs)

POP #	All Program Areas	Policy Package Title	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE	Updated for GB? Y/N/NA	# of DFs this would clear
103	APD	**OPI Expansion**	OPI Expansion	This policy package would create a stable and sustainable program to assist consumers who need a lighter amount of supports through an expanded Oregon Project Independence (OPI) program, with the goal of helping these consumers remain independent while delaying or avoiding entry into the Medicaid long term services and supports system.	$ -	$ -	$ 34,805,145	$ 34,805,145			Y	-
105	CTL - HR	**Human Resources Staffing Policy Option Proposal**	HR Staffing Policy Option Proposal	The Office of Human Resources provides a broad range of workforce management services to support the operation of all ODHS programs serving to 1.5 million vulnerable Oregonians. The size and complexity (approximately 10,000 employees, nearly 1/3 of state government) requires multiple specialized divisions within the Office of Human Resources to ensure that all ODHS program areas can recruit, select, retain and appropriately manage their human resources. The Office of Human Resources provides the following services to ODHS: Training and Legal Compliance: The Office of Human Resources establishes, maintains and provides crucial workforce trainings regarding Harassment Free Workplace, Violence Free Workplace, Respectful Workplace, Human Resources Essentials, Workday Support, Interviewing, Selection and Hiring, and other human resource topics. The Office of Human Resources collaborates with multiple labor unions, with other State Agencies- DAS, DAS-Risk, BOLI, ERB, DOJ Labor & Employment, Trial and Appellate Divisions to assess and mitigate risk for the Agency. The Office of Human Resources administers State and Federal Leave Laws (FMLA, OFLA, Extended FMLA), the American with Disabilities Act, State and Federal Labor Laws as defined by the Equal Employment Opportunities Commission (EEOC) and the Oregon Bureau of Labor and Industries (BOLI). Workforce Management: The Office of Human Resources manages approximately 300-350 workforce management issues which includes conducting investigations, drafting non-disciplinary and disciplinary documents, investigating and responding to union grievances, managing TORT responses, and lawsuits against the organization. Program Staffing: Annually ODHS also has approximately a 14% turnover rate. The Office of Human Resources opens more than 2,000 job recruitments, receives over 120,000 applications and assesses applications to identify top candidates to hiring managers. HR works closely with managers to develop their recruitment and selection strategies and management's ongoing performance management and supervision priorities. Classification & Compensation: DHS completes 3,500 Pay Equity Assessments, approximately 300 position allocation reviews and classification studies. DHS processes over 1,000 Pay Differential Requests annually. Human Resources supports	$ 10,992,974	$ -	$ -	$ 10,992,974	40	39.50	N	25
107	CTL - OEMS	**Diversity, Equity and Inclusion**	Diversity, Equity and Inclusion	As Oregon's demographics continue to change (i.e. one in four school children are foreign born) and the state becomes a more culturally and linguistically diverse place, services and staffing need to become more representative of those communities who now call Oregon home. ODHS has an opportunity to engage in transformative work to eliminate long standing inequities and realize its mission of becoming a more equitable organization. Some of these disparities include a disproportionate number of African American and Native American children in the foster care system; Disproportionate under-representation of employees of color and those with disabilities at all levels of the organization; A workforce which is not linguistically nor culturally agile and an absence of structures and systems which can ensure service equity for all the clients we serve. Disparities shown in ODHS's data reflect systemic racism, historical injustice, and the inequitable distribution of power and resources in Oregon communities. ODHS has a responsibility to continue improving the state's responsiveness to communities of color and, by engaging and understanding need, to lead the creation of a clear plan of action that addresses the root causes of disparities. We acknowledge that this conversation and a plan of action should have occurred sooner, and that we have not done enough to address Black, African American, African immigrant, African Refugee, and LatinX communities' health inequities and disparities thus far. These legacy inequities are compounded by an historic undervaluing and underinvestment in equity efforts across ODHS programs and services. As a result, ODHS is unable to meaningfully address the systemic inequities built into its systems and programs. This creates risk for the children and families we serve and legal exposure for the agency. Currently the Office of Equity and Multicultural Services has a team of seven staff to serve 9,400 ODHS staff and ensure equitable services for well over one million clients.	$ 4,376,753	$ 18,371	$ 1,203,434	$ 5,598,558	7	6.16	n/a	0
111	CW	**Increase Child Welfare Training Capacity**	Increase Child Welfare Training Capacity	Increase Child Welfare Internal Training and Workforce Development Capacity in accordance with recommendations made by Alvarez & Marsal under Executive Order 19-03. Recommendations included increased staff and resources to provide improved in-field supports, transfer of learning, advanced supervisor training, and accountability for training and workforce development. Capacity would take the form of additional positions and fiscal resources necessary to enhance instructional design, training delivery, quality assurance, data analysis, and performance evaluation of our workforce as they navigate their respective training paths. In addition, a comprehensive framework will be developed to inform clear paths to proficiency, competency, equity and expertise through formal instruction, field training, ongoing professional development, and promotional opportunities. These combined efforts will increase retention and the skills of our workforce and ultimately improve outcomes for children and families.	$ 992,940	$ -	$ 2,978,570	$ 3,971,510	19	16.72	n/a	0

2021-23 ODHS — Governor's Budget (POPs)

POP #	All Program Areas	Policy Package Title	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE	Updated for GB? Y/N/NA	# of DFs this would clear
114	CW	**Family Preservation and Preservation Services**	Family Preservation and Preservation Servs	Families that are at high risk or with specific needs can be supported with in-home services and interventions and/or connected to Community based resources to support the family without a higher level of Child Welfare intervention. As part of federal requirements for child welfare as a requirement as part of the federal Family First Prevention Services Act and prevention plan requirements, Child Welfare must develop a Continuous Quality Improvement program to ensure effective and quality services are provided.	$ 4,607,137	$ -	$ 1,535,672	$ 6,142,809	29	25.52	n/a	0
115	CW	**Governor's Child Foster Care Advisory Commission**	Governor's Child Foster Care Adv Commission	This policy options proposal accompanies a legislative concept that is effectively a re-introduction of HB 2332 – A of 2019. HB2332 – A of increased the membership of the commission from 11 to 13 makes modifications to appointments and membership requirements. Appropriates money to the commission for compensation and expense reimbursement of members. As well as directs the Oregon Department of Human Services (ODHS) to provide staff and support including a full-time equivalent policy analyst.	$ 166,400	$ -	$ 55,466	$ 221,866	1	0.88	n/a	0
116	CW	**Respite Care Program** **Foster Family Recruit Team**	Respite Care Prog Foster Family Recruit Team	Oregon does not currently have a formalized respite care program. Respite care is short-term childcare services that offer temporary relief, improves family stability, and has been shown to reduce the risk of abuse or neglect. This Policy Option Package is derived from the recommendation from the assessment conducted by the consulting firm Alvarez & Marsal. Respite care provides foster parents with short-term child caring services that offers temporary relief, improves family stability, and reduces the risk of abuse or neglect. Respite can be planned on an ongoing basis or offered during emergencies or times of crisis. This Policy Option Package seeks a multifaceted approach to solve a longstanding problem by providing respite services to foster parents. One approach would create a formalized, consistent, structured statewide respite program. This program would bolster foster family supports for those with limited resources, increase retention of foster families and increase placement stability. The other approach will provide emergency/crisis respite to ODHS certified families and Tribal Certified families with children in their homes in the custody of ODHS by overlaying the Behavioral Rehabilitative Services (BRS) infrastructure. This respite plan relies on the BRS infrastructure, primarily the Proctor Care system, to diversify their placement services by adding respite supports. Current BRS rules note that Proctor homes can serve 1 or 2 youth whom are not BRS clients, depending on the adult to child ratios natural to the home.	$ 19,443,093	$ -	$ 1,165,112	$ 20,608,205	1	0.88	n/a	0
118	CW	**CW Stabilization**	CW Stabilization	The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare Division have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 59 positions (51.92 FTE) throughout various Child Welfare units as well as some Central office units that are critical to Child Welfare's stability.	$ 15,859,656	$ 1,007,800	$ 9,473,622	$ 26,341,078	99	87.12	Y	95
119	IDD	**Implementation of the New Rate Models**	Implementation of the New Rate Models	This POP request funds to cover the cost of transition to the new rate models for provider agencies delivering specific services. This funding will cover transition from the old rate model based on old assessment instrument to the use of new Oregon Need Assessment (ONA) and new rate model.	$ 34,414,903	$ -	$ 66,874,523	$ 101,289,426			Y	
125	SHS - OPAR	**Estate Administration Unit (EAU) Business Process Change/Program Integrity**	EAU Business Process Change/Prog Integrity	The primary objective of the policy package is to increase estate recovery efforts for reinvestment in ODHS programs and to improve integrity to ODHS programs through increased communication, recovery, productivity, accuracy and efficiency. Additional revenue for ODHS will be provided to the Adults and People with Disabilities (APD) Programs. The Estate Administration Unit has a body of work (Surviving Spouse & Pending cases) that we currently are not actively working due to the lack of resources. With a new business process change in July 2019, we are required to notify and process any new Surviving spouse and Pending cases timely moving forward. Additionally, there are 15,000-25,000 cases that are not being worked timely and notifications are not being sent to the consumer in a timely manner. These cases have historically been a lower priority due to resource limits. However, with the change in business practice and additional staffing, we would like to work these cases as part of our normal operations. With the large number of cases sitting untouched, we are losing revenue. To be able to work the cases and sustain the ongoing new business process change with reviewing Surviving Spouse and Pending cases, we would like to add: (2) Compliance Specialist 2s (CS2s) (1) Administrative Specialist (AS1) (1) Compliance Specialist 3 (CS3). With the additional staff, and the work they will be producing, the expected result would be a minimum of $14,000,000 in additional recovery dollars each biennium.	$ -	$ 1,392,101	$ -	$ 1,392,101	4	3.52	Y	0

2021-23 ODHS — Governor's Budget (POPs)

POP #	All Program Areas	Policy Package Title	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE	Updated for GB? Y/N/NA	# of DFs this would clear
130	SSP	**Survivor Investment Partnership**	Survivor Investment Partnership	In partnership with the Governor's Office, ODHS Self-Sufficiency is proposing the Survivor Investment Partnership (SIP) Program to increase accessibility of advocacy services and meaningful financial support to survivors of domestic violence and sexual assault including Tribal members, individuals without children, and vulnerable populations. Domestic violence is prevalent nationally and in Oregon. Domestic Violence is disproportionally prevalent in vulnerable populations: •Prevalence rates for Tribal members experiencing domestic violence is at 44% nationally. •In Federal Fiscal Year 2018, 21.5% of children in Child Welfare that were victims of Child Abuse were children of color. Survivors of domestic violence and sexual assault need access to culturally responsive advocacy services and meaningful financial support. There are high rates of domestic and sexual violence in Oregon and services to support survivors are underfunded. There are current gaps in services, where culturally specific services are not available across the state, there is a need for additional services in Tribal Communities, and survivors of domestic violence and sexual assault (DVSA) need access to funding that both supports underserved and vulnerable populations and that is accessible and meaningful. Maintaining the current funding structure has already proven ineffective and left survivors without adequate financial support to address their safety needs, such as finding safe and stable housing or gaining access to culturally responsive DVSA services. The current structure is not culturally responsive across the state and does not include the valuable partnerships with Oregon Tribes and Culturally Specific DVSA providers. ODHS clients, DVSA survivors will continue to face safety challenges that present a barrier to creating self-sufficiency without access to meaningful advocacy resources coupled with financial support. Furthermore, DVSA survivors that are disproportionately affected will be affected at an even higher risk.	$ 10,000,000	$ -	$ -	$ 10,000,000	3	2.64	n/a	0
131	VR	**Social Security Cost Reimbursement**	Social Security Cost Reimbursement	Currently Vocational Rehabilitation (VR) is not fully capturing all of the available Social Security reimbursement available to its consumers who received Social Security Insurance (SSI) and/or Social Security Disability Insurance (SSDI) benefits and who become employed as a consequence of VR services. Historically these revenues have approached $10M per biennium. Proposed changes in the Ticket to Work program would create a revenue stream to fund ongoing supports for individuals with the most severe disabilities.	$ -	$ -	$ 170,746	$ 170,746	1	1.00	Y	0
206	CTL - IE	**IE Supporting the Post-Implementation Sys**	Integrated Eligibility	This POP requests resources and funding to provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called ONE that integrates eligibility determination for Non-MAGI Medicaid, Sup+P2plemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. This system represents an essential lifeline to vulnerable Oregonians in need. The IE program is an umbrella under which multiple inter-dependent yet disparate bodies of work fall. o The core system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period to resolve defects, add minor enhancements and help staff adjust to the new system. o Major enhancements to the system will be needed to add functionality that was not included in the original system requirements. These include functionality such as: o Mandated changes for Asset Verification Services o Updates to Medicare information o Mandated and/or required reports for all programs o Additional federal reporting or federal changes that have been passed nationally regarding the SNAP program o Increased functionality for operational efficiency to ensure Oregonians receive the services they need in the most efficient method possible o User Acceptance Tools need to be upgraded to support further enhancements. For example, Team Foundation Server must be upgraded to the latest version (Azure DevOps Server) before it reaches end-of-life. All UAT activities are currently supported by the State and are not provided by Deloitte. o The Eligibility Transformation team which provides trainers, subject matter experts and leadership will need to continue to provide support services into the 2021-23 biennium.	$ 37,118,353	$ -	$ 32,558,094	$ 69,676,447	24	24.00	Y	0

2021-23 ODHS — Governor's Budget (POPs)

POP #	All Program Areas	Policy Package Title	Official Title (45 Character Limit)	Description	General Fund	Other Funds	Federal Funds	Total Funds	POS	FTE	Updated for GB? Y/N/NA	# of DFs this would clear
207	APD	**Maintenance & Operations of Provider Time Capture**	Provider Time Capture M&O	The Department of Human Services (DHS) and Oregon Health Authority (OHA) in-home care programs need a system that will increase program integrity and comply with the federal 21st Century CURES Act for Electronic Visit Verification (EVV) System and the U.S. Department of Labor Fair Labor Standards Act (FLSA). This would be done with the implementation of a time, attendance and payment system for the program's Home Care Workers and Personal Support Workers (HCW/PSW). The drivers for this work include a need for: 1.Improved timeliness and accuracy of data 2.Improved compliance with federal, state, and bargaining requirements 3.Increased efficiency and internal controls 4.Decreased duplication of efforts across agencies 5.HCW/PSW to accurately and timely report services provided across programs 6.Decrease dependency on outdated legacy systems This POP requests General Fund to implement ongoing maintenance and enhancements that build upon a base system implemented in the 2021-23 biennium that would result in an integrated solution that meets the 21st Century Cures Act criteria and helps protect vulnerable Oregonians. Not funding this POP would limit Oregon's ability support the system.	$ 1,814,048	$ -	$ 1,000,000	$ 2,814,048	-	-	Y	
070	CW	**Revenue Shortfall Excess Limitation**	Revenue Shortfall		$ -	$ (6,531,059)	$ (17,065,610)	$ (23,596,669)	-	-	n/a	
070	SSP	**Remove Empty Limitation AY23**	Revenue Shortfall		$ -	$ -	$ (4,134,268)	$ (4,134,268)	-	-	n/a	
070	Central	**Revenue Shortfall due to Block Grants**	Revenue Shortfall		$ -	$ -	$ (651,505)	$ (651,505)	-	-	n/a	
084	CW	**FOCUS Out of State Rate Change**	June 2020 Special Session rollup		$ 555,666	$ -	$ -	$ 555,666	-	-	n/a	
084	SAEC/Shared	**SB 1605**	June 2020 Special Session rollup		$ 243,888	$ 215,123	$ -	$ 459,011	1	1.00	n/a	
				Total ODHS POPs	**$ 140,585,811**	**$ (3,897,664)**	**$ 129,969,001**	**$ 266,657,148**	**229**	**208.94**		

Oregon Department of Human Services
2021-23 Policy Option Package

Division:	The Office of Aging and People with Disabilities
Program:	Long Term Services and Supports
Policy package title:	Oregon Project Independence (OPI) Expansion
Policy package number:	POP 103
Related legislation:	N/A

Summary statement:

This policy package would create a stable and sustainable program to assist consumers who need a lighter amount of supports through an expanded Oregon Project Independence (OPI) program, with the goal of helping these consumers remain independent while delaying or avoiding entry into the full Medicaid long term services and supports system.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$0**	**$0**	**$ 34,805,145**	**$ 34,805,145**	**0**	**0.00**

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

While Oregon serves thousands of older adults and people with disabilities in its Medicaid long term services and supports program, there are fewer supports for consumers who need assistance with activities of daily living who

are not accessing Medicaid services. The proportion of Oregonians needing supports for activities of daily living will grow over the next 25 years. This policy package would create a stable and sustainable program to assist consumers who need a lighter amount of supports through an expanded Oregon Project Independence (OPI) program. APD proposes to obtain federal matching funds for these programs through an 1115 Medicaid Demonstration project with the federal Centers for Medicare and Medicaid Services (CMS).

2. What would this policy package buy and how and when would it be implemented?

This policy package would enable the department to draw federal funds to expand the current OPI program to serve more consumers. Program elements include:

Eligibility:

- Adults, aged 18 or over;
- Assessed as meeting Service Priority Level 1 through 18;
- Have income no greater than 400 percent of Federal Poverty Level,
- Have assets no greater than the average cost of six months in a nursing facility;
- Reside in their own home or their family's home; and
- Do not receive Medicaid.

Estate Recovery:

- These OPI benefits are not subject to estate recovery.

Services:
The service package would reflect the current services offered in statute and rule for OPI, including case management, in home support and personal care services, adult day services, home delivered meals, assisted transportation, assistive technology, and other supports.

Additionally, approximately $5 million of OPI's current budget would be kept in its current form. The intent of this program would be as "Maintenance of Effort" funding with which to draw down federal Older Americans Act funds, and the program would serve individuals who might otherwise be ineligible (based on income, immigration status, or other criteria) from receiving services funded by federal Medicaid dollars.

Once the department obtains federal approval of matching funds for this policy package, this program will be administered locally with the Office of Aging and People with Disabilities and the Area Agencies on Aging (AAAs). APD and Type B AAAs determine financial and service eligibility while ongoing case management would be provided by the local AAAs.

3. **How does this policy package further ODHS's mission and align with its strategic plan?**This policy package aligns with the statutory mission for the Office of Aging and People with Disabilities in Oregon Revised Statutes, Chapter 410: that older adults and people with disabilities live with independence, choice, and dignity. Additionally, this policy package is aligned with:
    - The Governor's policy priority of Healthy and Safe Communities: older adults and people with disabilities can live independently and with dignity, and where consumers have opportunities to overcome hardship and live their lives as they choose.
    - The Office of Aging and People with Disabilities' Strategic Plan: this policy package is guided by two strategic goals of the Plan: Well-being (older adults and people with disabilities feel safe and

experience their best quality of life) and Accessibility (Oregonians can readily and consistently access services and supports to meet their needs).

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Quantifying results

5. How will ODHS measure the success of this policy package?

ODHS will measure the success of this policy package through internal and federal reporting that demonstrates consumers delaying or avoiding entry into full Medicaid services. Measures include:

- Analysis of the cost per case of consumers in the expanded OPI;
- Comparison of Medicaid caseload projections to actual Medicaid utilization after this program is implemented;
- Consumer satisfaction with the quality, timeliness, and individualized services received in the program; and
- The slower growth of cost and utilization of full Medicaid long term services over the period of this program.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

The policy package is tied to the following KPMs:

- KPM #10: The need for LTC services; and

- More indirectly, KPM #11: LTC recipients living outside of nursing facilities. This KPM is listed as an indirect tie under the assumption that for those consumers utilizing OPI services who may enter the Medicaid system, it would be highly likely that they would enter the system by getting services in their own home or in a community setting, and less likely in a nursing facility.

7. What are the long-term desired outcomes?

The long-term desired outcomes include:

- More older adults and people with disabilities having access to a limited package of services to maintain independence;
- Lower than projected growth of the utilization of Medicaid long term services and supports;
- Higher satisfaction with person-centered supports and services;
- More accessible and responsive services for historically underrepresented communities; and
- Overall lower than projected costs for the entire services and supports system for older adults and people with disabilities, as demand for these services will increase over the next 25 years.

8. What would be the adverse effects of not funding this policy package?

The adverse effects of not funding this policy package include:

- More consumers not getting light, preventative and limited services;
- Consumers accessing Medicaid at a point when they have the highest level of need;
- A higher number of consumers accessing Medicaid; and
- With a higher number of consumers and a higher than anticipated cost per case for services, a less sustainable system to serve the growing number of older adults and people with disabilities needing services over the next 25 years.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

In 1975, Oregon implemented OPI to assist older adults age 60 and older, as well as individuals with dementia, with in-home services and case management so that these individuals would remain in their homes and avoid entering the higher levels of care or more expensive Medicaid services. Since this time, OPI has been limited in its ability to meet demand because of limited state funds and ongoing funding instability because it is vulnerable to budget reductions.

10. What alternatives were considered and what were the reasons for rejecting them?

The alternative to this policy package is to maintain the current level and system of services. Maintaining the existing service level is inadequate to meet current needs (there are wait lists for OPI, for example), and the existing funding structure is highly vulnerable to budget cuts in the absence of federal matching funds. Further, without this policy package, Oregon will face much greater challenges in supporting older adults and people with disabilities over the next 25 years, and these consumers will be at risk of not receiving services until their need for support is at its highest level.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No. This policy package anticipates that the original OPI program will continue under its existing statute, with a level of funding sufficient to draw federal funds for Older Americans Act programs and to serve individuals otherwise not eligible for programs with federal matching funds.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

ODHS will work with the Oregon Health Authority to obtain federal approval through CMS for matching funds for this program. Before Oregon applies for this federal match and throughout the 1115 Demonstration Waiver approval process, ODHS will engage with its tribal partners on how this program and services can serve tribal members across the state of Oregon. ODHS will work with and co-administer the programs with the local AAAs.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

There is an advisory committee working with ODHS and OHA on the proposal for the 1115 Demonstration Waiver to CMS. Advisory committee members include AAAs, providers, advocacy organizations for older adults and people with disabilities, and members of state commissions and local advisory committees for older adults and people with disabilities.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

This policy package helps populations impacted by inequities and disproportionalities. Communities of color, immigrant communities, and other historically underrepresented groups disproportionately access services in their own homes and with family caregivers in comparison to other demographic groups of older adults and people with disabilities. This policy package offers expanded access to services for individuals in their own homes; it would be an expansion of services that can be culturally responsive to the services that historically underrepresented groups are accessing, and perhaps increase accessibility to these services within these communities.

Staffing and fiscal impact

Implementation date(s): OPI – 1/1/2022

End date (if applicable): N/A

15. What assumptions affect the pricing of this policy package?

This policy packages assumes that there will be approximately 2,250 more consumers accessing OPI.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

Yes, there will be new responsibilities to administer the work, and new workload for ODHS eligibility staff to determine financial and service eligibility for the program. There will be new responsibilities of case management for ODHS's AAA partners, and these responsibilities are priced into the policy package for the staffing cost.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

Yes, there will be responsibilities that include system changes to implement the new program and benefit, new costs associated with hiring new staff (HR, facilities, IT supports, etc.), and these are accounted for in the pricing of the policy package.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

Not for existing programs. The estimates for caseloads in the new programs are provided in number 15, above.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

N/A

20. What are the start-up and one-time costs?

N/A

21. What are the ongoing costs?

The ongoing costs include maintenance of current service level.

22. What are the potential savings?

In order to apply for an 1115 Medicaid Demonstration Waiver, the state needs to show that its proposed program will save federal and state Medicaid dollars over a period of three to five years. This policy package assumes that by offering a lighter and limited package of services to individuals with some need for assistance, these individuals will avoid or delay entry into the Medicaid system. If the Demonstration is successful in its results, the cost of the policy package will be much less than the costs that the Medicaid program would bear in absence of these programs.

23. What are the sources of funding and the funding split for each one?

The sources of funding or General Fund and Federal Funds, and the funding split for each one is shown in the table below:

Oregon Department of Human Services
2021-23 Policy Option Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0
Services & Supplies	$0		$0	$0		
Capital Outlay						
Special Payments	$0		$34,805,145	$34,805,145		
Other						
Total	**$0**	**$0**	**$**34,805,145	**$**34,805,145	**0**	**0**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund	**$0**				**$0**
Other Funds	**$0**				**$0**
Federal Funds	**$**34,805,145				**$**34,805,145
Total Funds	**$**34,805,145				**$**34,805,145
Positions	**0**				**0**
FTE	**0.00**				**0.00**

Oregon Department of Human Services
2021-23 Policy Option Package

Division: Shared/Central Services
Program: Human Resources
Policy package title: Human Resources Staffing Stabilization
Policy package number: POP 105
Related legislation: N/A

Summary statement:

The purpose of this request is to create permanent positions for current staff working within the ODHS HR Department in unfunded positions. As ODHS is the largest state agency providing critical services to 1.5 million vulnerable Oregonians, ODHS Programs must be able to recruit, select, retain and appropriately manage their human resources.

If this POP is not approved, ODHS will be at significant risk for employment litigation, lack of staffing resources for ODHS Programs and impacted services for Oregon's most vulnerable citizens.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$ 10,992,974**	**$0**	**$0**	**$10,992,974**	**40**	**39.50**

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

- The ODHS Office of Human Resources is only budgeted at about 50% of the level necessary to meet the minimum service requirements of the Agency. The use of double-fills, job rotations and temporary employees have been used to provide necessary human resource management support to critical ODHS programs including Child Welfare, Self-Sufficiency Program, Adults and Persons with Disabilities, Vocational Rehabilitation and Individuals with Developmental Disabilities.
- HR industry standards generally support a ratio of one HR staff per 100 employees. (1:100). Currently, ODHS HR, with its double-fills and job rotations is understaffed at a level of one HR staff member to 122 employees (1:122). The permanently budgeted resources of ODHS HR only provide for one HR position for every 182 employees (1:182). Clearly this is not acceptable.
- this policy option package is a request for 43 FTE.

2. What would this policy package buy and how and when would it be implemented?

- The FTE provided in this policy package would allow ODHS Human Resources to stabilize their Human Resources department to continue to provide services to ODHS programs who serve 1.5 vulnerable Oregonians. The cost of this package is $10,992,322.

3. How does this policy package further ODHS's mission and align with its strategic plan?

This policy option package is essential for ODHS and will ensure stability within the agency and aligns with the ODHS mission to continue to support the following:

- Support Governor Brown's policy priority on Healthy and Safe Communities are directly supported by the services the Office of Human Resources provides to staff who work with Oregon's most vulnerable populations. Specifically, when the clients we support can live independently and with dignity, have access to health care and the opportunity to overcome hardship.
- Supports Governor Brown's Office of Diversity, Equity and Inclusion /Affirmative Action by promoting the need and creating the opportunity for ODHS to have a workforce that mirrors the communities they live in and that employee retention is improved.
- Supports the ODHS Strategic Plan by providing the infrastructure for managers to hire, train and retain a diverse and qualified workforce. They are also fundamental elements related to HR in RiSE and other ODHS initiatives.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

While this policy option package is not being requested because of a SoS audit, the resources requested will help ensure ODHS is able to adequately investigate, resolve and help prevent employment discrimination, harassment and whistleblowing retaliation complaints throughout the agency. These issues were examined in SoS statewide performance audit https://sos.oregon.gov/audits/Documents/2020-34.pdf.

Quantifying results

5. How will ODHS measure the success of this policy package?

- HR will focus on the outcomes of performance measures outlined in question #6 on a quarterly basis.

- ODHS will have a diverse workforce, that is hired in an expedient manner, onboarded appropriately and is retained in the agency.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

- ODHS Office of Human Resources has a strategic plan to meet the Agency's operational and program priorities. ODHS HR's priorities this biennium includes:
    - Improving operational efficiency and effectiveness of recruitment, hiring and onboarding processes.
    - Design a performance management system that includes feedback, mentoring and coaching system to maximize retention and improve employee performance.
    - Develop meaningful workforce analytics to inform and support operational priorities across the agency and also evaluates HR services.
- ODHS Performance metrics to report the percentage of ODHS employees who: (1) identified in a "Minority Class", and (2) identified as "Disabled".
- ODHS Performance metrics to report the percentage of employees that left ODHS (voluntary or involuntary).
- ODHS Performance metrics to report the percentage of ODHS employees who promoted within ODHS: (1) identified in a minority class and (2) identified as "Disabled".
- Each of these measures' ties to ODHS's key goals as the ODHS workforce is responsible to perform their jobs to protect Oregon's most vulnerable populations.

7. What are the long-term desired outcomes?

- Stabilization of Human Resources services and staff to serve the agency programs
- ODHS relies on the Office of Human Resources to recruit, hire, train, and effectively manage workforce management issues.
- Effectively addresses employment litigation and labor disputes resulting from program operations.

8. What would be the adverse effects of not funding this policy package?

- The ODHS Office of Human Resources has a critical role to provide multi-faceted services and support to vital agency programs. This POP will allow ODHS to have a minimally staffed Human Resources Office to support ODHS Programs. Each of these positions are vital. Without these positions the agency is exposed to significant enterprise risk and compromises the Agency's ability to deliver critical program services to Oregonians. Without these services ODHS Program areas will be unable to recruit, retain and adequately manage its workforce

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

- The ODHS Office of Human Resources has relied on job rotations, temporary employees and double-filling positions to meet the significant workload of an agency of 9,200 employees.

10. What alternatives were considered and what were the reasons for rejecting them?

- The alternative to this package is a larger package which would increase positions requests by 20%. This proposal meets minimum operating requirements for an agency.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

None

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Without approval, other state, tribal and/or local government agencies will be impacted as ODHS HR will be unable to provide critical services, due to lack of staff, slowed recruitments, employment litigation and other service issues where program will be unable to partner and assist in providing services to Oregon's most vulnerable citizens.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

The office of Equity and Multi-Cultural Services collaborates with ODHS Human Resources through technical assistance and planning.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

The ODHS Office of Human Resources assists agency staff and programs addressing disproportionalities through:

- HR Classification and Compensation Unit establishes and maintain equitable compensation practices in accordance with Oregon law.

- HR Recruitment Unit facilitates and ensures equitable and non-discriminatory hiring practices throughout the agency.
- HR Labor and Employment unit supports managers to provide a non-discriminatory work environment and investigates cases of harassment and discrimination.
- HR Family and Medical Leave Unit ensures employees are provided legally entitled protected leave.

Staffing and fiscal impact

Implementation date(s): July 1, 2021

End date (if applicable): Ongoing

15. What assumptions affect the pricing of this policy package?

The majority of these positions are currently on staff and have necessary equipment, supplies and facilities to perform their duties.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

This policy option package will provide the continuation of the current service level of human resources services to ODHS Programs.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

The requested FTE already have equipment, supplies and facilities- there is no additional impact to Shared Services.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No direct impact

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

1 FTE	PEM H	HR Director	24 months	Permanent
1 FTE	PEM E	Recruitment/Comp. Mgr	24 months	Permanent
2 FTE	PEM D	Assistant HR Manager	24 months	Permanent
1 FTE	OPA3	Data & Policy Analyst	24 months	Permanent
1 FTE	OPA3	Onboarding Analyst	24 months	Permanent
1 FTE	OPA1	Workday Analyst	24 months	Permanent
1 FTE	TDS2	Workday Trainer	24 months	Permanent
1 FTE	AS1	Workday Administration	24 months	Permanent
9 FTE	HRA3	HR Business Partner	24 months	Permanent
1 FTE	HRA3	ADA Coordinator	24 months	Permanent
2 FTE	HRA3	HR Executive Recruiter	24 months	Permanent
9 FTE	HRA2	Recruiter	24 months	Permanent
1 FTE	HRA2	ADA Analyst	24 months	Permanent
2 FTE	HRA2	Class/Comp Analyst	24 months	Permanent
5 FTE	HRA1	Recruitment Specialist	24 months	Permanent
3 FTE	HRA1	Class/Comp Specialist	24 months	Permanent
2 FTE	HRA1	Onboarding Specialist	24 months	Permanent

43 FTE

20. What are the start-up and one-time costs?

Not Applicable

21. What are the ongoing costs?

None

22. What are the potential savings?

This policy option package will potentially save:

- Costs associated with decreasing turnover and strong retention with good human resources practices.
- Costs associated with managing disruptions in the workplace and mitigating associated losses in Program productivity.
- Costs associated with expensive employment litigation.
- Costs associated with fees paid to DOJ Labor & Employment for consultation

23. What are the sources of funding and the funding split for each one?

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	**$ 10,992,974**	$0	$0	$10,992,974	40	39.50
Services & Supplies						
Capital Outlay						

Special Payments						
Other						
Total	**$10,992,974**	**$0**	**$0**	**$10,992,974**	**40**	**39.50**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund					**$0**
Other Funds					**$0**
Federal Funds					**$0**
Total Funds					**$0**
Positions					**0**
FTE					**0.00**

Oregon Department of Human Services
2021-23 Policy Option Package

Division:	Director's Office and Self-Sufficiency
Program:	ODHS Communications, Self-Sufficiency and Office of Equity and Multicultural Services
Policy package title:	Diversity, Equity and Inclusion
Policy package number:	POP 107
Related Legislation:	N/A

Summary statement:

The purpose of this request is to advance equity initiatives that will result in more equitable, accessible service delivery to communities of color and historically disadvantaged groups. The four initiatives contained within this POP include: 1) Rebranding the agency to align the agency's image with our values, 2) Rebranding the Oregon Trail card (Electronic Benefit Transfer card) to achieve greater cultural sensitivity and mitigate stigma experienced by SNAP participants, 3) Investment in the Office of Development Disabilities Services to provide greater language access, and 4) Investment in the agency's Office of Equity and Multicultural Services to increase capacity for equity expertise and implementation of strategies.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$4,376,753**	**$18,371**	**$1,203,434**	**$5,598,558**	**7**	**6.16**

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

At the core of its mission and values, the Department of Human Services believes that every human being deserves equitable access to health, safety, economic stability and participation in their communities. We are aware, now more than ever, that an individual's ability to experience these things is significantly influenced by the neighborhood they grew up in, their family's socioeconomic status, the color of their skin and other elements of systemic bias and inequity. Disparities shown in our data reflect systemic racism, historic injustice, and inequitable distribution of power and resources in Oregon communities. ODHS has a responsibility to continue improving the state's responsiveness to communities of color and, by engaging and understanding the need will lead the creation of a clear action plan that addresses the root causes of disparities. The Department can positively influence these factors for millions of Oregonians, and this package seeks to make change in four concrete ways:

- Rebrand the agency to more closely align with mission and values and establish an inclusive name and acronym. Since its inception, the Department of Human Services has been known by Oregonians by the acronym ODHS. However, in recent years, there has been increasing confusion among those we serve because the federal Department of Homeland Security is also known as ODHS. This has become problematic as the federal agency has taken steps to make it more difficult for some residents, particularly immigrants, to access services (for example, the public charge rule). More recently, the Department of Homeland Security has had a strong presence in Portland, which has exacerbated the confusion. As a result, the Oregon Department of Human Services seeks to rebrand the agency, with the goal of developing a name and brand that more accurately reflects the department's values and gives Oregonians more comfort in coming to us for services. This Policy Option Package will fund that work and ensure we have the resources to conduct this work with equity at the center and to fully engage the community in the process.

- Rebrand the Oregon Trail Card. The current Oregon Trail Card features imagery that fails to uphold the dignity of Oregon's native people. Additionally, the distinctive graphics on the Oregon Trail Card set it visually apart from mainstream credit and debit cards, contributing to stigma experienced by persons on the SNAP program. The rebrand effort would achieve greater respect for native culture and would make the SNAP program more accessible for families in poverty.
- Office of Developmental Disabilities Services (ODDS) Language Access. Within existing capacity, ODDS is unable to provide enough language access supports and services to meet minimum requirements. ODDS is committed to its obligations under law, rule, and policy, in addition to its vision for an equitable system that is easy to use and navigate. In order to provide the necessary level of language access, an intentional resource investment is needed. This POP would advance service equity by reducing or eliminating language access barriers and increase communications that are designed specifically to reach people with intellectual and developmental disabilities.
- Invest in the Office of Equity and Multicultural Services (OEMS). As an agency of over 9,400 employees, the current Office of Equity and Multicultural Services (OEMS) holds only seven positions to support equitable service delivery across all our programs throughout the state. While the agency has an opportunity to engage in transformative work to eliminate long standing inequities and realize its mission of becoming a more equitable organization, the current capacity of OEMS is not enough to accomplish this. Investing in OEMS would equip us to address disparities with specific actions such as addressing:
    - Disproportionate over-representation of African American and Native American children in the foster care system
    - Disproportionate under-representation of employees of color and those with disabilities at all levels of the organization
    - A workforce which is not linguistically nor culturally agile
    - An absence of structures and systems which can ensure service equity for all the clients we serve

2. What would this policy package buy and how and when would it be implemented?

- **Agency and Oregon Trail Card Rebrand: $615,000 GF**
  - **Project Research and Rebranding: $350,000 GF**
    Project research would include both qualitative and quantitative research, including interviews, focus groups, and surveys with internal and external stakeholders. Rebranding work will include brand strategy, messaging, copywriting, and transcreation for diverse audiences. We will seek a contractor to work on both projects for efficiency.

  - **Collateral: $150,000**
    Once a new agency brand is established, the agency will need to change electronic and print materials, distribute materials to field offices throughout the state, and provide new signage for buildings.

  - **Community outreach: $100,000 GF**
    Once a new EBT brand is established, there will need to be updated Retailer signage and extensive community outreach to introduce the new identity for both the EBT card and the agency.

  - **EBT Card Vendor: $15,000 GF**

    There will be specific production costs associated with the EBT card vendor and there are specific costs associated with destroying the old cards for privacy and security reasons.

- **ODDS Language Access: $570,000 GF and $475,000 FF**
  - **Document and Content review and complete translations.** Complete inventory of ODDS forms, documents and web content that must be made available in required major languages. Complete translation of those materials using ODHS and Program specific language glossaries. This work would include revision of existing translations to align with new glossaries.
  - **Reverse translations of case documents.** Provide reverse translation services of documents developed in languages other than English to Case Management Entities (CMEs) to ensure that those documents are also available in English for the purposes of continuity of supports, quality assurance, audit, and other administrative uses.
  - **Verbal interpretation.** Provide verbal interpretation supports for services delivered by CMEs to individuals with I/DD and their families.
  - **Alternate tools and materials.** Develop tools and materials for individuals who do not communicate using written or spoken language, who may not read and may require alternative and flexible means of receiving information in order to fully participate in all parts of the service system.
  - **Training.** Develop and deliver training for ODDS staff and contracted case management entities and service providers on requirements, timelines, and best practices in language access that align with state and federal law, rule, and policy, and the values of ODDS.

- **OEMS Investment:**
  - **OEMS Staff: $836,757 GF $18,370 OF and $728,439 FF or 1,583,566 TF**
    ODHS proposes to double the staff dedicated to Diversity, Equity and inclusion work by adding 7 new positions (6.16 FTE) into OEMS:

- 6 Service Equity Managers (OPA3) for each ODHS program which includes, (Office of Developmental Disabilities, Office of Vocational Rehabilitation, Office of Self Sufficiency Programs, Office of Aging and Peoples with Disabilities and Human Resources and Shared Services) to provide more capacity to implement a more holistic Diversity, Equity and Inclusion plan and provide a more definitive connection to ODHS programs.
- 1 PEM E lead worker position to both assist the Director in the operations of OEMS but also to act as a lead over the analysts to ensure a coordinated approach to implementation of the plan. This will ensure that programs receive the support needed to understand the disparities within their program and build strategies to address them through equity plans, equity councils and tracking of data.

- **Employee Resource Groups: $450,000 GF**
  Employee Resource Groups (ERGs) are officially chartered groups that are organized around shared cultural identity(ies) to support historically underrepresented employees and/or underserved client populations. ERGs are employed as a diversity and inclusion best practice to leverage collective experiences, skills, and backgrounds that our most valuable resource, our employees, bring to work every day. Currently, ODHS has nine active employee resources groups and this policy option page will allow for additional support toward their functions
- **Investment in Community Based Organizations: $1,500,000 GF**
  This investment into an Equitable Communities Fund would resource community-based organizations to do outreach, education and service navigation for communities of color, people with disabilities, LGBTQ+ communities, and other marginalized groups. ODHS must engage differently than it currently does with these communities and their leaders. This Community Fund would meaningfully improve the agency's ability to provide culturally appropriate services and community events for outreach, listening, sharing and the diverse recruitment of staff. The Fund will also foster conversations and engagement with community through joint

convenings with OHA/ODHS leadership, engagement through the Governor's Office and correspondence with Urban League of Portland, the Communities of Color Coalition and many other ODHS stakeholders. This investment will also allow for development of community advisory councils and meaningful partnership between ODHS and community to ensure a collaborative approach to our service delivery.

- **Training & Development: $500,000 GF**
  The ability of OEMS to provide training and development opportunities to its staff is imperative to advancement of equity and inclusion work. Access to State Equity Conferences and Equity, Diversity, Inclusion and Access (EDIA) related training is also critical to our mission of transformation. In addition, these funds will allow for delivery of training and development to our internal workforce and advance knowledge and expertise related to equity.

3. How does this policy package further ODHS's mission and align with its strategic plan?

- Rebranding the agency will ensure the image we put out to the public aligns with our mission and values. It will also make the agency more approachable and accessible to communities of color, immigrant and refugee populations, and other historically disadvantaged groups.
- Rebranding the Oregon Trail Card will result in greater access to the SNAP program, decreased stigma for families in poverty, and greater respect for the dignity of Oregon's native people.
- Investing in OEMS will result in increased service equity for the individuals we serve by mitigating the impacts of systemic and structural inequity. Additional capacity within OEMS will allow for increased knowledge and expertise within agency programs, technical support in the development of service equity strategic plans, and capacity to invest in culturally responsive Community Based Organizations.
- Investing in Language Access within ODDS will ensure equal access and ability to engage in services for individuals who speak languages other than English, aligning with the agency's service equity goals.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

A 2018 internal assessment of ODHS' efforts related to diversity, equity and inclusion found "ODHS has not invested sufficiently in equity, diversity and inclusion efforts at every level of the organization… Underinvestment has created system-wide frustration due to the fact that need for support promoting and ensuring diversity and inclusion, as well as equitable access and outcomes, far outweigh the resources available to address those needs. Further, insufficient funding and staffing perpetuates a widespread conception of equity, diversity and inclusion work as 'extra' and not essential to daily human services work." This package directly addresses the historically insufficient investment in equity work and lays a foundation for systematic, strategic and coordinated work moving forward.

Quantifying results

5. How will ODHS measure the success of this policy package?

ODHS will measure the success of this policy package by:

- Consistently reviewing programmatic data both quantitative and qualitative.
- Reviewing Key Performance Measures to ensure that equity is foundational to program service delivery.
- Tracking community engagement efforts and participatory patterns to improve participation from partners.
- Tracking the deployment of Community Investment dollars and related outcomes.
- Measuring engagement of ODHS staff in training and development opportunities relating to EDIA.
- Tracking ODDS data including:

- Increase in number of individuals accessing interpretation services compared to baseline and in relation to individuals indicating language other than English as preferred option
- Number of files where English is not the preferred language included in QA reviews
- Completion of translation for ODDS forms and documents
- Completion of tools for individuals who do not communicate using written or spoken language, who may not read and may require alternative and flexible means of receiving information
- Representatives from all CMEs trained on language access requirements and process

- Monitoring race and ethnicity in ODHS data sets over time to see if previously under-served populations are reached differently after rebranding is complete.
- Conduct a brand sentiment analysis among participants and stakeholders to evaluate any changes in brand resonance, particularly as it applies to a sense of inclusiveness.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

This package is tied to several Program Key Performance Measures. Through implementation of the ODHS Management System, more measures are being reported by race and ethnicity to help uncover disparities that may exist.
These include:
#4 – Absence of repeat maltreatment of abused/neglected children (CW)
#5 – Timely reunification of foster children (CW)
#6 – Timely adoption once children are legally free (CW)
#7 – Disparity of foster youth achieving permanency (CW)
#8 – Children served by Child Welfare residing in parental home (CW)

#14 – Housing stability (SSP)
#15 – Food security (SSP)
#16 – Self-Efficacy (SSP)
#21 – ODHS customer satisfaction

Two additional Child Welfare KPMs are being proposed for the 2021-23 biennium: reduction of race/ethnicity disparities in length of stay and reduction in disproportionality of children at entry into substitute care. In addition to KPMs, we have started reporting at ODHS Quarterly Target Reviews on workforce diversity as well as promotions and turnover by race, ethnicity and disability status. The ODHS management system and the measures on the scorecard will identify barriers and opportunities, inform action, and ultimately ensure we are being intentional and proactive about equity and inclusion.

7. What are the long-term desired outcomes?

The agency's vision is for every individual and community to have dignity, respect and the full measure of human rights. Long-term, accomplishing service equity means that an individual or family's group affiliation no longer determines their life outcomes, meaning all children, individuals and families experience economic stability, health, safety, and participation in their communities to an equal extent. Each of the initiatives in this package moves the agency closer to this goal.

The rebranding of key elements of the department like the EBT card and the agency's name will reduce the stigma currently attached to over 700,000 Oregonians who utilize program services through this card. Overall, the long-term outcome is to increase usage and participation of programs and services with low-income Oregonians to support their success. Currently there are many programs that use the ODHS EBT card to deliver program benefits, this includes programs like SNAP, TANF and most recently the Pandemic-EBT benefits for children.

8. What would be the adverse effects of not funding this policy package?

Continued under-investment in equity and inclusion work, particularly the initiatives included in this package, may result in:

- Barriers will persist connecting ODHS' services and benefits to individuals who need them due to associations with the agency's branding.
- Individuals struggling with food insecurity will face continued barriers in accessing the SNAP program due to stigma. SNAP currently serves over 700,000 Oregonians with food benefits every month. Currently there are over 350,000 active SNAP EBT cards used every month.
- There are seasonal increases in the EBT usage when other programs like Summer EBT for Children and Pandemic-EBT programs are in action. Having a more generic card will allow greater flexibility of use for participants of these programs.
- Imagery on the Oregon Trail Card will cause continued damage to relationships with tribes and Native Americans in Oregon.
- Agency programs and staff will continue to have limited training, access to expertise and resources related to equity and inclusion work.
- OEMS will continue to be constrained in its ability to coordinate effective, cross-program equity and inclusion strategies.
- The agency may lose equity and inclusion expertise due to over-taxing staff and burnout.
- The agency will continue to lack resources to appropriately invest in culturally specific Community Based Organizations.
- ODDS will continue to be constrained in its ability to provide language access to all consumers, resulting in inequitable access and outcomes for non-English speakers.

- Consumers of agency services and benefits will continue to experience inequitable outcomes, further compounding the structural and systemic disadvantage they experience.
- The agency may face legal action for non-compliance with requirements and inequitable service delivery
- Potential loss of federal ODDS funding due to non-compliance with language access requirements

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

OEMS Investments:

- The agency has used temporary stopgap measures such as rotations and Limited Duration positions to address equity expertise needs within OEMS. This is not a sustainable strategy, nor has it sufficiently addressed the need. Additionally, in the short term, limited funding has been allocated from OEMS' budget for ERGs and Training & Development functions, which is both limited and unsustainable.

ODDS Investments:

- State government and ODHS has made strides towards improving language access:
    - Department of Administrative (DAS) services has engaged in bringing on-board translation and interpretation contracts with qualified vendors and making them available to state government agencies and some non-profit agencies that are registered with Oregon Cooperative Procurement Program (OrCPP). However, the ability for ODDS to fund access these contracts for all of our case management entities is limited by resources available and some CMEs do not have access to the DAS contracts since they are not a government entity or registered with OrCPP. Moreover, current contracts with CMEs and the workload-based reimbursement structure does not include funding and clear requirements around verbal interpretation supports and reverse translation.

- ODHS is currently in the process of developing glossaries of terms for the Department and each Program area, including ODDS. These glossaries will be translated into major languages to ensure that when translations are done, vendors use accurate and consistent terminology.

Oregon Trail Card Rebrand and Agency Rebrand:

- These are new initiatives. The Agency has taken steps to perform minimal rebranding free-of-cost, such as changing social media handles and releasing internal messaging.
- ODHS has ensured that all rules with reference to the Oregon Trail Card have been altered to the more generic term of EBT card. This will ensure a smooth transition to any newly branded card.

10. What alternatives were considered and what were the reasons for rejecting them?

Alternatives to Agency Rebrand:

- Continue forward with current agency branding. This option would promote continued misconceptions about the agency's work and challenges forming positive relationships with marginalized communities.

Alternatives to Oregon Trail Card Rebrand:

- Continue using current Oregon Trail Card branding. This option would result in continued negative impact on the agency's relationship with Oregon's tribes, negative perception of the SNAP program among Native Oregonians, and experiences of stigma among all SNAP participants which acts as a barrier to SNAP access.

Alternatives to ODDS Language Access:

- See Question 9

Alternatives to OEMS Investments:

- Continue using non-budgeted positions to address staffing needs. This is an unsustainable practice that results in a lack of transparency in the agency's budget. Continuing to under-fund ERGs may result in lack of employee engagement, lack of feelings of support, and ultimately staff turnover.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

Maybe. If the rebranding of the department results in a new name, statutes with the existing agency name would need to be updated.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Tribal governments will be positively impacted by the Oregon Trail Card rebranding. The current imagery depicted on the card does not uphold dignity and respect for Oregon's native people. Changing this imaging will allow for more positive relationship between the agency and the tribes and will aid positive perception of the SNAP program among Native Oregonians.

The rebranding of the Oregon Trail Card will also allow for greater flexibility in the usage of the card to meet the diverse program needs of participants in services that use the EBT card as the mechanism to receive benefits. This includes other programs like TANF, Summer EBT for Children (SEBTC) and Pandemic-EBT. This card is also used by the Department of Corrections (DOC) to connect prisoners back to services prior to release, including SNAP and any wages earned while they were incarcerated.

Rebranding of the Department of Human Services (ODHS) would lessen confusion with the Department of Homeland Security, providing clarity to tribal governments and other government agencies that we partner with on programs and policies.

Increasing OEMS staff, along with staffing from the Office of Tribal Affairs in the Directors office, will have a positive impact on the cultural competency of ODHS to serve tribal and other communities of color.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

None

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

This package entirely revolves around helping populations impacted by inequities and disproportionalities by supporting their health, well-being and independence. This will be accomplished by:

- Staff becoming more skilled and knowledgeable about equity and inclusion
- Staff having the tools they need to provide equitable, unbiased service delivery
- Programs having strategies in place to address structural inequity and technical support to implement them
- Staff feeling supported and engaged through participation in ERGs, including increased ability to effect change for marginalized groups within the agency.
- Consumers having access to information, forms, resources, and services in their native languages
- Oregonians using their SNAP benefits to address food insecurity without stigma

- Tribal members and Native Oregonians having their dignity upheld through the elimination of disrespectful imagery
- Community-Based Organizations and stakeholders having meaningful ways to create institutional accountability and create change in their communities
- Analysis of data through consistent incorporation of REAL+D (Race, Ethnicity, and Language + Disability) data at the forefront of our practice
- Oregonians perceiving the agency as a compassionate, supportive resource where they can receive equitable services

Staffing and fiscal impact

Implementation date(s):	July 1,2020
	One-time costs for Agency Rebrand: $500,000 GF and Oregon Trail Card Rebrand: $500,000 GF –
End date (if applicable):	rest ongoing

15. What assumptions affect the pricing of this policy package?

- Staffing costs of 7 new staff
- Assumption that ODHS will contract out the one-time funding for rebranding of EBT and Agency
- Employee Resource Groups (ERGs) are officially chartered groups that are organized around shared cultural identity(ies) to support historically underrepresented employees and/or underserved client populations. Funding to support the efforts of these Employee Equity groups is key in sustaining them.

- Investment in Community Based Organizations: This investment into an Equitable Communities Fund would resource community-based organizations to do outreach, education and service navigation for communities of color, people with disabilities, LGBTQ+ communities, and other marginalized groups.
- Training & Development: The ability of OEMS to provide training and development opportunities to its staff is imperative to advancement of equity and inclusion work.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

No new responsibilities, however, this pop will help increase the OEMS presence and with the addition of the RiSE initiative keep racial inequities and other issues regarding marginalized populations at the forefront of ODHS work. The goal is to imbed Diversity, Equity and Inclusion best practices within each position's duty, so Equity is not an "add on" but part of how ODHS does business.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

May have some impact on Publications and Design Services a shared service housed in ODHS and serving both ODHS and OHA.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

OEMS and RiSE work will help address and remove disparities within the ODHS systems and practices.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

ODHS proposes to double the staff dedicated to Diversity, Equity and inclusion work by adding 7 new positions (6.16 FTE) into OEMS:

- 6 Service Equity Managers (OPA3) for each ODHS program which includes, (Office of Child Welfare, Office of Developmental Disabilities, Office of Vocational Rehabilitation, Office of Self Sufficiency Programs, Office of Aging and Peoples with Disabilities and Human Resources and Shared Services) to provide more capacity to implement a more holistic Diversity, Equity and Inclusion plan and provide a more definitive connection to ODHS programs.
- 1 PEM E lead worker position to both assist the manager in the operations of OEMS but also to act as a lead over the analysts to ensure a coordinated approach to implementation of the plan. This will ensure that programs receive the support needed to understand the disparities within their program and build strategies to address them through equity plans, equity councils and tracking of data.

Current OEMS staffing levels are not sufficient for an organization the size of ODHS. Adding capacity will help improve ODHS equity outcomes both internally and externally.

20. What are the start-up and one-time costs?

One-time costs for branding of EBT card and Agency.

21. What are the ongoing costs?

Staff
Training and development,
ERG investment,

Community investment

22. What are the potential savings?

Staff – if ODHS can retain employees at a greater number there will be less downtime training new people. Clients – if ODHS can address disproportionality in CW the overall caseload is likely to drop leading to savings. Other program may see savings, though if there are underserved populations that can be identified there may be increases in some programs.

23. What are the sources of funding and the funding split for each one?

OEMS is cost allocated to all appropriate funding sources within ODHS. This involves GF, OF and a variety of FF grants.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$695,940	$15,282	$605,846	$1,317,068	7	6.16
Services & Supplies	$2,180,813	$3,089	$597,588	$2,781,490		
Capital Outlay						
Special Payments	$1,500,000	$0	$0	1,500,00		
Other						
Total	**$4,376,753**	**$18,371**	**$1,203,434**	**$5,598,558**	**7**	**6.16**

Fiscal impact by program

	Director Office	OEMS	IDD	Program 4	**Total**
General Fund	$500,000	$3,286,753	$590,000		**$4,376,753**
Other Funds		$18,371			**$18,371**

Federal Funds		$728,434	$475,000		**$1,203,434**
Total Funds	$500,000	$4,033,558	$1,065,000		**$5,598,558**
Positions		7			**7**
FTE		6.16			**6.16**

Oregon Department of Human Services
2021-23 Policy Option Package

Division: Child Welfare
Program: Training
Policy package title: Increase Child Welfare Training Capacity
Policy package number: POP 111
Related legislation: N/A

Summary statement:

Increase Child Welfare Internal Training and Workforce Development Capacity in accordance with recommendations made by Alvarez & Marsal under Executive Order 19-03. Recommendations included increased staff and resources to provide improved in-field supports, transfer of learning, advanced supervisor training, and accountability for training and workforce development. Capacity would take the form of additional positions and fiscal resources necessary to enhance instructional design, training delivery, quality assurance, data analysis, and performance evaluation of our workforce as they navigate their respective training paths. In addition, a comprehensive framework will be developed to inform clear paths to proficiency, competency, equity and expertise through formal instruction, field training, ongoing professional development, and promotional opportunities. These combined efforts will increase retention and the skills of our workforce and ultimately improve outcomes for children and families.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$992,940**	**$-**	**$2,978,570**	**$3,971,510**	**19**	**16.72**

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

ODHS is proposing to enhance the current Child Welfare Training Unit to provide additional staff to address a deficit in Child Welfare's internal organic capacity in design, deliver, evaluation, and oversight of training received by Child Welfare Staff. The training unit is currently made up of 7 staff, 3 of which are limited duration positions that end June 30th, 2020. In its current state, the Training Unit only has the capacity for budget, contract, and training administration, with limited ability to provide direct training support. This has resulted in a reliance on external contract or fee-for-service providers to deliver training for Child Welfare staff. Staff and Managers at Central Office and in the Field have routinely reported that these training offerings are not sufficient in effectively preparing Child Welfare Staff for their conducting the work, as is evidenced by Internal Fidelity Reviews, Child & Family Services Reviews(CFSR), Secretary of State(SOS) Audit, and other practice evaluations.

2. What would this policy package buy and how and when would it be implemented?

This package would build out the Child Welfare Training Unit to include the following staff: Training & Workforce Development Manager(PEM-E), Training Program Assistant Manager(PEM-D), Curriculum Lead(OPA3), Instructional Technologist(OPA3), Instructional Designer x2 (OPA3), Budget & Contracts Specialist(OPA3), Training Administration & Operations Specialist(OPA3), Child Welfare Trainers x12 (TDS2), Communications Specialist (OPA2), and Training Support Specialist (AS2), as well as the requisite operational budget to support ongoing training.

Due to the high priority need of increased training and retention, this package would be implemented immediately. Additional staff would be hired, trained on existing curricula, and begin work on developing enhancements to initial, basic, and advanced training offerings for all Child Welfare Staff.

3. How does this policy package further ODHS's mission and align with its strategic plan?

This enhanced training capability will provide an additional tool to Child Welfare Staff and Leadership in effectively engaging with and meeting the needs of Oregon Families. This increased competency will lead to a higher rate of confidence in the Child Welfare Workforce, which will result in increased retention.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This package supports recommendations made by the Alvarez & Marsal in accordance with Executive Order 19-03 delivered by Governor Kate Brown. In addition, fidelity reviews and needs assessments conducted by ODHS/Child Welfare, Secretary of State of Oregon, and the Children's Bureau have concluded that many of the deficiencies observed in audited casework are the result of inadequate training and workforce support.

Quantifying results

5. How will ODHS measure the success of this policy package?

The success of this policy package will be measured through Staff Retention, Fidelity Reviews, and Customer Engagement reviews. Evaluative tools will be developed to assess knowledge and skills, as well as customer surveys to identify additional training needs.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

No.

7. What are the long-term desired outcomes?

Long-term desired outcomes of an enhanced Training Unit would include: A comprehensive training experience for Child Welfare staff in any classification, delivered in a multi-layered training system. A confident and competent workforce who receive regular ongoing trainings designed to provide them with the mastery necessary to effectively execute their duties. An increase in staff retention, customer approval, and staff advancement through promotion or rotational opportunities.

8. What would be the adverse effects of not funding this policy package?

Fidelity reviews and audits will continue to receive negative reports. Child Welfare would be reliant on external organizations to provide the initial and ongoing training to staff. Outcomes for children in the care of ODHS/Child Welfare would not improve.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

Legislators met in 2020 during short session and were supportive of increased resourcing to Child Welfare Training, but the session ended without final action.

10. What alternatives were considered and what were the reasons for rejecting them?

None.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Tribal Child Welfare Organizations, Oregon Youth Authority, OTIS, and other State, County, and City organizations with ties to Child Safety would be welcome to attend trainings developed by ODHS/Child Welfare.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

None.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

One of the key tenets of the Training Unit strategic plan is to infuse Diversity, Equity, Inclusion, and Ability into all learning experiences. Enhancement of the Child Welfare Training Unit will increase the number of these learning opportunities offered to Child Welfare Staff, further supporting populations impacted by these inequities including clients, communities, and coworkers.

Staffing and fiscal impact

Implementation date(s): July 2021

End date (if applicable): Ongoing

15. What assumptions affect the pricing of this policy package?

None.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

No.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

No.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

19 total new positions would be needed to implement this policy package. 1 Principal Executive/Manager D(PEM-D), 5 additional Operations and Policy Analyst 3(OPA3), 12 additional Training and Development Specialist 2(TDS2), 1 additional Operations and Policy Analyst 2(OPA2).

20. What are the start-up and one-time costs?

None.

21. What are the ongoing costs?

Staff and operating expenses for the Child Welfare Training Unit would be ongoing.

22. What are the potential savings?

Direct savings could be identified in the reduction of contract training provided by fee-for-service and contract providers. Indirect savings would be experienced as retention increases and the reduced costs of hiring and initial training.

23. What are the sources of funding and the funding split for each one?

General Fund(25%), Federal Funds(75%).

Oregon Department of Human Services
2021-23 Policy Option Package

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$812,421	$0	$2,437,207	$3,249,628	19	16.72
Services & Supplies	$180,519	$0	$541,363	$721,882		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$-0		
Other	$0	$0	$0	$0		
Total	**$992,940**	**$-**	**$2,978,570**	**$3,971,510**	**19**	**16.72**

Fiscal impact by program

	CW Design	Program 2	Program 3	Program 4	**Total**
General Fund	$992,940				**$992,940**
Other Funds					
Federal Funds	$2,978,570				**$2,978,570**
Total Funds	$3,971,510				**$3,971,510**
Positions	19				**19**
FTE	16.72				**16.72**

Oregon Department of Human Services
2021-23 Policy Option Package

Division: Child Welfare
Program: Safety Program
Policy package title: Family Preservation and Prevention Services
Policy package number: POP 114
Related legislation: N/A

Summary statement:

Families that are at high risk or with specific needs can be supported with in-home services and interventions and/or connected to Community based resources to support the family without a higher level of Child Welfare intervention. As part of federal requirements for child welfare as a requirement as part of the federal Family First Prevention Services Act and prevention plan requirements, Child Welfare must develop a Continuous Quality Improvement program to ensure effective and quality services are provided.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$4,607,137	$0	$1,535,672	$6,142,809	29	25.52

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

The State of Oregon is does not have a strong infrastructure to focus on Family Preservation, to include Prevention of Foster Care for children and families. Children who have been maltreated have a higher risk of experiencing a range of negative well-being outcomes, with significant direct and indirect societal costs, and children who are removed from their home may experience additional trauma that can compound the effects of maltreatment (Kolko et al., 2010). Trauma occurs when children experience or perceive one or more negative events or circumstances that cause them emotional pain and impair their ability to cope (Bartlett & Steber, 2019).

A comprehensive and coordinated approach to serve children and families without a higher level of Child Welfare intervention does not currently exist in Oregon. Through a Family Preservation and Prevention model children and families may receive services and supports within their family and community which decreases deeper involvement with the Child Welfare agency.

Many reports to the Oregon Child Abuse Hotline do not meet statutory criteria for a Child Protective Services assessment; however, many of these families have identified risk factors and needs for services and support. Creating a Family Preservation and Prevention model would allow for a family who is identified as needing some level of support, a less intrusive, less intensive and a more cost-effective intervention to be obtained. This may include intensive family preservation efforts and additional services to prevent maltreatment and foster care. Many services and supports may be available within the community but the state is lacking a coordinated process of identification, resource development and service modification as the needs of children and families change.

Currently, there is no state entity who is creating a comprehensive and coordinated approach to serve families who may need require a higher level of Child Welfare intervention. Oregon Child Abuse Hotline staff are responsible for screening reports of child abuse for the entire state. They often refer callers and families to 211 or the local ODHS offices for resources and services. They do not have information regarding local, county or regional community resources or services that could be offered to children and families when a need is identified.

Through the development and implementation of a Family Preservation and Prevention model the department believes that there will be a reduction in the numbers of children being separated from families and entering foster care system, and a reduction in families being referred to the Oregon Child Abuse Hotline due to reoccurrence of child abuse.

In addition, Oregon is lacking a Continuous Quality Improvement program to ensure that effective and quality services are provided. The Family First Prevention Services Act of 2018 (Family First Act) has changed the landscape of federal child welfare funding in significant ways to support children to remain safely in their homes and encourage family-based placement when foster care placement is necessary. With specific requirements around evidence-based programs and tools, the legislation expands opportunities to use research and data to drive decision making and direct funding to ensure that children and families receive the most effective services.

The research and evaluation provisions of the Family First Act require that (1) prevention and kinship programs be evidence-based, (2) states rigorously evaluate and support implementation of prevention programs through data-driven continuous quality improvement efforts, and (3) assessment tools used to determine the appropriateness of residential treatment programs be evidence-based. In order to realize these requirements, the Department must create a robust Continuous Quality Improvement program.

2. What would this policy package buy and how and when would it be implemented?

The Department proposes to create a Family Preservation and Prevention program that will be charged with the development of internal infrastructure to provide supports and coordination of community-based prevention services for children and families. This body of work will incorporate the needs arising from the federal legislation of Family First Prevention Service Act as well as the needs for comprehensive and coordinated services within communities.

A) Family Preservation and Prevention model for Oregon will be led by a centralized team of staff (not necessarily all housed in the same place) who will develop and assist in the delivery of the model.

- 1 PEM-F Family First Preservation Manager will build a Family Preservation program model, provide leadership to the Preservation team, develop and monitor budgets and represent ODHS in cross system engagement with other departments, state, federal and community partners.
- 2 - OPA3 will be charged with the development of building community partnerships and capacity for closed at screening referrals. They will be responsible for rule, procedure, and practice changes that are necessary to ensure efficiency and consistency within Oregon.
- 2- OPA3 Contract coordinator with a primary focus on Family Preservation contract management, solicitation, gap analysis and budget monitoring. – (FFPSA, ISRS, SPRF, SOC)
- 1 - OPA3 Kinship Care Navigator Program Coordinator; cross systems coordination within ODHS to build preventive support services and approaches for relatives caring for kin with CW, SSP, I/DD, APD.
- 8 – SSS2 Family Advocates/Navigators that can be used for Peer to Peer / advocacy /mentoring as well as staff training and support to caseworkers for practice change. This would be the area to include staff with prior CW lived experience and used as Peer to Peer mentoring of parents.

- 1 – AS2 Administrative Specialist to provide the administrative support to ensure Program Manager and program staff are not spending time with administrative tasks.

The future state may require a realignment of existing or added positions to the field structure for Family Preservation and Prevention staff. Staff will be required to have a unique skill set that can engage and team with families and their communities in a culturally responsive and supportive manner. Once the infrastructure is in place and the model development is underway a better understanding of the necessary skill sets, and staffing capacity will be assessed.

B) Continuous Quality Improvement program will use research and data to drive informed decision making to ensure that children and families receive the most effective services. The Continuous Quality Improvement model for Oregon will be led by a centralized team of staff (not necessarily all housed in the same place) who will develop and assist in the delivery of the model.
   - 1 PEM-F Continuous Quality Improvement- CQI Manager will build a CQI model, provide leadership to the CQI team, develop and monitor budgets, work closely with Child Welfare program managers and represent ODHS in cross system engagement with other departments, state, federal and community partners.
   - 2 PA-3 Program Analyst to work on dash boards, data collection and coordination across programs, provide training and oversite to field staff who may be doing continuous review or data technician. These staff will primarily be internal facing to branch offices, Child Welfare leadership and other state and tribal entities.
   - 2 PA-3 Program Analyst to provide program integrity and oversight of the evidence-based program service array. FFPSA requires the state to evaluate and continually monitor the EBP services. These staff will primarily be external facing to service providers, contractors and community.

- 8 OPA 2's to conduct monthly case review across internal child welfare programs (CPS, Well-being, Permanency), their primary functions will include making sure data entry is done correctly, case plans and assessments are completed timely, and children and families are provided effective services.
- 1 – AS2 Administrative Specialist to provide the administrative support to ensure Program Manager and program staff are not spending time with administrative tasks.

C) The Strengthening, Preserving and Reunifying Families budget is restored to be 75% of the 17-19 Total Fund budget.

3. How does this policy package further ODHS's mission and align with its strategic plan?

Family Preservation and Prevention full supports ODHS mission:
To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

In part yes, the Secretary of State Audit (2018), and the subsequent Governor Brown Executive Order 19-03, which utilized the technical assistance from Alvarez & Marsal (2019) both speak to the need to build a more robust and adequate foster care system in Oregon. Part of the adequacy of a foster care system in Oregon is to ensure only those children who have no other resource but foster care, enter foster care. Oregon cannot build its way out of the influx of children entering foster care by merely creating more foster care placements.

Additionally, the Secretary of State Audit (2018) speaks to the need for a Centralized Hotline for efficiency and consistency within Oregon. The statewide Hotline is fully operational, 24/7/365. To have other options

available in referring and serving families without a screened in report of child abuse, allows a tool such as Family Preservation and Prevention model to provide a level of support for families statewide.

Several citations within various audits, reports and evaluation have noted the lack of accurate data, limited use of data in making informed decisions and the lack of Continuous Quality Improvement.

Quantifying results

5. How will ODHS measure the success of this policy package?

The Department has been moving toward Data Analytics and with a Family Preservation and Prevention model, analytics will be highly effective in determining the level of needs within communities across the state. Knowing the needs of the community and the capacity of the community to provide the necessary supports and services will be critical.

- Success will be measured when the rate of children entering foster care in Oregon is reduced through these efforts.
- Success will be measured when a Hotline screener has a family with identified needs and the resources to offer families in all communities in Oregon to prevent child abuse.
- Success will be measured by a reduction in the length of stay for children entering foster care who are able to return home sooner as a result of community services and supports to the family.
- Success will be achieved when the rate of reoccurrence of child maltreatment is reduced.
- Success will be achieved by increasing the number of services in Oregon which meet the criteria for Evidence Based Program.
- Success will be achieved by increasing the number of families who have access to Evidence Based Program within their communities.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

KPM #4 Absence of repeat maltreatment of abused/neglected children
KPM #5 Timely reunification of foster children
KPM #8 Children served by Child Welfare residing in Parental Home.

7. What are the long-term desired outcomes?

Family Preservation model that is applied statewide will;

- Increase family access to community services and supports of families to prevent child abuse.
- Reduction in assigned reports to Child Protective Services.
- Reduction of children entering foster care system.
- Child Welfare system that is more cost effective by utilization of Prevention rather than full system intervention.

Continuous Quality Improvement model that is applied statewide will;

- Assist in the development of a comprehensive and coordinated continuum of child and family services in all communities statewide.
- Assist the Department to ensure only services that have a level of evidence of success are used for children and families in Oregon.
- Increase the availability of community based, culturally responsive services by continually evaluating programs and services, increase those that add value and decrease those who are not producing positive outcomes.

8. What would be the adverse effects of not funding this policy package?

The Oregon Department of Human Services Child Welfare will continue to be caught in a cycle of only being able to offer foster care as a resource for vulnerable families struggling to ensure the safety of their children (*If the only tool available is a hammer, everything starts looking like a nail*). Oregon will miss out on the

opportunity to further develop the Family Preservation and Prevention services array afforded to the state through the federal Family First Prevention Services Act, matching funds.

The Department will continue to explain to the Legislature, Secretary of State, Federal Office, Media, communities, parents and children that Prevention services and resources in Oregon are limited and not available in all communities or to all residents.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

The Department has attempted to build out the overall system through increased foster care capacity, investing in recruitment of more foster families, and investing in resources for more residential care services. The department has consolidated 15 regional child abuse hotlines into one statewide, centralized system. The department has been able to increase the number of staff working in Child Welfare.

While these activities and strategies have been critically important due to the vast deficit the department has faced, it is also well understood that building more in this same direction will not necessarily meet the needs of children and families. Many can be served with less intensive, less intrusive and more community-based services at an earlier phase of prevention.

Multiple efforts have been made over the last decade at developing a Quality Continuous Improvement with limited success. Most often it has been created with limited capacity and a much larger scope of responsibility, all of ODHS. A CQI program within Child Welfare and targeted directly at service array and efficiency in case management has a high rate of success.

10. What alternatives were considered and what were the reasons for rejecting them?

The department has assessed that while expertise can be found within the department, resource capacity is not available. This must be value added and not something that is merely added to the already overflowing workload. It will take some intentionality and focus to bring this shift in practice forward.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Tribal communities can help inform the department on a path forward considering several of the tribes provide a level of family preservation and prevention practices that ODHS can learn from.

Other state and local agencies will be involved in the development of the comprehensive and coordinate Preservation and Prevention approach considering there is an array of community resource interwoven through governments, local resources and within the community.

Intentionality and connection with other state, tribal and local governments will be important in the success of a CQI approach. Many of the community prevention services may be found at the local level or within other state agencies such as Oregon health Authority and Department of Education.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

The department will be requesting consultation with the Child Welfare Advisory Committee, Indian Child Welfare Advisory, Governors Children's Cabinet and Parent Advisory committees. This request is also building on much information that has been gathered over the last several years by audits, consulting firms, community conversations, survey's, etc.…

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

Taking a Family Preservation and Prevention approach as well as utilization of community-based resources aligns well with addressing the negative disproportionality impact currently found within the foster care system. Serving children within their communities with local providers who may share in the cultural context will provided greater results.

Utilizing the data analytics, the department will be better equipped with identifying and building resources earlier on with communities.

Staffing and fiscal impact

Implementation date(s): July 1, 2021

End date (if applicable):

15. What assumptions affect the pricing of this policy package?

Staffing model. Unable to determine impact of Evidence Based Programs at this time.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

Yes. The department will move toward preservation and prevention services for families. While many families served within the communities may not require Child Welfare intervention, many will need a level of services that currently does not exist within the current Child Welfare structure for service provision. There will be a requirement for the department to develop, implement and modify a comprehensive and coordinated preservation and prevention services array.

In addition, to achieve the level of Evidence Based Programs required by the Family First Prevention Services Act, due diligence is required of the department to provide oversight, monitoring of program fidelity of service providers.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

Office of Contracts and Procurement will be required to increase scrutiny of service provider contracts to ensure the department has corrective action steps for services providers who are not meeting the level of evidence required for federal funding.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

The overall caseload capacity is not anticipating growth but there may be realignment within Child Welfare as to "who" is carrying the case.

The service array the department will provide will be realigned though current services of ISRS, SPRF, SOC and foster care prevention and build on community's resources.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

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- 1 – AS2 Administrative Specialist to provide the administrative support to ensure Program Manager and program staff are not spending time with administrative tasks.

The future state may require a realignment of existing or added positions to the field structure for Family Preservation and Prevention staff. Staff will be required to have a unique skill set that can engage and team with families and their communities in a culturally responsive and supportive manner. Once the infrastructure is in place and the model development is underway a better understanding of the necessary skill sets, and staffing capacity will be assessed.

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- 1 – AS2 Administrative Specialist to provide the administrative support to ensure Program Manager and program staff are not spending time with administrative tasks.

20. What are the start-up and one-time costs?

Evidence Based Programs are known to be more costly. While it is not clear what those costs are at this time it is necessary to note that when other state agencies; Oregon Youth Authority, Oregon Health Authority moved services toward Evidence Based Programs there was an increase in the cost of delivering and monitoring those services.

21. What are the ongoing costs?

Undetermined. Evidence Based Programs are known to be more costly. While it is not clear what those costs are at this time it is necessary to note that when other state agencies; Oregon Youth Authority, Oregon Health Authority moved services toward Evidence based Programs there was an increase in the cost of delivering and monitoring those services.

22. What are the potential savings?

None realized in the first 12-months. Reassess for reduction in foster care caseload 12-24 months. Cost savings associated with reducing services not effective will be re-invested in services deemed effective.

23. What are the sources of funding and the funding split for each one?

Child Welfare will access current funding resources available; Title IV-E, IV-E, SSBG,

Oregon Department of Human Services
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Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$3,780,393	$0	$1,260,153	$5,040,546	29	25.52
Services & Supplies	$826,744	$0	$275,519	$1,102,263		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Other	$0	$0	$0	$0		
Total	$4,607,137	$0	$1,535,672	$6,142,809	29	25.52

Fiscal impact by program

	CW Design	Program 2	Program 3	Program 4	Total	Pos.	FTE
General Fund	$4,607,137				$4,607,137	29	25.52
Other Funds							
Federal Funds	$1,535,672				$1,535,672		
Total Funds	$6,142,809				$6,142,809	29	25.52

Oregon Department of Human Services
2021-2023 Policy Option Package

Division:	Child Welfare
Program:	Foster Care
Policy package title:	Governor's Child Foster Care Advisory Commission
Policy package number:	POP 115
Related legislation:	HB 2332 – A of 2019

Summary Statement:

This policy options proposal accompanies a legislative concept that is effectively a re-introduction of HB 2332 – A of 2019.
HB2332 – A of increased the membership of the commission from 11 to 13 makes modifications to appointments and membership requirements. Appropriates money to the commission for compensation and expense reimbursement of members. As well as directs the Oregon Department of Human Services (ODHS) to provide staff and support including a full-time equivalent policy analyst.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy Package Pricing:	**$166,400**	**$0**	**$55,466**	**$221,866**	**1**	**.88**

Oregon Department of Human Services
2021-2023 Policy Option Package

PURPOSE

1. WHY DOES ODHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

The Commission, created in 2016 by the passage of HB4080, is tasked with monitoring accountability in the foster care system by measuring a comprehensive list of outcomes that includes, but is not limited to, promotion of responsible statewide advocacy for children in foster care, decreasing demographic disproportionality of children in foster care, and decreasing the number of placements in substitute care. Despite the Commission's broad duties, HB 4080 did not appropriate any funding for the Commission to do its work in compiling relevant information or a dedicated staff person. This lack of funding has made it difficult for the Commission to fulfill its full mandate of monitoring and ensuring accountability in the foster care system.

2. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

The legislative concept that accompanies this proposal directs ODHS to provide the commission with clerical and administrative staff support, including one full-time equivalent policy analyst position (OPA3). The concept increases the commission's membership from 11 to 13 and appropriates funds to compensate and reimburse members of the commission.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

The mandate of the commission aligns with the agency's goal of actively engaging the community in a variety of collaborative and meaningful ways to influence and shape the Child Welfare system. The currently mandated responsibility of providing monitoring and accountability in the foster care system by measuring outcomes aligns with Child Welfare's commitment to continuous improvement that is data informed.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO ODHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL ODHS MEASURE THE SUCCESS OF THIS POP?

This is not tied to a specific ODHS performance measure as it concerns a legislatively mandated commission. However, several data and performance measures are required to be shared with the commission which informs their legislative agenda.

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

If unfunded the commission will continue to struggle to fulfill its full mandate of monitoring and ensuring accountability in the foster care system. The lack of funding will also continue to hinder the Commission's ability to make those who have lived experiences in the foster care system foster care children and youth, parents and families, and foster parents. The reason given for the lack of representation has been the lack of reimbursement for the members.

HOW ACHIEVED

6. DOES THIS POP REQUIRE ANY CHANGE(S) TO EXISTING STATUTE(S) OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

Yes. ORS 418.041 and 418.043. Additionally this is ODHS L/C 10000-007

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

It is the departments understanding that this request was born from the Commission itself and was a recommendation of the commission but was preempted as a privately sponsored HB 2332 of 2019. The legislature did not pass that legislation at that time.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

The Commission has attempted to conduct its work and mandate without appropriations currently but has struggled to meet its mandate without dedicated staff.

9. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

The legislative concept directs Chief Justice of Supreme Court to appoint any member of commission who is representative of Judicial Department however as this is only an appointing requirement the impact on the Oregon Judicial Department is anticipated to be minimal.

10. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?

This proposal is a direct request from the Governor's office on behalf of the Governor's Child Foster Care Advisory Commission. This commission is currently made of up members representing foster care alumni, caregivers, service providers, foster parents, child and parent attorneys, CASA, and tribal representatives.

11. WHAT IS YOUR EQUITY ANALYSIS?

This commission sits outside of the department and is mandated to study legal and policy issues pertaining to the foster care system in Oregon and monitor accountability in the foster care system by measuring outcomes that reduce demographic disproportionality in substitute care. Therefore, it is expected that further supports

to fulfill that mandate would enhance our ability to provide equitable services and reduce existing disparities, with the aim of eliminating disproportionality within Oregon's Child Welfare program.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

The long-term outcomes are specifically outlined by the commission and are:

- Increasing the number of children committed to the custody of the Department of Human Services who are placed with family members, relatives or next of kin;
- Decreasing the number of placements in, and removals from, substitute care for individual children committed to the custody of the department;
- Decreasing the length of time children spend in substitute care;
- Decreasing incidences of abuse, neglect and maltreatment for children in substitute care;
- Increasing the number of children who receive permanent placements within 24 months of entering substitute care;
- Decreasing the number of children who, upon becoming ineligible for substitute care, have not achieved independent living status;
- Increasing the number of children who are placed with adoptive parents within 12 months of termination of the parental rights of a child's biological parents;
- Reducing demographic disproportionality in substitute care;
- Increasing the number of families involved in the foster care system receiving services and assistance to make it possible for children in substitute care to safely return home; and Increasing the number of families involved in the foster care system having access to culturally relevant services;

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): _____

End Date (if applicable): Ongoing

a. Based on these answers, is there a fiscal impact?
Yes.

b. Will there be new responsibilities for ODHS/OHA? Specify which Program Area(s) and describe their new responsibilities.

☒ ODHS Office of Child Welfare Programs	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

Responsible for providing staffing and support to the commission.

c. Will there be new Shared Services impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected.
Yes, a single (OPA3) is proposed to provide the support to the commission and would be housed at 500 Summer St NE, Salem OR 97301.

d. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.
No.

e. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.
1 OPA3, Permanent, 24 Months

f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?
none

g. What are the ongoing costs?
Staff cost

h. What are the potential savings?
It is not anticipated that there will be savings.

TOTAL FISCAL IMPACT FOR THIS PACKAGE

Category	GF	OF	FF	TF	Position	FTE
Personal Services	$137,862	$0	$45,955	$183,817	1	0.88
Services & Supplies	$28,538	$0	$9,511	$38,049		
Capital Outlay	$0	$0	$0	$0		
Special Payments	$0	$0	$0	$0		
Other	$0	$0	$0	$0		
Total	**$166,400**	**$0**	**$55,466**	**$221,866**	**1**	**0.88**

What are the sources of funding and the funding split for each one?

75%GF, 25% FF

Oregon Department of Human Services
2021-2023 Policy Option Package

Oregon Department of Human Services
2021-2023 Policy Option Package

Division:	Child Welfare
Program:	Treatment Services
Policy package title:	Foster Family Recruit Team
Policy package number:	POP 116
Related legislation:	N/A

Summary Statement:

Oregon does not currently have a formalized respite care program. Respite care is short-term childcare services that offer temporary relief, improves family stability, and has been shown to reduce the risk of abuse or neglect. This Policy Option Package is derived from the recommendation from the assessment conducted by the consulting firm Alvarez & Marsal. Respite care provides foster parents with short-term child caring services that offers temporary relief, improves family stability, and reduces the risk of abuse or neglect. Respite can be planned on an ongoing basis or offered during emergencies or times of crisis.

This Policy Option Package seeks a multifaceted approach to solve a longstanding problem by providing respite services to foster parents. One approach would create a formalized, consistent, structured statewide respite program. This program would bolster foster family supports for those with limited resources, increase retention of foster families and increase placement stability. The other approach will provide emergency/crisis respite to ODHS certified families and Tribal Certified families with children in their homes in the custody of ODHS by overlaying the Behavioral Rehabilitative Services (BRS) infrastructure. This respite plan relies on the BRS infrastructure, primarily the Proctor Care system, to diversify their placement services by adding respite supports. Current BRS rules note that Proctor homes can serve 1 or 2 youth whom are not BRS clients, depending on the adult to child ratios natural to the home.

Oregon Department of Human Services
2021-2023 Policy Option Package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy Package Pricing:	**$19,443,093**	**$0**	**$1,165,112**	**$20,608,205**	**1**	**.88**

Purpose

1. WHY DOES ODHS PROPOSE THIS POP (WHAT ISSUE ARE YOU TRYING TO FIX/SOLVE)?

In April 2019, Governor Kate Brown contracted the services of consulting firm Alvarez & Marsal to assess the Oregon foster care system. Alvarez and Marshal alongside program management determined Oregon Child Welfare would benefit from a standardized, formal statewide respite program.

This recommendation echoes a consistent theme voiced by foster parents statewide which is a lack of support/breaks from the considerable demands of foster parenting. Foster parents often do not have the identified resources to provide respite. A formalized, consistent, structured statewide respite program would provide a needed service for ODHS certified families. This program would bolster foster family supports for those with limited resources, increase retention of foster families and increase placement stability.

2. WHAT WOULD THIS POLICY OPTION PACKAGE (POP) DO AND HOW WOULD IT BE IMPLEMENTED?

This proposal would allow for ODHS to provide ODHS certified foster parents and foster parents certified by the tribe with children in ODHS custody placed in their homes, with a respite payment of $55.00/day up to 3 days per month per child for an average of 3,882 children in foster care (75% of the total 5,176 children in the substitute care setting) as of the Spring 2020 21-23 Forecast, with additional opportunity to contract

with other programs to provide ongoing respite services to serve more foster youth per month. (see pricing section 15).

The Emergency/Crisis Respite portion of this proposal would allow ODHS to serve 317 foster youth per month in crisis or emergency respite at various rates (see pricing section 15). This construct relies on the BRS infrastructure, primarily the Proctor Care system, to diversify their placement services. Current BRS rules note that Proctor homes can serve 1 or 2 youth whom are not BRS clients, depending on the adult to child ratios natural to the home.

This would require one Operations and Policy Analyst 3 that would serve as a respite coordinator located in the ODHS Office of Child Welfare Programs.

District offices would be responsible for assigning existing Certification Staff to any additional workload that would be created by new rules to achieve the certification or licensing of respite providers.

3. HOW DOES THIS FURTHER THE AGENCY'S MISSION OR GOALS?

A core goal of ODHS is to ensure that children and youth are safe, well and connected to their families, communities and cultural identities. To accomplish this the Child Welfare system needs a robust network of quality foster parents that can support the needs of the youth in their care while balancing their needs to ensure they remain willing to be resources for the department. Providing respite care as proposed would provide foster parents with short-term child caregiving services that offers temporary relief, improves family stability, and reduces the risk of abuse or neglect.

QUANTIFYING RESULTS

4. IS THIS POP TIED TO ODHS PERFORMANCE MEASURE? IF YES, IDENTIFY THE PERFORMANCE MEASURE. IF NO, HOW WILL ODHS MEASURE THE SUCCESS OF THIS POP?

5. WHAT WOULD BE THE ADVERSE EFFECTS OF NOT FUNDING THIS POP?

Child Welfare will continue to struggle to provide respite care for foster parents. As this continues to be shared as a barrier for foster parent recruitment and retention it will continue to impact the state's ability to recruit and retain qualified foster parents. If we do not improve in this area, we risk the continued difficulties in retention of current foster parents and continued difficulties in recruitment.

HOW ACHIEVED

6. DOES THIS POP REQUIRE ANY CHANGE(S) TO EXISTING STATUTE(S) OR REQUIRE A NEW STATUTE? IF YES, IDENTIFY THE STATUTE AND THE LEGISLATIVE CONCEPT.

No.

7. WHAT ALTERNATIVES WERE CONSIDERED AND WHAT WERE THE REASONS FOR REJECTING THEM?

Child Welfare conducted an analysis in partnership with the Casey Foundation to inform the development of this proposal.

To inform this business plan the following steps were taken:

- Researched other states' approach to respite care by the Casey Foundation
- Compiled what districts are currently doing to support foster parents with respite
- Obtained legal guidance regarding ODHS authority to certify respite providers

This proposal was selected as it could quickly establish respite options.

8. WHAT ACTIONS HAVE OCCURRED TO RESOLVE THE ISSUE PRIOR TO REQUESTING A POLICY PACKAGE?

Up until recently there were no funds available outside of the monthly maintenance payment that could be used for regular respite. In 2018, the department was given some financial resources, allocated to the districts, to reimburse foster parents when respite is used. However, that funding is very limited and does not support all foster parents. Additionally, the process still relies on foster parents to identify the respite resource. Due to limited funding, each District was instructed to prioritize placement stability and other specific factors in utilizing respite funds.

9. WHAT OTHER AGENCIES (STATE, TRIBAL AND/OR LOCAL GOVERNMENT) WOULD BE AFFECTED BY THIS POP? HOW WOULD THEY BE AFFECTED?

Tribal Certified Homes that have children in ODHS custody would also be able to access this respite resource.

10. WHAT OTHER AGENCIES, PROGRAMS or STAKEHOLDERS ARE COLLABORATING ON THIS POP?

This proposal is a result of the recommendations from the consulting firm Alvarez & Marsal which was further expanded upon by the Casey foundation. While not directly worked on for this proposal this aligns with previous requests from Oregon foster parent organizations.

11. WHAT IS YOUR EQUITY ANALYSIS?

We currently do not have enough cultural or linguistically appropriate placement options for children experiencing foster care. This investment will increase our ability to recruit and retain foster parents and therefore could provide more equitable services and reduce existing disparities.

12. WHAT ARE THE LONG-TERM DESIRED OUTCOMES (LONGER THAN THE UPCOMING BIENNIUM)?

Having a formalized respite program would increase number of appropriate and available placement options to improve placement matching, reduce the number of placements for children and improve the overall well-being of children experiencing foster care. Foster Parents would spend less time identifying appropriate respite placements and therefore be more willing to remain a resource for a longer period-of-time for the department.

STAFFING AND/OR FISCAL IMPACT

13. WHAT ASSUMPTIONS AFFECT THE PRICING OF THIS POP?

Implementation Date(s): 7/1/21

End Date (if applicable): Ongoing

a. Based on these answers, is there a fiscal impact?

Yes.

b. Will there be new responsibilities for ODHS/OHA? Specify which Program Area(s) and describe their new responsibilities.

☒ ODHS Office of Child Welfare Programs	☐
☐	☐
☐	☐
☐	☐
☐	☐
☐	☐

Responsible for developing a targeted Statewide Respite Recruitment and licensing/certification practice model and implementing it statewide.

c. Will there be new Shared Services impacts sufficient to require additional funding? Specify which office(s) (i.e., facilities, computer services, etc.) and describe how it will be affected.
No.

d. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.
Yes, this proposal accounts for the availability of respite care for all foster parents statewide. For an average of 3 days per month per child. It is assumed that there will be a 75% utilization rate of foster parents (Biennial population is 5,176 and 75% of this would be 3,882 children in foster care will receive respite care per month). The workload to certify/license respite providers would fall on the workload of current certifiers and doesn't provide for additional positions to do the added work.

e. Will it take new staff or will existing positions be modified? For each classification, list the number of positions and the number of months the positions will work in each biennium. Specify if the positions are permanent, limited duration or temporary.
1 OPA3, Permanent, 24 Months

f. What are the start-up costs, such as new or significant modifications to computer systems, new materials, outreach and training?
All outreach, recruitment, and training activities will need to be ongoing.

g. What are the ongoing costs?
The ongoing program costs are for Certified Family Respite Care and Emergency and Crisis Respite, which is a higher level of respite care.

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Description	Unit	Max Units (hours/ night)	Rate per unit	Utilization (Youth) per Month	Number of Months	Total Fund Cost
Certified Family Respite Care	Day	3	$ 55	3,882	24	**$ 15,372,720**
Contracted Services	Biennial	n/a	n/a	n/a	n/a	**$ 827,754**
Potential FF Limitation need	Biennial	n/a	n/a	n/a	n/a	**$ 1,109,646**
Emergency/Crisis Respite						
In-home	Hour	3	$ 80	108	24	$ 622,080
Day Respite	Hour	6	$ 100	87	24	$ 1,252,800
Planned Overnight	Night	2	$ 120	69	24	$ 397,440
Crisis Respite	Night	2	$ 170	53	24	$ 432,480
Emergency/Crisis Subtotal						*$ 2,704,800*
Ongoing recruitment of Emergency/Crisis Respite Providers	Biennial	n/a	n/a	n/a	n/a	$ 695,880.00
Total Cost						$ 20,710,800

Other ongoing costs are for a staff person that are requested as part of this Policy Option Package as well as costs to assist the provider community in starting-up new programming that meets ODHS requirements. There will be a need for ongoing costs for marketing, events, training new homes with incentive-based training to cover cost of childcare, cash incentives for signing on etc.

There is currently $321,461 in General Fund in the Child Welfare budget in the 21-23 CSL, which is subtracted from the total costs above to get the total additional funding requested in this Policy Option Package.

h. What are the potential savings?

The savings are in human capital. Better and more consistent foster care services to children and reducing trauma. Better supported foster families, reducing burnout and increasing their capacity to provide care to children. Better outcomes for children and families. Less staff burnout as they are able to provide the services and supports necessary to provide excellent customer service.

What are the sources of funding and the funding split for each one?

Most of the respite services do not qualify for federal funds. The funding split varies for each level of respite.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$137,862	$0	$45,955	$183,817	1	0.88

Services & Supplies	$28,538	$0	$9,511	$38,049		
Capital Outlay	$0	$0	$0	$0		

Special Payments	$19,276,693	$0	$1,109,646	$20,386,339		
Other	$0	$0	$0	$0		
Total	**$19,443,093**	**$0**	**$1,165,112**	**$20,608,205**	**1**	**0.88**

Fiscal impact by program

	Program	CW Design	Program 3	Program 4	**Total**
General Fund	$ 19,276,693	166,400			**$19,443,093**
Other Funds					**$0**
Federal Funds	$ 1,109,646	55,466			**$1,165,112**
Total Funds	$ 20,386,339	221,866			**$20,608,205**
Positions	0	1			**1**

Oregon Department of Human Services
2021-23 Policy Option Package

Division: Child Welfare
Program: Child Welfare
Policy package title: Child Welfare Stability
Policy package number: POP 118
Related legislation: N/A

Summary statement:

The purpose of this request is to stabilize the Child Welfare program by attaining position authority for currently non-budgeted double-filled positions that are critical to Child Welfare operations and services. The agency and the Child Welfare program have historically used double fills to address workload needs that could not be met by budgeted positions. This package requests position authority for 99 positions (87.12 FTE) throughout various Child Welfare units as well as some Central office units that are critical to Child Welfare's stability.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	$15,859,656	$1,007,800	$9,473,622	26,341,078	99	87.12

Oregon Department of Human Services
2021-23 Policy Option Package

Purpose

1. Why does DHS propose this policy package and what issue is DHS trying to fix or solve?

When DHS and the Oregon Health Authority split in 2009, DHS was left without many key positions and resources to support its mission. In addition, DHS has adapted to changing needs mid-Legislative sessions to minimize disruptions in service and respond to various crisis situations. To continue serving Oregon's children and families as smoothly and efficiently as possible, DHS had to hire people when there were not available budgeted positions. To meet workload demands and gaps in services, two or more people have been hired on the same position number, resulting in "double fills" or non-budgeted positions.

While the use of double fills has allowed the agency to address immediate needs, it has complicated the budget for DHS programs. In order to finance these double fills, the agency has left authorized positions vacant, which means important work is not getting done. Attaining position authority will improve transparency around the budget, make effective position management more feasible, and ensure the stability of essential positions and functions that are critical to ongoing functionality of the Child Welfare program.

2. What would this policy package buy and how and when would it be implemented?

This package buys 99 positions, all of which are currently filled as non-budgeted positions at the time this POP was written (August 2020):

The agency will move the positions from non-budgeted to budgeted positions once the positions are available in the system.

3. How does this policy package further DHS's mission and align with its strategic plan?

In order to maintain the mission-critical work of keeping children safe and families stable, the agency must have a stable workforce. The work performed by Child Welfare's central office design team is essential to daily operations. Some functions these positions provide include creating and delivering trainings to ensure work is performed competently, analyzing and implementing federal funding requirements to maintain compliance, ensuring access to treatment services for children with behavioral health needs, and guiding the Child Welfare program toward racially equitable service delivery. The work performed by these positions ensures that Oregon's children and youth are safe and well and connected to their families, communities and cultural identities.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

The Oregon Secretary of State's 2016 audit of the foster care system resulted in several recommendations to improve the wellbeing of children and youth. Of those, the positions in this package are either directly or indirectly responsible for the implementation or maintenance of the following:

- Increasing staffing resources for Child Protective Services
- Increasing data-informed decision-making
- Cultivate a culture of transparency, responsibility, respectful communication, and professionalism using an array of leadership tools and measurable through an independent work environment survey
- Review the structure and organization of key child welfare programs to identify and understand long-standing issues and system weaknesses; set policy and communicate expectations to ensure appropriate implementation of changes; and ensure changes are not simply reorganizations or movement of employees, but help management to address root problems
- Review the Oregon Safety Model to ensure that staff fully understand and can apply key concepts and more effectively safeguard child safety

- Collect and use data to improve the foster care system
- Design a robust internal policy to reduce the risks of hoteling children by providing district caseworkers and office staff with clear protocols and operational support
- Commit to building foster placement capacity across the whole system for children with a range of behavioral, health-related, and cultural needs
- Develop a strategy for ending the practice of placing children in hotels
- Monitor caseworker caseloads, district staffing allocations, and the impact of turnover, overtime use, lack of experience, and FMLA use on caseloads to support equitable staffing allocations across the state
- Take actions to improve caseworker and staff training
- Work with the Department of Justice and the Legislature to improve caseworker access to legal representation and legal case management support
- Ensure that the central and district offices are in regular communication with field offices throughout the state and provide the necessary support and resources to field offices when requested

The audit also included clear recommendations for the agency to understand, clearly communicate, and advocate for program and staffing needs to the Legislature, to ensure the budget foundation necessary for stable program operations.

Finally, the positions in this package are responsive to the Governor's 2019 Executive Order related to the Child Welfare system, and the findings and recommendations of Alvarez and Marsal (A&M) consulting firm.

Quantifying results

5. How will DHS measure the success of this policy package?

The success of this policy package will be measured by the ability of the Child Welfare program to effectively manage their budget and position authority to meet their workload demands.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an DHS performance measure? If yes, identify the performance measure(s).

Child Welfare KPM 4: Absence of repeat maltreatment of abused/neglected children
Child Welfare KPM 5: Timely reunification of foster children
Child Welfare KMP 6: Timely adoption once children are legally free
Child Welfare KPM 7: Disparity of foster youth achieving permanency
Child Welfare KPM 8: Children served by child welfare residing in parental home

7. What are the long-term desired outcomes?

The long-term desired outcomes are:

- Child Welfare program reduces its use of non-budgeted double-fills and exercises a rigorous process for reviewing new double-fill justifications.
- Child Welfare program has the necessary position authority to stabilize their budget and effectively allocate positions according to workload need
- The agency has the necessary support positions so that Child Welfare can focus on their core work.
- The agency increases transparency and clarity in the budget process

8. What would be the adverse effects of not funding this policy package?

Not funding this position package would result in:

- Continued use of double fills to meet workload demands
- Lack of stability and transparency in the Child Welfare budget
- Lack of stability in Central services to predictably support Child Welfare
- Holding positions vacant to fund double fills, resulting in less productivity in other areas of the agency

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

The Child Welfare program has used rigorous position management practices to steadily reduce the number of double fills. Whenever possible, vacant positions have been used to clear double fills. A strict review process has been implemented for justifying the creation of new double-fills and the practice has significantly decreased. The agency also worked closely with CFO, LFO and the Governor's office over the course of the past year to craft a position package that would be most effective in achieving the agency's key goals.

10. What alternatives were considered and what were the reasons for rejecting them?

Continue carrying double-fills and attempt to reduce them through attrition over time. This process would take several years to accomplish and would result in continued unstable and unsustainable position management practices as well as a lack of transparency in budgeting. Additionally, this option does not provide the agency the position authority and stable, trained staff needed to meet true workload demands.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

None.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

The agency has worked closely with the Chief Fiscal Office, Legislative Fiscal Office and Governor's Office over the course of the past year to identify agency and Governor's office priorities in shaping this package.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

The positions included in this package aid the Child Welfare program to provide competent, culturally responsive and appropriate services to children and families of color, as well as other historically marginalized communities across the state. Children of color have historically been overrepresented in the Child Welfare system and the outcomes of children of color, children with disabilities, and LGBTQ+ children have historically been poorer upon exiting the child welfare system. Several of the strategies the Child Welfare system is employing, and will continue to pursue with the support of these positions include:

- Collecting, analyzing, and disaggregating data to assess the well-being of children of color in the child welfare system
- Providing culturally responsive and appropriate supports and services to children and families, including treatment placements for children with behavioral health needs
- Contracting with culturally responsive providers for services such as foster parent recruitment and support and parent education

- Increase the understanding and skill level of Child Welfare employees to promote and work toward service equity
- Ensure proper implementation and maintenance of the tenets of the Indian Child Welfare Act (ICWA)
- Moving the Child Welfare system toward a system of prevention and family stability, preventing the need for removal whenever possible

Staffing and fiscal impact

Implementation date(s): October 1, 2021

End date (if applicable): N/A

15. What assumptions affect the pricing of this policy package?

This request is strictly for critical positions. The current cost of filled positions was used based on the current compensation plan. Positions were priced at 21 months to account for likely attrition. Normal S&S was added to the total as well as benefits and other "OPE".

16. Will there be new responsibilities for DHS? Specify which programs and describe their new responsibilities.

No these are all filled positions at the time of this POP was written doing current duties.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

An increased number of human resource transactions will further stress the DHS HR system. In addition, payroll and facilities will be impacted.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Classification Types	Total
Operations & Policy Analyst 3	34
Principal Executive/Manager D	2
Operations & Policy Analyst 2	6
Administrative Specialist 1	1
Administrative Specialist 2	10
Principal Executive/Manager F	6
Program Analyst 3	2
Social Services Specialist 2	1
Principal Executive/Manager E	4
Public Affairs Specialist 3	3
Principal Executive/Manager G	2
Operations & Policy Analyst 1	2
Operations & Policy Analyst 4	7
Compliance Specialist 2	1
Human Resource Analyst 2	1
Human Resource Analyst 1	2
Social Service Specialist 1	3
Program Analyst 2	3
Info Systems Specialist 6	3
Research Analyst 4	1
Data Entry Operator	5
Total Position Count	99

20. What are the start-up and one-time costs?

Normal staffing costs.

21. What are the ongoing costs?

Staffing costs.

22. What are the potential savings?

There is the potential that through a review of structure with funded positions efficiencies may be found.

23. What are the sources of funding and the funding split for each one?

Varies depending on cost allocation. Hits all grants in CW and all grants in DHS for central.
Note on Shared Services: *Because of how shared services are budgeted there is also a cost of the same amount of Other Fund expenditure limitation in shared services less the assessment cost. This is simply the nature of Shared Services operations and does not cause a 'double-count' when netted against the request.*

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	13,145,383	868,534	7,694,322	21,708,239	99	87.12
Services & Supplies	2,331,883	102,592	1,412,855	3,847,330		
Capital Outlay						
Special Payments						
Other						
Total	$15,859,656	$1,007,800	$9,473,622	26,341,078	99	87.12

Oregon Department of Human Services
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Fiscal impact by program

	CW Delivery	CW Design	Shared	Central	Total
General Fund	$193,179	$10,768,719	$459,080	$4,438,678	$15,589,656
Other Funds	$0	$45,474	$829,552	$132,774	$1,007,800
Federal Funds	$78,332	$4,576,333	$439,949	$4,379,008	$9,482,622
Total Funds	$271,511	$15,390,526	$1,728,581	$8,950,460	$26,350,078
Positions	1	58	6	34	99
FTE	0.88	51.04	5.28	29.92	87.12

Oregon Department of Human Services
2021-23 Policy Option Package

Division: I/DD
Program: ODDS
Policy package title: Implementation of the New Rate Models
Policy package number: POP 119
Related legislation: N/A

Summary statement: This POP request funds to cover the cost of transition to the new rate models for provider agencies delivering specific services. This funding will cover transition from the old rate model based on old assessment instrument to the use of new Oregon Need Assessment (ONA) and new rate model.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$34,414,903**	**$0**	**$66,874,523**	**$101,289,426**	**0**	**0.00**

Oregon Department of Human Services
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Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

People with intellectual and developmental disabilities (I/DD) rely on Direct Support Professionals (DSPs) for daily support that enables them to live full lives in their communities. Challenges in finding, training and retaining this workforce persist and have reached crisis levels in the long-term services and supports (LTSS) industry.

In order to make intentional investment in the direct care workforce to support children and adults with I/DD, ODDS worked with stakeholders and an experienced contractor to develop new rate models for services delivered by provider agencies. New rate models have been developed that reflect updated service requirements for providers, current Bureau of Labor Statistics and Consumer Price Index information and updated provider cost survey data. Rates were developed for the following services:

- Children's 24-hour Residential Services
- Adult 24-Hour Residential Services
- Agency Attendant Care
- Day Support Activities, Community and Facility
- Employment Path, Community and Facility
- Small Group Employment
- Non-medical transportation

This POP is to requesting funding to transition to the new rate models on July 1, 2021.

2. What would this policy package buy and how and when would it be implemented?

ODDS is requesting $34,414,903 General Fund/$101,289,426 Total Fund to cover the cost of transition to the new rate models. This funding will cover transition from the old rate structure and groupings of individuals according to their level of need based on the old assessment instruments to the new Service Groups based Oregon Needs Assessment (ONA) and new rate model Payment Categories. The implementation will result in the weighted average DSP wage of 14.24/Hour.

3. How does this policy package further ODHS's mission and align with its strategic plan?

This POP directly addresses issues around Agency Vision ("Safety, health and independence for all Oregonians") and multiple Agency goals, including:

1. People are safe and living as independently as possible – POP ensures that I/DD Provider agencies have stable and qualified workforce to ensure quality and continuity of services, individuals' health and safety, and maximum independence and integration into the community.

2. Culturally specific and responsive services are provided by highly qualified and diverse staff – POP provides ability to recruit, train and retain qualified workers, with the appropriate cultural and linguistic capacities, who are adequately compensated and incentivized to continuously advance their skills.

The direct support workforce is critical to ensuring that people with I/DD can live, work and contribute to their communities and be healthy and safe. This POP takes a series of actions to strengthen this workforce and promote I/DD as an in-demand field of work.

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ODDS Vision: People and families access quality supports that are simple to use and responsive to their strengths, needs and choices, while they live and thrive as valued members of their community.
ODDS Mission: ODDS, stakeholders, and the developmental disabilities community come together to provide services, supports, and advocacy to empower Oregonians with intellectual and developmental disabilities to live full lives in their communities.

Strategic goals:
1. Create a system that is sustainable and easy to use, with effective communication and equitable access.
2. Honor and support people to make their own choices about who they want to be and what they want to do in their life.
3. Support equal opportunity for living options and meaningful employment in an integrated community setting.
4. Provide families the amount and type of supports they need to raise their children at home, or when necessary, in another family home within their community.
5. Support people to live rich, full lives while providing for their health and safety.
Two-year actions:

1. Expand capacity and increase the quality of the long-term services and supports workforce that provides direct care to individuals with I/DD by advocating for funding of the new rate models that support better wages for workers and by making available options for workers to pursue career advancement opportunities within the field.
The direct support workforce is critical to ensuring that people with I/DD can live, work and contribute to their communities and be healthy and safe. This POP develops a process to ensure providers are able to keep up with growing costs.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No

Quantifying results

5. How will ODHS measure the success of this policy package?

NCI Oregon Staff Stability Survey: average DSP wage increase over time, average turnover rate decrease over time.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

N/A

7. What are the long-term desired outcomes?

This POP would increase provider capacity to recruit and retain diverse workforce to provide quality culturally and linguistically appropriate services to individuals with I/DD and ensure adequate wages and benefits to those workers.

Implementation of the new rate models and transition to the use of the new Oregon Needs Assessment (ONA) will allow the I/DD service delivery system to move to an updated and transparent rate model and use of a single validated assessment instrument.

8. What would be the adverse effects of not funding this policy package?

Risks of not implementing the new rate models and assessment:

1. Continuation of high turnover rates and vacancy rates for DSPs, workforce shortage leading to health and safety risks for individuals receiving supports.

2. Misalignment with new assessment and rate models causing disparities in funding for the workforce and quality of services provided to people with I/DD.

3. Need to continue to administer multiple assessments for participants across different settings to meet federal requirements and to set rates, creating inefficiencies and unnecessary workload for CDDPs and Brokerages and imposing unnecessary burdens on individuals receiving services

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

During the 2019 Legislative Session, the Legislature granted ODDS $30 million General Fund to move into the new rate models. ODDS worked closely with stakeholders to identify a strategy to distribute the limited funding across all rates and services.

In response to the crisis in placement capacity for children with high needs, ODDS moved to fully implement new rate models for children's 24-hour residential services starting September 1, 2019, with the expectation that it will help providers grow capacity.

Since implementation of the new rate model, the number of provider agencies supporting children in 24-hour residential has increased from 10 to 14. A gain of 4 new providers, adding 18 new beds. In addition, 3 provider agencies are currently planning to open new group homes in June of 2020, which will increase total capacity to 192 (an increase of 8). The 15-bed capacity at SACU is not included in this data. Additionally, average DSP wage increased from $13.95/hour on July 2019 to $16.41/hour in January 2020.

All other services listed above received a 4% increase in August 2019. ODDS was planning to implement additional increase of 7% in July 2020, and transition to the new rate models and use of new service groups based on ONA in January 2021. Due to a contractor error that resulted in an underestimate of the cost to transition, ODDS requested additional $12.2 million in General Fund during 2020 Legislative Session in order to honor our commitment to move into the new rate models and fully fund the 7% increase we had committed to with stakeholders. That session ended unexpectedly.

Due to the COVID-19 pandemic and need to redirect efforts toward equipping the service delivery system to operate during the crisis and safeguard the individuals receiving services and the workforce, implementation of the new rate models has been delayed to July 1, 2021.

As of May 2020, $10.5 GF of the original $30 million GF investment for the 19-21 biennia has not been used. The plan for this funding changed when the contractor error was identified. As of July 1, 2020, this funding was used to support a 5% rate increase in the current rate models.

10. What alternatives were considered and what were the reasons for rejecting them?

Risks of not receiving additional fund for transition to the new rate models:

ODDS is able to transition to the new rate models and use the ONA assessment to determine level of reimbursement in a budget neutral way, however, that would create reductions in the funding level for several of the new rates. This is due to the costs that result from transitioning to new assessment and new rate model.

Part of that cost comes from transitioning from 6 Tier system under the previous rate model and assessment structure to 4 Payment Categories structure under the new rate model and assessment. Some Tiers are being consolidated to one Payment Category, resulting in a cost increase to some individuals in those Tiers. Additionally, transition to the use of new assessment will result in some individuals moving up, some individuals moving down, and some individuals staying in the same service level, compared to the previous assessment grouping structure. The cost of individuals moving up exceeds reductions from individuals moving down, resulting in additional cost to transition to the new assessment and Payment Categories.

To avoid the need to implement the new rate models in a way that results in reductions in the funding level for several of the new rates, ODDS is proposing this POP to support a move into the new rate models without any funding cut .

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

N/A

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

N/A

13. What other agencies, programs or stakeholders are collaborating on this policy package?

ODDS is collaborating with I/DD stakeholders including providers and provider organizations such as Oregon Resource Association (ORA), Community Providers Association of Oregon (SPAO), and Small Providers Association.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

POP supports providers resources to recruit, train and retain diverse workforce to provide quality, culturally agile supports to individuals with I/DD

Staffing and fiscal impact

Implementation date(s): July 1, 2021

End date (if applicable): On-going

15. What assumptions affect the pricing of this policy package?

Any rate increases leading up to new rate model implementation
Since this POP is not asking for full funding for new rate model implementation, assumptions around at what level ODDS will be able to implement the new rate models.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

No impact

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

No impact

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No change

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

No new positions are needed.

20. What are the start-up and one-time costs?

None

21. What are the ongoing costs?

None

22. What are the potential savings?

N/A

23. What are the sources of funding and the funding split for each one?

Medicaid program and state general fund at the appropriate FMAP for specific service/rate.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$0	$0	$0	$0	0	0.00
Capital Outlay	$0	$0	$0	$0	0	0.00
Special Payments	$34,414,903	$0	$66,874,523	$101,289,426	0	0.00
Other	$0	$0	$0	$0	0	0.00
Total	**$34,414,903**	**$0**	**$66,874,523**	**$101,289,426**	**0**	**0.00**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	$34,414,903				**$34,414,903**
Other Funds	$0				**$0**
Federal Funds	$66,874,523				**$66,874,523**
Total Funds	$101,289,426				**$101,289,426**
Positions	0				**0**
FTE	0.00				**0.00**

Oregon Department of Human Services: 2021-23 Policy Package

Division:	Shared Services
Program:	Office of Payment Accuracy and Recovery (OPAR)
Policy package title:	Estate Administration Unit (EAU) Business Process Change/Program Integrity
Policy package number:	POP 125
Related legislation:	N/A

Summary statement:

The primary objective of the policy package is to increase estate recovery efforts for reinvestment in ODHS programs and to improve integrity to ODHS programs through increased communication, recovery, productivity, accuracy and efficiency. Additional revenue for ODHS will be provided to the Adults and People with Disabilities (APD) Programs.

The Estate Administration Unit has a body of work (Surviving Spouse & Pending cases) that we currently are not actively working due to the lack of resources. With a new business process change in July 2019, we are required to notify and process any new Surviving spouse and Pending cases timely moving forward. Additionally, there are 15,000-25,000 cases that are not being worked timely and notifications are not being sent to the consumer in a timely manner. These cases have historically been a lower priority due to resource limits. However, with the change in business practice and additional staffing, we would like to work these cases as part of our normal operations. ***We have support and agreement from APD to direct fund these positions from future recoveries.***

With the large number of cases sitting untouched, we are losing revenue. To be able to work the cases and sustain the ongoing new business process change with reviewing Surviving Spouse and Pending cases, we would like to add:
(2) Compliance Specialist 2s (CS2s)

(1) Administrative Specialist (AS1)
(1) Compliance Specialist 3 (CS3).
With the additional staff, and the work they will be producing, the expected result would be a minimum of $14,000,000 in additional recovery dollars each biennium.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$0**	**$1,392,101**	**$0**	**$1,392,101**	**4**	**3.52**

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

As we move to implement a new business process change initiated by Rep. Stark, by way of constituent concerns, and working with APD leadership, the volume of letters written, research needed, claims calculated, calls received and ongoing work required on Surviving Spouse cases and Pending cases in EAU, we would minimally need (2) CS2s, (1) AS1 and (1) CS3.

As the CS2s research recovery efforts, they will require the AS1s to calculate thousands of additional claim work ups which will generate an increase in correspondence to family members which will in turn generate hundreds, if not thousands, of phone calls from family members, attorneys, personal representatives and other partners. The CS3 team will see a minimum of a 10% increase in caseloads as well. This increase in workload will not be manageable with our current staffing levels. EAU is currently closing hundreds of

cases each month and has placed thresholds on what cases we can work within our critical timeframes and with the number of resources we have.

With an increase in staffing, EAU should expect to see ***over*** $14,000,000 in additional recovery each biennium. The personnel ***costs***, per biennium are as follows:

- (1) AS1 $174,270
- (2) CS2s $431,057
- (1) CS3 $243,887

The total biennium cost would be just over $800,000. These additional staff should help us maintain more timely responses to our families while increasing estate recovery for APD programs. ***(APD has agreed to fund these positions directly from EAU recovery dollars)**

2. What would this policy package buy and how and when would it be implemented?

This POP would allow EAU to work the Surviving Spouse and Pending caseload that is currently deferred due to lack of resources. In addition, we would be able to better meet the demands of our consumers, attorneys, branch personnel and various other partners. To maintain program integrity, EAU needs to be working these cases, securing our recovery opportunities and notifying the family members in a timely manner. EAU would train up the new employees and immediately have them working the Surviving Spouse and Pending caseload. The employees would be able to identify and pursue current recovery options as well as secure future recovery by way of any real property assets.

3. How does this policy package further ODHS' mission and align with its strategic plan?

Assuring timely processing of Surviving Spouse and Pending cases, ensuring we have secured assets for current and future recovery, and maintain program integrity with the recycling of our recovery dollars to assist those benefitting from APD programs.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

N/A

Quantifying results

5. How will ODHS measure the success of this policy package?

OPAR has performance measures reported monthly for dollars recovered in EAU.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an DHS performance measure? If yes, identify the performance measure(s).

The representatives work with us on this body of work.

7. What are the long-term desired outcomes?

New staffing levels would be maintained and unit operations, program integrity along with consumer satisfaction, will continue to improve. Recovery dollars will increase, especially over time due to the way in which EAU's cases stay open for months and years during the recovery process. Long term, EAU would have sufficient staffing resources to work all bodies of work to optimize estate recovery to reinvest into our APD programs. Minimize revenue loss due to lack of staffing.

8. What would be the adverse effects of not funding this policy package?

EAU will not be able to work and maintain the Surviving Spouse and Pending cases due to the need to prioritize the "current" cases to optimize recovery. Currently the Surviving Spouse and Pending cases are not being reviewed or worked, they are just sitting and waiting for review and potential action.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

Process improvement activities have been undertaken and performance measures have been implemented. We continue to review these activities to improve upon our current business practices and to optimize recovery.

10. What alternatives were considered and what were the reasons for rejecting them?

We have already done process improvement, performance measures and allocated what resources we have in the most cost-effective way to address the "new" cases coming in the door. There are just not enough employees to get to the other bodies of work, hence revenue loss and untimely contact with our consumers and partners.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

None

13. What other agencies, programs or stakeholders are collaborating on this policy package?

APD. Funding agreement.

14. What is your equity analysis?

Status quo as this POP would not influence equity

Staffing and fiscal impact

Implementation date(s): 07/01/2021

End date (if applicable): NA

15. What assumptions affect the pricing of this policy package?

This work will continue to require a certain level of staff expertise, Compliance Specialist 2's and 3's. We might assume that this expert level staff may start at higher than step one on the salary range.

16. Will there be new responsibilities for DHS? Specify which programs and describe their new responsibilities.

No

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

No

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

New Staff:
(2) – Permanent, full time, Compliance Specialist 2 (24 months) *(These two staff have been hired and are currently in performing the work requested of Rep Stark. They are already in
(1) – Permanent, full time, Compliance Specialist 3 (24 months)
(1) – Permanent, full time, Administrative Specialist 1 (24 months)

20. What are the start-up and one-time costs?

Nothing extraordinary: just hiring, onboarding, training, tracking results

21. What are the ongoing costs?

Standard PS and SS expenses

22. What are the potential savings?

Projected $14 million in additional recovery for the biennium if allotted all (4) staff.

23. What are the sources of funding and the funding split for each one?

General Fund (GF) *(These positions will be direct funded by APD from the recoveries of EAU)

Categories:	PS	S & S	Total Cost
Compliance Specialist 3	176,834	38,016	214,850
Compliance Specialist 2	304,279	75,796	380,075
Administrative Specialist 1	116,211	37,725	153,936
Total Cost for the Package	597,323	151,537	748,860

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$597,323	$0	$597,323	4	3.52
Services & Supplies	$105,617	$45,920		$151,537		
Capital Outlay						
Special Payments	$(105,617)	$748,860		$643,241		
Other						
Total	**$0**	**$1,392,101**	**$0**	**$1,392,101**	**4**	**3.52**

Fiscal impact by program

	OPAR	Shared Svc Fund	SAEC	APD	Total
General Fund		$643,241	$105,617	$(748,860)	**$0**
Other Funds	$643,241			$748,860	**$1,392,101**

Federal Funds					**$0**
Total Funds	**$643,241**	**$643,241**	**$105,617**	**$0**	**$1,392,101**
Positions	4				**4**
FTE	3.52				**3.52**

APD will transfer the funding for these positions.

Oregon Department of Human Services
2021-23 Policy Package

Division:	Self-Sufficiency
Program:	Survivor Investment Partnership (SIP) Program
Policy package title:	Survivor Investment Partnership
Policy package number:	POP 130
Related legislation:	N/A

Summary statement:

In partnership with the Governor's Office, ODHS Self-Sufficiency is proposing the Survivor Investment Partnership (SIP) Program to increase accessibility of advocacy services and meaningful financial support to survivors of domestic violence and sexual assault including Tribal members, individuals without children, and vulnerable populations. Domestic violence is prevalent nationally and in Oregon. Domestic Violence is disproportionally prevalent in vulnerable populations:

- Prevalence rates for Tribal members experiencing domestic violence is at 44%[1] nationally.
- In Federal Fiscal Year 2018, 21.5%[2] of children in Child Welfare that were victims of Child Abuse were children of color.

Survivors of domestic violence and sexual assault need access to culturally responsive advocacy services and meaningful financial support. There are high rates of domestic and sexual violence in Oregon and services to support survivors are underfunded. There are current gaps in services, where culturally specific

[1] https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf

[2] https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2018-Child-Welfare-Data-Book.pdf

services are not available across the state, there is a need for additional services in Tribal Communities, and survivors of domestic violence and sexual assault (DVSA) need access to funding that both supports underserved and vulnerable populations and that is accessible and meaningful.

Maintaining the current funding structure has already proven ineffective and left survivors without adequate financial support to address their safety needs, such as finding safe and stable housing or gaining access to culturally responsive DVSA services. The current structure is not culturally responsive across the state and does not include the valuable partnerships with Oregon Tribes and Culturally Specific DVSA providers.

ODHS clients, DVSA survivors will continue to face safety challenges that present a barrier to creating self-sufficiency without access to meaningful advocacy resources coupled with financial support. Furthermore, DVSA survivors that are disproportionately affected will be affected at an even higher risk.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$10,000,000**	**$0**	**$0**	**$10,000,000**	**3**	**2.64**

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

In partnership with the Governor's Office, ODHS Self-Sufficiency is proposing the Survivor Investment Partnership (SIP) Program to increase accessibility of advocacy services and meaningful financial support to survivors of domestic violence and sexual assault including Tribal members, individuals without children, and vulnerable populations.

Domestic violence is prevalent nationally and in Oregon. Domestic Violence is disproportionally prevalent in vulnerable populations:

- Prevalence rates for Tribal members experiencing domestic violence is at 44%[3] nationally.
- 2017 Adult Protective Services reports show out of 3,672[4] founded community allegations investigated for abuse, 85% of those cases were individuals that may have experienced some form of domestic violence
- In Federal Fiscal Year 2018, 21.5%[5] of children in Child Welfare that were victims of Child Abuse were children of color.

Survivors of domestic violence and sexual assault need access to culturally responsive advocacy services and meaningful financial support. There are high rates of domestic and sexual violence in Oregon and services to support survivors are underfunded. There are current gaps in services, where culturally specific services are not available across the state, there is a need for additional services in Tribal Communities, and survivors of domestic violence and sexual assault (DVSA) need access to funding that both supports underserved and vulnerable populations and that is accessible and meaningful.

[3] https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf
[4] Internal APS Fast Facts 2017 Report
[5] https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2018-Child-Welfare-Data-Book.pdf

According to the Hotline (National Domestic Violence Hotline), 1 in 4 women and 1 in 7 men have experienced severe physical violence by an intimate partner in their lifetime[6]. These individuals are accessing services, requesting help, and looking for an avenue for support.

According to the CDC Violence Prevention State by State report from 2010-2012, released in 2017, Lifetime prevalence of sexual violence, physical violence, and/or stalking by an intimate partner woman has a National average of 37.3%. In the state of Oregon that prevalence is 39.8%. For men, the national average is 30.9% and in Oregon the average is 36.2%[7]. Furthermore, domestic violence greatly impacts the Oregonians accessing Self-Sufficiency Programs or engaged with the Child Welfare Program. National prevalence of domestic violence of women receiving welfare is reported at 22.9%[8]. When looking at the Oregon Child Welfare, 29.7% of Child Protective Services family stressors were domestic violence[9].

Reviewing the statewide crisis response provided by Oregon Domestic and Sexual Violence Assault (DVSA) non-profit programs, in 2018 out of 128,786 calls for help received, 84% of those calls were related to domestic violence[10]. In the state of Oregon, domestic violence is a prevalent factor in many family's lives.

2. What would this policy package buy and how and when would it be implemented?

This is an investment in the Governor's Budget, in addition to the regular essential packages that are part of the normal budget build process. The POP information has been updated for the changes made in the GRB as outlined below.

[6] https://www.thehotline.org/resources/statistics/
[7] https://www.cdc.gov/violenceprevention/pdf/NISVS-StateReportBook.pdf
[8] https://vawnet.org/sites/default/files/materials/files/2016-09/AR_Welfare2.pdf
[9] 2018 Report - https://www.oregon.gov/DHS/CHILDREN/CHILD-ABUSE/Documents/2018-Child-Welfare-Data-Book.pdf
[10] https://www.oregon.gov/DHS/ABUSE/DOMESTIC/Documents/2018-domestic-sexual-violence-annual-report.pdf

Oregon Department of Human Services
2021-23 Policy Package

This policy package would start the Survivor Investment Partnership program and invest in Survivor Investment dollars across Oregon. This policy package would (1) buy intergovernmental agreements with Oregon Confederated Tribes for domestic violence services for Tribes and (2) contracts with Culturally Specific DVSA non-profit agencies for advocacy services and contracts to build a statewide culturally responsive network by offering technical support statewide to DVSA providers to enhance and support culturally responsive services. This policy package includes flexible funding for survivors of domestic violence and sexual assault, in the form of direct financial support to survivors from the partners listed above and current contracted Co-Located DVSA Providers. This also purchases three new positions at ODHS for program implementation, ongoing program integrity and sustainability.

(1) Tribal Domestic Violence Position Funding

- Intergovernmental Agreements with Oregon Nine Confederated Tribes to support domestic violence and sexual assault services in Tribal communities, with Survivor Investment Funds to serve survivors

(2) **Culturally Specific DVSA Agency Advocacy Funding**

- Contracted advocacy positions to increase culturally responsive domestic violence response statewide
- Contracted advocacy positions to utilize Survivor Investment funding

Survivor Investment Dollars

- Financial assistance offered by DVSA organizations and Tribes to address needs of survivors in their communities. Funding enhances meaningful financial support with connection to culturally specific and confidential advocacy services.
- Includes flexibility to offer financial assistance to all vulnerable populations for resources including but not limited to housing, legal fees, immigration fees, penalties, lock changes, cameras, rental assistance, moving costs, plane tickets, license fees, housing application, emergency hotel, etc.

- Funds usage to be determined by Tribal Nations, Culturally Specific DVSA Providers, and Co-Located DVSA Providers for the needs of domestic violence and sexual assault survivors in their communities.
- These funds are issued through contract and intergovernmental agreements and specific to services for survivors – implemented in partnership with DVSA programs to meet the needs in a trauma-informed, culturally responsive system.

The intention is to expand domestic violence and sexual assault services in a meaningful way and to create funding to reach underserved populations. This policy package will focus on increasing and building partnerships and creating meaningful financial supports. This will be done by contracting with these partners to increase or build agency capacity to start or further serve underserved populations, offer their agencies the flexible funding they need to meet the financial needs of survivors while providing culturally and linguistically appropriate advocacy services. This program will focus on providing culturally responsive advocacy and financial support to survivors. This policy package was jointly developed by the Oregon Tribes, Culturally Specific domestic violence sexual assault (DVSA) providers, Co-Located DV Providers, and a workgroup made of DVSA providers, ODHS staff, the Governor's Office, and other domestic violence and sexual assault providers.

This policy package would be effective 07/01/2021 or upon passage, whichever is later.

3. How does this policy package further ODHS's mission and align with its strategic plan?

This policy package aligns with the Governor's Vision for 2021-2023 to enhances culturally responsive domestic violence services across the state with a focus on underserved populations, including Tribal Nations and culturally specific populations. This aligns with ODHS strategic plan to enhance services to underserved populations and expand on services that are nationally recognized. Policy package addresses systematic weaknesses in service

implementation and applies an equity lens to ensure ODHS clients and community members have access to meaningful, trauma-informed, and culturally responsive services and financial support.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This package is not being requested because of an Oregon Secretary of State or internal audit.

Quantifying results

5. How will ODHS measure the success of this policy package?

SSP will collect aggregate data from all providers to determine how funds were used, how many people were served, and is working on outcome measures for data. In addition, Tribes and DVSA agencies will be provided additional FTE to support their work. We can measure the increased number of people served with these positions.

SSP plans to work in collaboration with our providers to develop a series of optional survivor surveys that can be used to gather data from survivors of how the program helped them. With domestic violence and sexual assault (DVSA), the needs of survivors are completely different and therefore their success measures are dependent on resources they were able to access, versus outcomes they have made. DVSA survivors are trying to gain safety from an individual(s) that is causing them harm. Outcomes are dependent on if the survivor gained more safety tips from the services they received and if they were able to receive the financial assistance needed.

SSP will also work with staff to determine if relationships with our contracted partners have increased or improved and what additional knowledge ODHS staff gained regarding the Oregon Tribes and/or how to be culturally specific and responsive.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

The policy package's focus is on building safer, healthier communities by promoting the goal of increasing meaningful access and support for families experiencing violence to get the resources they need. This also relates to overall family stability and child safety. Self-Sufficiency Programs have key performance measures that include:

- *Self-Efficacy and Hope* – The percentage of Self-Sufficiency participants who report their involvement with SSP and the services SSP connected them to helped them feel (1) more confident about improving their current circumstances and (2) more hopeful about their future.
- *Housing Stability* – the percentage of Self-Sufficiency Program participants who report their housing needs are met.

The mission for the Child Welfare Program: Every child and family are empowered to live independent, safe and healthy lives. By investing in broadening the effective domestic violence programs that support survivors of domestic violence, ODHS is committing to offer more financial stability and promoting self-efficacy and hope. ODHS is committed to giving supports to families that include financial and advocacy supports to empower survivors and children to live healthy and safe lives.

7. What are the long-term desired outcomes?

The long-term desired outcomes include more access to confidential advocacy services, increased capacity for Oregon Tribes and culturally specific DVSA providers to provide more culturally specific domestic violence services, and access to flexible funds for survivors of domestic violence and sexual assault throughout Oregon.

This will expand culturally responsive services for survivors of DVSA statewide. Historically underserved populations that experience violence at a disproportionate rate will be positively impacted by this program, both the financial supports and additional advocacy service and resources this policy package builds. These services will help survivors to attain self-sufficiency and prevent the need to return to an abusive situation. This will help children to maintain safety. The results would also include building capacity in the Oregon Tribes to provide services to their communities for DVSA survivors, outreach, and/or prevention. This will also build culturally responsive DVSA services throughout the state of Oregon by increasing capacity at culturally specific DVSA organizations and building a network of support statewide.

The SIP Program provides funding to meet survivors needs in connection with advocacy services through DVSA organizations and the Oregon Tribes. These dollars invest in safety for survivors by giving meaningful funds for needed safety items, administered in a culturally specific way and meeting survivors in the communities they are already seeking services. Contracts/Intergovernmental Agreements ensures infrastructure of consistent statewide program implementation and allows for SSP to gather aggregate data for analysis and ongoing program development.

8. What would be the adverse effects of not funding this policy package?

Maintaining the current funding structure has already proven ineffective and left survivors without adequate financial support to address their safety needs, such as finding safe and stable housing or gaining access to culturally responsive DVSA services. The current structure is not culturally responsive across the state and does not include the valuable partnerships with Oregon Tribes and Culturally Specific DVSA providers.

ODHS clients, DVSA survivors will continue to face safety challenges that present a barrier to creating self-sufficiency without access to meaningful advocacy resources coupled with financial support. Furthermore,

DVSA survivors that are disproportionately affected will be affected at an even higher risk. Throughout workgroup conversations, it was identified that the current structure of needing to be at ODHS Office to get financial assistance is not the safest place for underserved populations. Without changing the funding structure, ODHS will continue to inadequately support these individuals.

In addition, relationships with Oregon Tribes and Culturally Specific DVSA providers will be negatively impacted, as we have engaged their services and support. A lack of capacity in their organizations has been identified, which leaves them with a hole.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

SSP completed a budget reallocation to distribute funds in an equitable way and based on prevalence of domestic violence in county populations. This resulted in shifting of funding and changing of access to services for survivors in the community. It also expressed a significant gap in services in urban areas and a gap in culturally specific response statewide.

SSP considered what it would mean to ask local domestic violence point persons, workers in Child Welfare, Aging and Persons with Disabilities, and Self-Sufficiency offices, to create relationships and provide the culturally specific resources. This takes the expertise away from our providers and requires in depth training and resources that do not exist. ODHS offers different services than advocacy agencies as well that cannot fill the gap of what support is needed.

Historically, the needs for training and culturally responsive services for domestic violence have relied on partnering agencies that volunteer to provide this service. This greatly impacts our relationships with providers, the capacity of those agencies, and the quality of work providers would be asked to work in, given they would

be volunteering their staff and time. Using any of these models internally removes the expertise and trauma informed lens provided by our partners. It also increases the risk for vicarious trauma and burnout.

10. What alternatives were considered and what were the reasons for rejecting them?

SSP considered relying on our current structures. We learned from current ODHS staff, current contracted DVSA providers, and for our workgroup and Oregon Tribes and Culturally Specific providers that the current system does not meet all the needs of providers or domestic violence and sexual assault survivors in a meaningful way or a culturally specific way.

SSP explored existing supports and services for domestic violence survivors in the state of Oregon. As it stands now, relying on local domestic violence sexual assault (DVSA) providers and community action agencies to distribute funding sources for financial support to survivors of domestic violence will not be sufficient. DVSA providers have limited funding, that is not as flexible as even the TA-DVS program. Action agencies funding is otherwise allocated and not dedicated specifically to domestic violence.

With the Governor's Office, the Workgroup, and Oregon Tribes and culturally specific DVSA providers, we explored expanding co-location as it currently exists. Underserved populations do not always feel comfortable starting their request for domestic violence help in this setting. SSP explored expanding our Temporary Assistance for Domestic Violence Survivors (TA-DVS) program however the program has federal funding that restricts both the eligibility for the funds and the usage of the funding, which hinders survivors from applying and/or accessing funds once approved for the program.

Current co-located DV providers have attempted to provide services for survivors and ODHS at their own cost. This resulted in under staffing in advocacy agencies, lack of effective training and support for advocates,

unequitable treatment and expected response from providers. It also results in less access for survivors to well supported DVSA co-located advocates.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No, this policy package does not require any changes or establishment of statute.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Each of the nine federally recognized Oregon Tribes are to be affected by this policy package. Each tribe will receive funding to increase their capacity in providing domestic violence services in their Tribe. The funding is specific to each Tribe to meet their needs. The Tribes were involved in the discussions to build this policy package. The fiscal impact is funding that increases their current service allotment for domestic violence and sexual assault. This is new funding with ODHS, which means we are building relationships and cultivating strong partnerships. The Tribes performance will be dependent on how they build their programs around this funding, some wanting to increase advocacy, work with children, provide additional training, have support for consultation and training conversations amongst other agencies, outreach services, and/or a combination of the above.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

We worked in collaboration with the following partners: Governor's Office, Oregon Confederated Tribes, Culturally Specific domestic violence sexual assault (DVSA) providers, current Co-Located DV Advocate providers, Oregon Attorney General's Sexual Assault Task Force (SATF), Oregon Coalition Against Domestic and Sexual Violence (OCADSV), ODHS Domestic and Sexual Violence Council, and other interested parties.

These parties all functioned by supporting us through various workgroup efforts to build the policy package in total, including having discussions on how to maintain flexibility in funding, increase, create or enhance

services that are culturally responsive, build support and capacity for DVSA agencies and Tribes to complete this work, and what survivors of domestic violence and sexual assault need in their access to funding.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

This package has worked in partnership with the Oregon Tribes and culturally specific DVSA providers to create meaningful access to services for populations impacted by inequities. As mentioned above, domestic violence and sexual assault affect all populations, but disproportionately affects vulnerable populations. This policy package aims to provide funding to agencies and partners that serve vulnerable populations. The policy package works in collaboration with providers serving vulnerable populations to increase capacity at their organization to serve more DVSA survivors or to serve DVSA survivors in ways each program has identified as an existing gap in their services. This policy package also invests in flexibility of funding to allow programs the ability to meet the needs of the individuals they are working with in ways we have been unable to before, both within ODHS and within their organizations.

Throughout workgroup conversations, we have identified inequities and injustices within funding structures, support and resources for survivors, and within ODHS operations. This policy package continues collaboration with commitment from ODHS to further engage our Tribal partners and Culturally Specific partners to enhance ODHS services and provide further services to vulnerable populations.

The component to build a statewide network of support allows us to create more resource in all areas of the state for culturally responsive services. This further builds ODHS collaboration with partners and enhances the ability for partners to connect across the state, building more network and support for DVSA survivors.

Staffing and fiscal impact

Implementation date(s): 07/01/2021

End date (if applicable): Ongoing

The implementation date should be the earliest date included in response to question #2. Provide an ending date if the policy change in this POP has a specific termination date or indicate that it's ongoing.

15. What assumptions affect the pricing of this policy package?

This policy package is priced based on a two-year biennium contract schedule. Contracts/intergovernmental agreements would be signed for two years with amendments for ongoing service level.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

Yes, Self-Sufficiency will be responsible for program development, implementation, evaluation, and program maintenance for the SIP Program and Co-Located DV Advocate program. This includes building program infrastructure, continued conversations and relationship building with Oregon Tribes, Culturally Specific DVSA Providers, Co-Located DVSA Providers, and Child Welfare.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

Yes. This will require access to facilities, including computer, phone, and email for all Co-Located DV Advocates.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

This policy package has the potential to be a domestic violence caseload increase or reduction. Due to safety purposes, there is no data to identify why survivors have reached out, if their needs were met, or why they did or did not access services with ODHS. There is also no current data on use of culturally responsive services to determine the increase in that caseload size.

Potential reasons we anticipate an *increase* in domestic violence cases:

- More individuals will have access to culturally responsive services, advocacy services, and financial support. The connection to advocates could lead to more referrals to domestic violence services at ODHS in both Child Welfare and Self-Sufficiency.
- Based on our average TA-DVS caseload size in SFY 2019, 1,057 out of 1,439 TA-DVS cases were approved but did not utilize payment. Providers have shared anecdotally this is because the funding is not enough. If the TA-DVS funding is combined with SIP funding, we anticipate the caseload could increase and use of the funding may increase.

Potential reasons we anticipate a *decrease* in domestic violence cases:

- More individuals will have access to culturally responsive services, advocacy services, and financial support. The connection to advocates and financial support might mean survivors will not need ODHS services or receive preventative services instead of entering into the Child Welfare system.
- Based on our average TA-DVS caseload size in SFY 2019, 1,057 out of 1,439 TA-DVS cases were approved but did not utilize payment. Providers have shared anecdotally this is because the funding is

not enough or not adequate. If funding is available through another source that is more flexible, TA-DVS funds may not be utilized at the same rate.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

Policy Option package requests the following permanent positions.
All positions will work 24 months in the biennium.

Operations and Policy Analyst 4 – For program development, relationship building, and outcome measurement. This position is responsible for program oversight of SIP Program. This position is responsible for ongoing collaboration with Child Welfare.
Operations and Policy Analyst 3 – For ongoing contract administration, including but not limited to site visits, contract compliance, contract/Intergovernmental Agreement drafting and submission, planning and offering training and technical support to contracted providers.
Operations and Policy Analyst 2 – For invoice processing, data tracking, day to day maintenance of SIP program.

20. What are the start-up and one-time costs?

Not applicable.

21. What are the ongoing costs?

This policy package is to be incorporated into ongoing service level. Cost estimates around $40,000,000 (policy package pricing and potential COLA increases) expanding beyond the 2021-23 biennium.

22. What are the potential savings?

By funding more supports for domestic violence and sexual assault survivors, the workgroup anticipates there will be a cost savings through the following impacts:

- Prevention of children entering the foster care system due to domestic violence
- Stabilization of survivors, meaning less need for other SSP program benefits for ongoing stability
- Less burnout and turnover of ODHS staff regarding DVSA cases due to increase in collaborative support from providers
- Decrease in staff time spent supporting DVSA clients and navigating DVSA challenges, due to ongoing collaborative efforts.

23. What are the sources of funding and the funding split for each one?

This policy package is 100% general fund.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$562,076	$0	$0	$562,076	3	2.64
Services & Supplies	$114,201			$114,201		
Capital Outlay						
Special Payments	$9,323,723			$9,323,723		
Other						
Total	**$10,000,000**	**$0**	**$0**	**$10,000,000**	**3**	**2.64**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	Total
General Fund	**$10,000,000**				**$10,000,000**
Other Funds					**$0**

Federal Funds					**$0**
Total Funds					**$0**
Positions					**3**
FTE					**2.64**

Oregon Department of Human Services
2021-23 Policy Package

Division:	Vocational Rehabilitation
Program:	Youth and Workforce
Policy package title:	Social Security Cost Reimbursement
Policy package number:	POP 131
Related legislation:	N/A

Summary statement:

Currently Vocational Rehabilitation (VR) is not fully capturing all of the available Social Security reimbursement available to its consumers who received Social Security Insurance (SSI) and/or Social Security Disability Insurance (SSDI) benefits and who become employed as a consequence of VR services. Historically these revenues have approached $10M per biennium. Proposed changes in the Ticket to Work program would create a revenue stream to fund ongoing supports for individuals with the most severe disabilities.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$0**	**$0**	**$170,746**	**$170,746**	**1**	**1.00**

Oregon Department of Human Services
2021-23 Policy Package

Purpose

1. Why does ODHS propose this policy package and what issue is ODHS trying to fix or solve?

This will be a self-funding position that will also be revenue generating. This will bring in additional federal finds that do not need to be matched. This will help the VR program keep out of the Order of Selection and increase client service dollars.

2. What would this policy package buy and how and when would it be implemented?

VR is requesting one position to revamp our current reimbursement system, submit and manage timely reimbursements from the Social Security Administration. Additionally this position will work in collaboration with Senior and People with Disabilities (SPD) and Office of Mental Health and Addiction Services (OMHAS) to explore and potentially develop a reimbursement system in collaboration with community partners that would generate an additional revenue stream for those individuals who required ongoing supports in order to maintain employment. Without the self-funding position, OVRS will not be able to recoup the full amount of Social Security reimbursements available and will not be able to pursue the Ticket to Work Program as a potential revenue stream.

3. How does this policy package further ODHS's mission and align with its strategic plan?

This funding stream would enhance VR financial ability to assist eligible Oregonians with disabilities to secure, maintain and advance in employment.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Quantifying results

5. How will ODHS measure the success of this policy package?

ODHS and VR will measure the success of this package by tracking the number of claims that are submitting=

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS performance measure? If yes, identify the performance measure(s).

No.

7. What are the long-term desired outcomes?

Increase revenue into the program. There is potential for this program to expand beyond VR clients to other Oregonians served by ODHS. This could dramatically increase the revenue for the agency.

8. What would be the adverse effects of not funding this policy package?

There are unclaimed federal funds that are not being claimed by the state. By not providing resources to this program we are losing funds by not claiming them.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

We currently have one FTE working in this const reimbursement program. Last biennium the were able to draw down nearly $10M in unmatched funds. We are projecting that we could draw down at least another

$500,000 to $1M if we could have more support in this program area. (See attachment below for income over the past several biennia).

10. What alternatives were considered and what were the reasons for rejecting them?

Status quo. This was rejected because this position would pay for itself and with additional income to support the program.

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

There is the possibility that we could draw down additional funds from clients served by other ODHS programs. This would further increase the revenue generated by this POP.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

None.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

Indirectly this POP will provide additional support to the VR program because it will bring in funds that can be used for client service delivery.

Staffing and fiscal impact

Implementation date(s): 7/1/2021

End date (if applicable): N/A

15. What assumptions affect the pricing of this policy package?

FTE calculation.

16. Will there be new responsibilities for ODHS? Specify which programs and describe their new responsibilities.

No. This would expand an existing program.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

No.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No. This position would work to recoup funds expended on individuals that have already exited the VR program.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

The staff requested would be a Human Services Assistant 2. This would be a new position

20. What are the start-up and one-time costs?

N/A or negligible. There would be general recruitment and onboarding expenses.

21. What are the ongoing costs?

The biennial cost will be $170,746 for the 1 FTE.

22. What are the potential savings?

This position will support VR program activities that generate revenue. It is estimated that the position could potentially generate an additional $200,000 to $500,000 extra funds in cost reimbursement funds per biennium.

23. What are the sources of funding and the funding split for each one?

This is a self-funding position and it would be paid out of the cost reimbursement fund that we receive from the Social Security Administration under the Ticket to Work and Cost Reimbursement programs.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$129,305	$129,305	1	1.00
Services & Supplies			41,441	41,441		
Capital Outlay						
Special Payments			680	680		
Other						

Total	**$**0	**$0**	$170,746	$170,746	**1**	**1.00**

Fiscal impact by program

	Program 1	Program 2	Program 3	Program 4	**Total**
General Fund					**$**0
Other Funds					**$0**
Federal Funds					$170,746
Total Funds					$170,746
Positions					**1**
FTE					**1.00**

Oregon SSA Cost Reimbursements

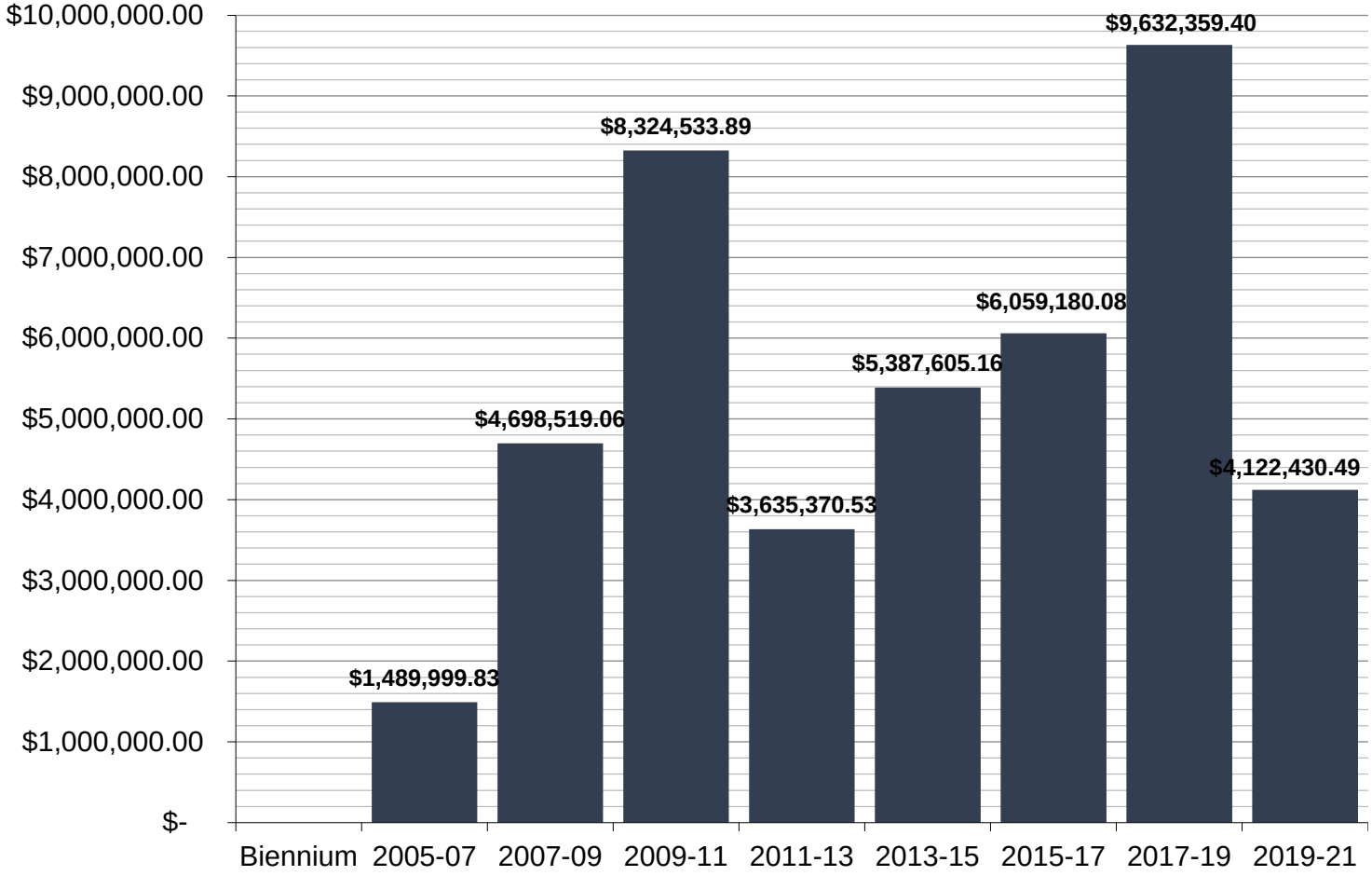
Biennium 2019 - 2021 (July 1, 2019 – June 30, 2021)

Cost claims requested this biennium:	590
Total CR amount requested this biennium:	$8,466,972.01
Claims Pending SSA Approval:	231
Pending Claims Total Amount:	$3,577,870.00
Total Claims Paid to Date:	**$4,122,430.49**

Cost Reimbursement Payment History:

2019–21 Biennium Total Reimbursements:	**$4,122,430.49**
2017–19 Biennium Total Reimbursements:	$9,632,359.40
2015–17 Biennium Total Reimbursements:	$6,059,180.08
2013–15 Biennium Total Reimbursements:	$5,387,605.16
2011–13 Biennium Total Reimbursements:	$3,635,370.53
2009–11 Biennium Total Reimbursements:	$8,324,533.89
2007–09 Biennium Total Reimbursements:	$4,698,519.06
2005-07 Biennium Total Reimbursements:	$1,489,999.83

Oregon Department of Human Services
2021-23 Policy Package



Last updated 4/28/2020

Oregon Department of Human Services and Oregon Health Authority
2021-23 Policy Option Package

Division:	ODHS & OHA
Program:	Integrated Eligibility (IE) / integrated ONE
Policy package title:	IE Maintenance and Operations Post-Implementation
Policy package number:	POP 206
Related legislation:	N/A

Summary statement:

This POP requests permanent resources for ODHS and OHA/OIS to support the transition from the IE project to the integrated ONE program through the 2021-23 biennium and into the future biennia. The requested resources and funding will provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called integrated ONE that integrates eligibility determination for MAGI and Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. The IE program represents an essential lifeline to vulnerable Oregonians in need.

It should be noted that the integrated ONE system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period to resolve defects and to help staff adjust to the new system. As the project transitions to Maintenance and Operations (M&O), the resource gaps must be addressed to sustain this substantial investment. This POP is meant to address three critical areas:

Resource Gaps and Staffing Challenges
To sustain this substantial investment, this POP is addressing the resource gaps not recognized in the 2019-21 biennium for M&O.

Stabilization and Post-Implementation Support
This POP requests permanent resources for DHS and OHA/OIS to support the transition from the IE project to the integrated ONE program through the 2021-23 biennium and into future biennia.

Oregon Department of Human Services and Oregon Health Authority
2021-23 Policy Option Package

Funding to Support M&O
M&O is key to making sure that the system support Oregonians and that ODHS/OHA can continue to receive funds under the maintenance and operational federal match.

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Policy package pricing:	**$37,118,353**	**$ (including OIS limitation)**	**$32,558,094**	**$69,676,447 (including OIS limitation)**	**24**	**24.00**

Purpose

1. Why does OHA propose this policy package and what issue is OHA trying to fix or solve?

This POP requests permanent resources to fill resource gaps and funding for ODHS and OHA/OIS to support the transition from the IE project to the integrated ONE program through the 2021-23 biennium and into the future biennia. The requested resources and funding will provide stability and continued support for the Integrated Eligibility (IE) program. The Integrated Eligibility initiative is a multi-biennium effort to develop a comprehensive unified system called integrated ONE that integrates eligibility determination for Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) and Employment Related Day Care (ERDC) benefits. The IE program is an umbrella under which multiple complex inter-dependent, yet disparate, bodies of work fall, and it represents an essential lifeline to vulnerable Oregonians in need.

Funding and position authority were received in the 2019-2021 session for some M&O activities; however, after two years and the system close to go-live, more is known as to what the required ongoing support needs are. It is important

to note that M&O activities that are currently being filled by limited duration resources, rotational staff or contracted staff need to be filled by permanent staff to reduce expenses, high turnover and lost productivity.

The integrated ONE system will be implemented statewide before July of 2021. Following implementation there will be a substantial stabilization period. As a result, the following permanent resources and funding will be needed to support the IE program:

- Subject matter experts, testers, analysts, test case writers, site support, coordinators and leadership will need to continue to provide support services into the 2021-23 biennium
- Defect resolution experts and coordinators to manage the code releases in multiple environments
- Site support resources to help staff adjust to the new system
- Ongoing support of the Legacy systems relied upon by IE, such as:
    - Changes made to the IE core system typically require changes to the legacy systems, which ultimately pays out benefits for Oregonians
    - Test environments created to support user acceptance testing (UAT) and ongoing support and maintenance for the existing automated test suite were not included in previous funding requests
    - Additional resources will be needed to ensure the environment and tools can support system changes, system enhancements and testing
    - Disaster Recovery functionality for the IE core needs to remain intact and tested annually
- Duties that have been transitioned to OHA/OIS from ODHS that the IE program is dependent upon:
    - Ongoing support of the ONE VEC call center, which is relied upon by the IE Program
    - PMO administrative services, such as, calendar management, receiving and sending correspondence, and providing reports
- Program Office resources to manage and support a program office versus a project office. The program will need resources to manage cost, scope, schedules, risks and issues, system change requests, deliverable management, testing, site support, reporting needs, governance, administrative support, quality control, and complex communications across several domains.
- On-going M&O support will be provided by Deloitte for the core system. Funding is requested through this POP for those M&O expenses.

The IE program must meet the needs of the Oregonians in which it serves and as the project transitions to Maintenance and Operations (M&O), the resource gaps must be addressed to sustain this substantial investment.

In summary, this POP is meant to address three critical areas:

Resource Gaps and Staffing Challenges
To sustain this substantial investment, this POP is addressing the resource gaps not recognized in the 2019-21 biennium for M&O.

Stabilization and Post-Implementation Support
This POP requests permanent resources for ODHS and OHA/OIS to support the transition from the IE project to the integrated ONE program through the 2021-23 biennium and into future biennia.

Funding to Support the M&O Contract
M&O is key to making sure that the system support Oregonians and that ODHS/OHA can continue to receive funds under the maintenance and operational federal match.

2. What would this policy package buy and how and when would it be implemented?

This policy package seeks a total of 63 permanent FTE (ODHS-24, OIS-39) and funding for M&O for the IE program.

Permanent Positions to support the Program by filling resource gaps and to provide post-implementation support

The 2019-21 policy package provided limited duration positions and contractors to fill key positions during the design, development and implementation phase. Using limited duration and contractors for a large multi-year project, created significant staffing challenges. In general contractors are three times more expensive than permanent employees and some staffing contracts only allowed contractors to work 1,040 hours per year. Staff in limited-duration positions continue to look for permanent employment creating instability in the workforce supporting this program. These challenges impact the business in the following ways: 1) High turnover rate 2) Loss of unique knowledge that is

specific to ODHS / OHA 3) Project team members had to train new contractor's continuously 4) Additional workload is assigned to already over-loaded staff.
Investing in permanent staff for the IE Program will help the organization achieve its strategic goals by providing resources that will be invested in stabilizing a critical system that delivers critical services to Oregonians, which are required by our Federal Partners (e.g., Centers for Medicaid and Medicare, Food and Nutrition Services, etc.).

High-Level Implementation Plan:

- Prioritize needed positions and begin hiring permanent staff immediately upon approval
- Establish the IE Program Management Office and transition from a project office to a program office, based on the M&O transition plan
- Execute the M&O program support and transition plan
- Issue the approved funding to the M&O contractor that supports the core system
- Stabilize the ONE system and provide post-implementation support

3. How does this policy package further ODHS's and/or OHA's mission and align with its strategic plan?

The Integrated ONE solution will assist Oregonians achieve well-being and independence by providing timely and efficient eligibility determinations. It will allow a self-service option for Oregonians to apply through the applicant portal at times that are convenient for them, which in turn, would minimize the amount of time needed in ODHS field offices to complete the application process. The system will generate notices in seven languages and five alternate formats, helping to reduce barriers for traditionally underserved populations. Integrate ONE solution improves access to program eligibilities and program benefits to some of Oregon's most vulnerable populations. Reducing any wrong doors and consolidating access to services, providing individuals and households with greater opportunity to access benefits and services though the venue of their choice, online, by phone or within a single office space. Integrated ONE brings the disparate IT systems together, provides previously unavailable opportunities for service delivery improvements and moves the agency closer towards a no-wrong-door approach.

Operations of the Integrated ONE solution will require complex coordination systems, data and processes at an Enterprise level across multiple key program areas and agencies. Permanent resources will assist Oregonians from start to finish in providing timely and efficient eligibility determinations for the IE Program from a field office or a virtual eligibility center. Staff resources are required to support the technology enhancements, maintain the existing 150 system interfaces and support the system. The Applicant Portal is self-service for end-users, but backend work is required to ensure availability.

Performing this level of coordination improves access to care, safety, security and stability to Oregonians and moves us closer to sustaining a no-wrong-door approach.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

No.

Quantifying results

5. How will ODHS/OHA measure the success of this policy package?

Success will be measured by using the following*:

- Customer Satisfaction: Through the use of surveys, the majority of Oregon citizens using the integrated ONE system will respond with a positive reply of good or excellent.
- Employee Engagement: Through the use of surveys, the majority of staff report medium or high levels of positive engagement with customers
- Accuracy: The integrated ONE programs, Non-MAGI Medicaid, SNAP, TANF, and ERDC show a 95% or better-quality control review rating
- Availability: The integrated ONE system has an uptime of 99.99% or better and any potential issues can be forecasted and addressed before they impact Oregon citizens

- Reporting: Through the use of several reporting methods that include ad hoc and federally required reporting.

* This policy package lays the foundation of the people and tools to be able to collect and analyze the data used for measuring success.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or a ODHS/OHA performance measure? If yes, identify the performance measure(s).

This policy package aligns with and directly supports three areas of the Governor's policy:

1. "Modernize and standardize critical statewide systems"
2. "Optimize service delivery to the public and internally by modernizing agency-specific and cross-agency systems" by providing a modern, accessible system enabling clients broader access to services and quantifiable measurements around outreach and quality of services.
3. Create better health through good jobs

7. What are the long-term desired outcomes?

Continue to enhance the integrated ONE system that enables Oregonians to self-serve by accessing their benefits through a web portal. Oregonians will continue to be able to access their benefits by phone, by mail, by fax, or in person.

The new system will provide self-service to Oregonians by enabling applications through the applicant portal at times that are convenient to them. It provides a more dignified and private option to apply and minimizes wait times in ODHS field offices to complete the process. Currently, in person engagement requires staff to use three different agencies using seven different systems to determine eligibility for Oregonians.

The Integrated ONE system will improve efficiency and access to eligibility-based services for Oregonians who will no longer have to visit multiple locations and for staff who will not have to enter information into multiple systems for multiple programs. This solution will increase accuracy in our benefit determinations as program information, notification

of changes, Federal and State interfaces, automation logic and a rules engine will standardize practices across multiple programs. The system also generates notices in multiple languages and formats, helping reduce barriers for traditionally underserved populations. It also gathers and stores applicants preferred race and ethnicity values allowing for culturally competent care.

8. What would be the adverse effects of not funding this policy package?

If this policy package is not funded, support for one of Oregon's largest IT investments will not be at a level required to make sure that Oregonians relying on the IE program for critical services can be met, which might directly affect eligibility and/or benefit accuracy and customer satisfaction. In addition, lack of support increases the likelihood of staff overloads, longer than expected delays in responding to issues, inability to provide federally mandated reports, lack of predictive mitigation of issues as staff will be too busy just keeping the system running versus being able to address potential issues before they become a reality and impact Oregonians.

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

Funding and position authority were received in the 2019-2021 session for some M&O, ongoing project management and support activities. This is a new environment and one of the largest, most complex IT systems Oregon has ever implemented. Now, with the system close to go-live, more is known as to what the ongoing support needs will be. This policy package is the result of what has been learned and what is needed to support what will be Oregon's largest IT system going forward.

10. What alternatives were considered and what were the reasons for rejecting them?

Alternatives include:

1. Do nothing.

This is not a viable option. With what is known today, the previous M&O support estimate will only keep the IE program at minimal levels at best, at worst, it will negatively impact both Oregonians and staff. Oregonians may suffer through delays and availability, while staff deal with negative experiences with customers and work overloads.

2. Hire Contracted or Limited Duration Resources and Continue to With Current Staff.
   This is not a viable option. Over the last five years, the two agencies have used contracted staff and limited duration resources to fill its resource gaps. This strategy is not the most effective or efficient method for IT services. Hiring contractors using the IT Professional Services contract can be up to three times more expensive than permanent employees and some staffing contracts limit contractors to 1,040 hours per year. Staff in limited-duration positions continue to look for permanent employment creating instability in the workforce supporting the IE program. These challenges result in the following impacts:
   - Contracted staff can cost up to three times more; thus, impacting Oregonians bottom line
   - High turnover rate
   - Additional workload is assigned to already over-loaded staff
   - Permanent staff must continuously train new hires
   - Loss of unique knowledge that is specific to the IE program and/or OIS
   - Reduced productivity

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

No.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

OHA and ODHS are the primary stakeholders and beneficiaries outlined in this policy package. In addition to OHA and ODHS, the following agencies are affected:

- DAS - Equipment and services at ETS are required to support this policy package

- DOJ - The IE program will need to interface with the Child Support system
- OED - The IE program will have interfaces with the Employment Department
- ODE - The IE program will interface with systems that make payments to Early Learning Division Child Care Providers

13. What other agencies, programs or stakeholders are collaborating on this policy package?

This is a collaborative effort between ODHS and OHA.

14. How does this policy package help, or potentially hinder, populations impacted by health inequities from achieving health equity[1] or equitable health outcomes?

This policy package, if approved, will ensure that Oregonians can continue to achieve wellbeing and independence by providing timely and efficient eligibility determinations for the IE programs that are relied upon. In addition, it continues support for the following:

- Allow Oregonians to self-service by applying through the applicant portal at times that are convenient for them, minimizing time needed in field offices to complete the process
- Generate notices in seven languages and in five alternate formats, helping to reduce barriers for traditionally underserved populations
- Gather, and store applicants preferred race and ethnicity values allowing for culturally competent care

Staffing and fiscal impact

Implementation date(s): July 1, 2021 start date

[1] Health Equity: When all people can reach their full potential and well-being and are **not disadvantaged by their race, ethnicity, language, disability,** gender, gender identity, sexual orientation, social class, intersections among these communities or identities or other socially determined circumstances.

End date (if applicable): This will be an on-going effort anticipated for each biennium to ensure that both ODHS and OHA have the resources to support the IE program and Oregonians.

15. What assumptions affect the pricing of this policy package?

- Cost of professional services is assumed to be in alignment with other comparable efforts
- Cost of staffing is assumed to be relatively constant
- Federal funding will be available and leveraged for all ODHS & OHA efforts where available
- Resources with the necessary skills will be available

16. Will there be new responsibilities for ODHS or OHA? Specify which programs and describe their new responsibilities.

No.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

The following duties have been transitioned to OHA/OIS from ODHS that the IE program is dependent upon:

- Ongoing support of the ONE VEC call center, which is relied upon by the IE Program
- Administrative services, such as, calendar management, administrative support, receiving and sending correspondence, and/or providing reports

Additional scope was added over the last two years:

- Maintenance of Legacy test environments
- Disaster Recovery support

Additional permanent resources are needed to support the above work efforts for OHA/OIS.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

This policy package requests funding for 63 permanent positions. The positions are new and will work collaboratively within ODHS and OIS to support M&O for the IE program.

ODHS - Funding for 24 permanent positions to provide support in various key roles:

- SSP Program Support: Funding and permanent position authority for 4 FTE (4-OPA4) to support Virtual Eligibility Center operations
- OBIS Support: This package reclasses 1-PEMD to PEME (1018540), and provides funding and permanent position authority for 19 FTE (2-OPA4 MMN, 1-OPA3, 8-OPA2, 8-OPA1) for resources to support testers and test case writers, to ensure system functionality remains synchronized and in-tact, IE program infrastructure including data dictionary management, report writing, release management, and the ONE Helpdesk
- Administrative staff: Funding and permanent position authority for 1 FTE (1-AS2)

OIS Technical - Funding for 26 permanent positions to address technical expertise gaps not requested previously. These include:

- Business Intelligence Developer: Funding and permanent position authority for 1 FTE (1-ISS8) to develop, deploy, and maintain BI interfaces for data visualization, interactive dashboards, ad hoc reporting, and data modeling

- AD / Express Route System Architect: Funding and permanent position authority for 1 FTE (1-ISS8) to support complex infrastructure that crosses multiple domains
- Database Administrator: Funding and permanent position authority for 1 FTE (1-ISS8) to provide expertise in-house for a complex and large database that consists of 1,700 tables
- Senior Privacy / Risk Coordinator: Funding and permanent position authority for 1 FTE (1-ISS8) to coordinate between the vendor and EIS CSS on applications for privacy, risk and compliance
- Test Environments / Batch scheduler support: Funding and permanent position authority for 2 FTE (1-ISS7, 1-ISS6) to provide ongoing support and maintenance of the new infrastructure created during the project to support testing and training
- JV Support: Funding and permanent position authority for 1 FTE (1-ISS7) to join the JV financial system support team
- Operations Support: Funding and permanent position authority for 3 FTE (3-ISS7) to coordinate change requests and triage activities for legacy system changes
- Legacy Mainframe Team: Funding and permanent position authority for 3 FTE (PEME, 1-ISS8 mainframe architect, 1-ISS8 Interface Architect) to support ongoing IE M&O to the legacy systems
- Compliance Specialist: Funding and permanent position authority for 1 FTE (ISS8) to manage compliance and audit activities with SOS, federal partners and oversight analysts
- Increased coverage for test environment: Funding and permanent position authority for 3 FTE (1-ISS7, 2-ISS6) to increase support of the test environment to 6pm-10pm plus 8am-8pm Saturday / Sunday
- Legacy Integrated Test Environment Manager: Funding and permanent position authority for 1 FTE (1-PEMD) to manage complex environments that crosses multiple domains
- Call Center Support: Funding and permanent position authority for 8 FTE (8-ISS4) to support the integrated call center

<u>OIS Program Office - Funding for 13 permanent positions to transition from a project office to a program office, while also supporting an ongoing administrative function and backfilling modernization positions, limited duration positions and contractors:</u>

- Program Management support is needed to backfill two positions that are on rotation: Program Management Office (PMO) Director (1-PEMF) and PMO Manager (1-PEMD)
- Senior Project Manager (1-PM3) and Project Coordinators (2-PM2) are needed to backfill staff who are on rotation or who are in Limited Duration positions that manage cost, scope, schedules, risks and issues, system change requests, deliverable management, testing, site support, reporting needs, governance, quality control, IE TEAMS site, IE SharePoint and help manage complex domains across several domains.
- Business System Analysts (3-ISS7) provide a critical function and are needed to fill a resource gap by helping gather technical requirements, deliver technical documentation and implement technical reports
- PMO Administration (4-PM1) and an Executive Assistant (1-ESS2) are needed to provide program management support that includes: administrative support, calendar management and complex communications across several domains.

20. What are the start-up and one-time costs?

N/A

21. What are the ongoing costs?

IT Professional Services: $63.6M

Software: $8M

Hosting: $18M

Hardware: $4M

ESS Costs: $9M (*28,000 hours*)

22. What are the potential savings?

- N/A

23. What are the sources of funding and the funding split for each one?

TBD.

Total for this policy package

	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$2,479,608	$	$2,140,885	$4,620,493	24	24.00
Services & Supplies	$34,638,745	$	$30,417,209	$65,055,954		
Capital Outlay						
Special Payments		$		$		
Other						
Total	**$ 37,118,353**	**$**	**$32,558,094**	**$69,676,447**	**24**	**24.00**

Fiscal impact by program

	ODHS	OIS	Program 3	Program 4	**Total**
General Fund	$37,118,353	$			**$37,118,353**
Other Funds	$0				**$**
Federal Funds	$32,558,094	$			**$32,558,094**
Total Funds	$69,676,447	$			**$69,676,447**
Positions	24				**24**
FTE	24.00				**24.00**

Oregon Department of Human Services and Oregon Health Authority
2021-23 Policy Package

Division:	Oregon Department of Human Services and Oregon Health Authority
Program:	ODHS Aging & People with Disabilities
Policy package title:	Maintenance & Operations of Provider Time Capture
Policy package #:	207
Related legislation:	None
Summary statement:	The Oregon Department of Human Services and Oregon Health Authority in-home care programs need a system that will increase program integrity and comply with the federal 21st Century CURES Act for Electronic Visit Verification System and the U.S. Department of Labor Fair Labor Standards Act. This would be done with a time, attendance and payment system for the program's Home Care Workers and Personal Support Workers. The drivers for this work include a need for: 1. Improved timeliness and accuracy of data 2. Improved compliance with federal, state, and bargaining requirements 3. Increased efficiency and internal controls 4. Decreased duplication of efforts across agencies 5. HCW/PSW to accurately and timely report services provided across programs 6. Decrease dependency on outdated legacy systems This policy package would implement ongoing maintenance and enhancements that build upon a base system implemented in the 2021-23 biennium that would result in an integrated solution that meets the 21st Century Cures Act criteria and helps protect vulnerable Oregonians.

General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE	FTE
ODHS	$1,814,048	$0	$1,000,000	$2,814,048	0	0.00
OHA	$58,615	$824,214	$18,246	$901,075	3	3.00
Total policy package:	**$1,872,663**	**$824,214**	**$1,018,246**	**$3,715,123**	**3**	**3.00**

Purpose

1. Why does ODHS/OHA propose this policy package and what issue is ODHS/OHA trying to fix or solve?

The Department of Human Services (ODHS) and Oregon Health Authority (OHA) programs utilize Home Care Workers (HCWs) and Personal Support Workers (PSWs) to provide in-home care for patients across Oregon and must keep certain records for each HCW or PSW. The requirements apply to HCWs and PSWs who provide personal and home care assistance to older adults and people with disabilities. The Fair Labor Standards Act (FLSA) requires the records include certain identifying information about the HCW or PSW and data on hours worked. The law requires this information be accurate and attested to by both service recipients and providers.

Currently, these records are being captured through manual processes. Paper timesheets are completed by HCWs and PSWs and data is entered manually into state systems by employees at state field offices. These processes are time-intensive, have many manual steps and do not meet federal guidelines for Electronic Visit Verification (EVV) tracking.

2. What would this policy package buy and how and when would it be implemented?

This policy package would fund operations and maintenance costs for the PTC system including staffing related to shared services (OIS) as well as software, platform, and hosting licensing costs for the 2021-2023 biennium.

The Legislature previously approved a limited portion of the ODHS request to support the system implementation and maintenance, but the OIS positions remain critical to the success of the project given current capacity and priority constraints.

3. How does this policy package further ODHS's and/or OHA's mission and align with its strategic plan?

ODHS and OHA programs utilize HCWs and PSWs to provide in-home care for patients across Oregon. ODHS and OHA must keep certain records for each HCW/PSW. The requirements apply to HCW/PSW's who provide personal and home care assistance to older adults and people with disabilities. The FLSA requires that the records include certain identifying information about the HCW/PSW and data about the hours worked. The law requires this information to be accurate and attested to by both service recipients and providers. Currently, these records are being captured through manual processes. Paper timesheets are completed by HCW/PSW, and data is entered manually into State systems through employees at State field offices. These processes are time-intensive, have many manual steps, and do not meet Federal guidelines for EVV tracking.

The full implementation of such a system would directly contribute to the ODHS Policy Outcome of "Improving our Human Services Systems" by addressing a long-standing gap in data collection and analysis and leading to a more efficient and effective state response to the reported problems with the Consumer Employed Provider program.

The PTC solution would also align with the framework and maturity assessment from Medicaid Information Technology Architecture (MITA), which will assist project decision makers in considering an appropriate path

and metrics for success for this IT investment. The PTC project would focus on the maturity of the MITA process: Manage Invoice Payment. The capability maturity measure will move Oregon toward the "To Be" assessment level. The State is currently at Level 1 which is "The process is primarily manual". PTC will strive to move the State to level 2 which specifies "The State uses a mix of manual and automated processes to accomplish tasks".

By implementing a service across both APD and HSD, this solution will create a common time reporting process across State agencies. Implementing a single time capture and payment process among agencies will align these agencies for potential future enhancements.

4. Is this policy package being requested because of an Oregon Secretary of State or internal audit? If so, provide further information.

This is part of the response to the Oregon Secretary of State audit in 2019. This report was titled, "Consumer-Employer Provider Program Needs Immediate Action to Ensure In-Home Care Consumers Receive Required Care and Services" completed in February 2019 and numbered Report 2019-05.

Quantifying results

5. How will ODHS/OHA measure the success of this policy package?

ODHS has identified a series of goals and objectives we will perform initial baselines and final metrics collection and analysis to confirm our expected outcomes.

Goal #1:	1.1 **Objective:** Establish use of Electronic Visit Verification (EVV) compliant recording mechanism(s).

Comply with Federal requirements, including 21st Century Cures Act.	1.2 **Objective:** Establish electronic approval of time entries by individuals.
	1.3 **Objective:** Capture the six required data elements for Electronic Visit Verification (EVV).
Goal #2: Improve program integrity.	2.1 **Objective:** Decrease number of time entry/reporting errors.
	2.2 **Objective:** Decrease number of over/under payments.
	2.3 **Objective:** Decrease number of incidents of potential fraud.
	2.4 **Objective:** Decrease number of errors in reporting travel time.
	2.5 **Objective**: Improve reports and tracking of issues with time capture processes available for staff to leverage as part of program integrity operations/processes.
Goal #3: Decrease workload on identified impacted groups.	3.1 **Objective:** Decrease workload for Voucher Clerks (Field Offices) and Provider Relations Unit (PRU) (Central Office) in voucher issuance and reprint processes.
	3.2 **Objective:** Decrease workload for Travel Time Clerks (Central Office) and PRU staff in processing travel time.

	3.3 **Objective:** Decrease workload for field staff in time entry and correction processes (time entry corrections and over/under adjustments).
	3.4 **Objective:** Decrease workload for staff in the payment correction processes (adjustments, exceptions, and corrections). (PRU and BOTS)
	3.5 **Objective:** Decrease workload for providers in submitting time worked.
	3.6 **Objective:** Decrease workload for individuals in approving time entries.
	*3.7 **Objective:** Decrease workload for staff in collecting, updating, and issuing payroll related documentation (W-2, W-4, DD, etc.).
	*3.8 **Objective:** Decrease workload for staff in garnishment and recoupment processes.
Goal #4: Decrease processes within legacy systems functions and/or data.	4.1 **Objective:** Decrease number of functions performed by the existing state systems in the time entry, calculation, and payment processes.
	4.2 **Objective:** Decrease number of validations performed by the existing state systems in the time entry, calculation, and payment processes.
	4.3 **Objective:** Decrease number of business processes that require legacy systems.
Goal #5:	5.1 **Objective:** Decrease paper voucher storage costs and physical location needs.

Reduce costs associated with manual processes.	5.2 **Objective:** Decrease number of time entry claims that are paid solely out of the General Fund.
	5.3 **Objective:** Decrease printing and mailing costs for printed paper vouchers.
	5.4 **Objective:** Decrease Mainframe processing and storage costs.
Goal #6: Maximize user adoption through identified, organized, and prioritized change management, communications, and trainings.	6.1 **Objective:** Decrease stakeholder barriers to adoption.
	6.2 **Objective:** Increased accessibility for successful time entry and approval.
	6.3 **Objective:** Increase user satisfaction for all impacted groups.
Goal #7: Ensure system and processes are clear and understandable for identified impact groups (Individuals, Providers, and Staff)	7.1 **Objective:** Increase number of readily accessible training materials and online documentation.
	7.2 **Objective:** Decrease time for staff in describing/explaining the time entry and approval processes.

6. Is this policy package tied to a legislative Key Performance Measure (KPM) and/or an ODHS or OHA performance measure? If yes, identify the performance measure(s).

Yes, this aligns with the 2015-17 approved Key Performance Measure below:

11 – LTC Recipients Living Outside Nursing Facilities
13 – People with Disabilities Living at Home
14 – Supported Employment

7. What are the long-term desired outcomes?

By removing workload from field administrative support of the Consumer Employed Provider program it will allow APD and HSD to shift other work to this body of workers freeing up Case Managers to spend more time on case management and more critical issues for vulnerable Oregonians.

8. What would be the adverse effects of not funding this policy package?

The Committee approved a portion of the agency's January 2020 position request to support the Provider Time Capture (PTC) project, which is an information technology project redesigned after it was initially started to meet federal requirements around electronic visit verification for Medicaid personal care and in-home services provided by home care workers. In order to support the implementation of automated interfaces in Phase 2 of the project, which was decoupled to avoid conflicts with IE, positions are being requested to assist in the implementation and maintenance of the data feeds and work involved with PTC for our Shared Services.

The PTC project has a mandatory January 1, 2021 start date and ODHS requested extra resources to ensure the program is implemented on time and to avoid a potential loss of federal funding due to non-compliance. Failure to support and successfully implement PTC will have two main areas of impact. The current Collective Bargaining Agreement (CBA) with SEIU that covers the HCWs and PSWs requires implementation by the end of calendar year 2020 for Phase 1 and the end of 2021 for Phase 2.

Additionally, Compliance with the standards required by the 21st Century CURES Act would allow the state to continue to receive federal funding match. Failure to comply will result in a reduction of this funding, along with potential penalties. The percentage of an individual reduction on FMAP for Consumer-based Care and In-Home Care expenditures begins with 0.50 percent on January 1, 2021. Subsequent six-month percentage reductions increase to 0.75 percent by 2022, 1.00 percent by 2023 and beyond.

EVV Penalty pricing In Home Supports

	In Home Projected Expenditures at 21-23 CSL (TF)	% FMAP Reduction Per schedule	Federal Fund Penalty Reduction Estimate (GF Cost)	
1/1/21-6/30/21	$ 275,898,626	0.50%	$1,379,493	19-21
7/1/21-12/31/21	$294,195,880	0.50%	$1,470,979	21-23
1/1/22-6/30/22	$295,127,270	0.75%	$2,213,455	21-23
7/1/22-12/31/22	$297,532,442	0.75%	$2,231,493	21-23
1/1/23-6/30/23	$298,207,326	1.00%	$2,982,073	21-23
21-23 General Fund Cost			$8,898,000	21-23

How achieved

9. What actions have occurred to resolve the issue prior to requesting a policy package?

Options were considered for inclusion in current process or expansion of the Legacy systems to capture this information, but it is not considered sustainable nor would it be supported by current staffing levels. Staffing for the project have been sourced from numerous sources including pulling in employees from the Field on limited duration double fill positions. Given the nature of staffing in the field this creates additional strain and does not account for the long-term operations and maintenance required.

10. What alternatives were considered and what were the reasons for rejecting them?

All the PTC alternative approaches were evaluated bto determine if they have the ability to solve the business problem defined by the product requirements. The updated business case completed in July of 2019 analyzed 10 options which included a variety of in-house options, custom build, use of existing contracts or Statewide agreements, no action, or a new procurement. Ultimately, a recommendation of a Software as a Service procurement was adopted by Agency leadership based on the reasons identified below.

1. Implement a Software as a Service (SaaS) solution.
   - This option has the benefit of requiring the burden of the development and design activities and long-term operations and maintenance of code on the vendor compared to an in-house or other commercial solution. Additionally, selecting a vendor who has performed this work in other states increases Oregon's chances of capitalizing on lessons learned and efficiencies of scale based on the work already put into the system.

The recommended approach for the PTC Project is to utilize a SaaS solution for the following reasons:

- Ability for advanced configuration, integration with other applications, and possible customization

- Aligns with the direction the software industry is going
- Possibility to expand to other solutions in the future for FMAS, Case Management, Provider Management, etc.
- Fewer technical resources would be required from the State and there would be no dependency on the State Data center
- Possibility of faster implementation
- Workload reduction in the State field offices and Type A and Type B AAA offices
- Moves the Agency away from having sole responsibility for supporting an increasing number of systems
- Ability to access data for reporting
- Several vendors are now offering EVV solutions that are incorporated into their system

11. Does this policy package require any changes to existing statute(s) or require a new statute? If yes, identify the statute and the legislative concept.

It does not require statutory changes.

12. What other state, tribal, and/or local government agencies would be affected by this policy package? How would they be affected?

Other agencies affected by this policy package include APD and HSD's Program Partners and those with a business need for payroll or service time worked data, such as:

- Area Agencies on Aging (AAAs)
- County Mental Health Programs
- The Oregon Health Authority / Health Systems Division

These agencies would experience a change in how they receive data and reports from APD/HSD. Access to data would be based on business need and enforced using a role-based security protocol.

13. What other agencies, programs or stakeholders are collaborating on this policy package?

Oregon Home Care Commission, OHA – Office of Information Services, & Health Systems Division.

14. How does this policy package help, or potentially hinder, populations impacted by inequities or disproportionalities from achieving health, well-being and independence?

Depending on the selected vendor the need for providers or individuals to access the solution via the internet or a personal data enabled device could present barriers to some populations. Additionally, depending on the language capacities of the vendor and solution this could pose inequities for individuals and providers whose first language is not English. The Agency is working to ensure the system, training, and support are available in multiple languages to try and mitigate these concerns.

Staffing and fiscal impact

Implementation date(s): Phase 1 09/12/2021, Phase 2 TBD, Phase 3 TBD

End date (if applicable): N/A

15. What assumptions affect the pricing of this policy package?

These are based on staffing and vendor onboarding assumptions and compliance with the planned phase deadlines.

16. Will there be new responsibilities for ODHS/OHA? Specify which programs and describe their new responsibilities.

ODHS, APD will be responsible for the creation and delivery of training for the long-term solution. OHA will have additional work to perform to establish the interfaces and make and maintain system changes to legacy systems in order to allow appropriate service, provider, and consumer information to be exchanged. See #17 below.

17. Will there be new responsibilities for or an impact on Shared Services? If so, describe the impacts and indicate whether additional funding is necessary.

There is expected to be some maintenance, support, and coordination between developers to troubleshoot and make changes to the various interfaces and systems to support long term success. Additionally, to coordinate and manage contract administration across IT initiatives and services we are requesting a position for contract administration to be housed with OIS. We have coordinated with the Office of Information Services (OIS) to request 3.00 FTE of resources for this support.

18. Will there be changes to client caseloads or services provided to population groups? Specify how many in each relevant program.

No changes anticipated.

19. Describe the staff and positions needed to implement this policy package, including whether existing positions would be modified and/or new staff would be needed.

There are no staffing supports funded in the ODHS-APD side of this Policy Package.

20. What are the start-up and one-time costs?

The initial project implementation estimates for phase 1 and 2 is approximately $600,000.

21. What are the ongoing costs?

On-going costs outside of staffing are licensing and support costs for the system, which is currently estimated to be $840,000 annually.

22. What are the potential savings?

The use of a mobile app to track time and, potentially, location using location services, would reduce potential fraud in time reporting. While the current amount of fraud in time reporting is difficult to quantify, data provided by the Office of Payment Accuracy and Recovery (OPAR) report a total amount of HCW debt related to potential fraud or client error was $1 million of which $676,000 has yet to be recovered over a five-year period. By using a technology-based product the state could track specific time worked and the geolocation of services provided.

Compliance with the standards required by the 21st Century CURES Act would allow the state to continue to receive federal funding match. Failure to comply will result in a reduction of this funding, along with potential penalties.

23. What are the sources of funding and the funding split for each one?

ODHS: The Federal Funds are Medicaid with CMS providing 90/10 split for the project phase of this work and ODHS is seeking 50/50 match during Operations and Maintenance. The remainder is paid via General Funds.

OHA: Other Funds via direct charge to ODHS.

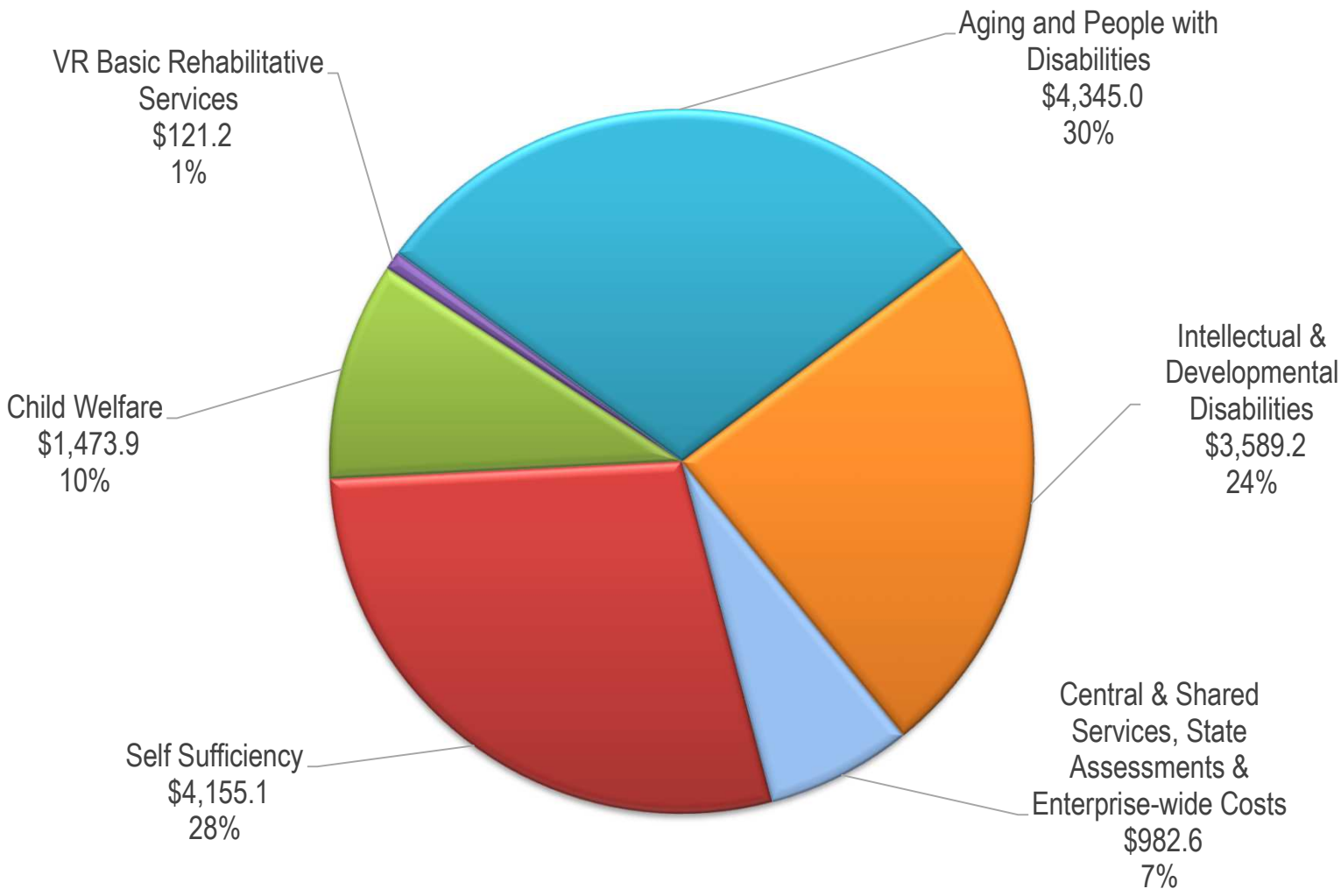
ODHS Total for this policy package

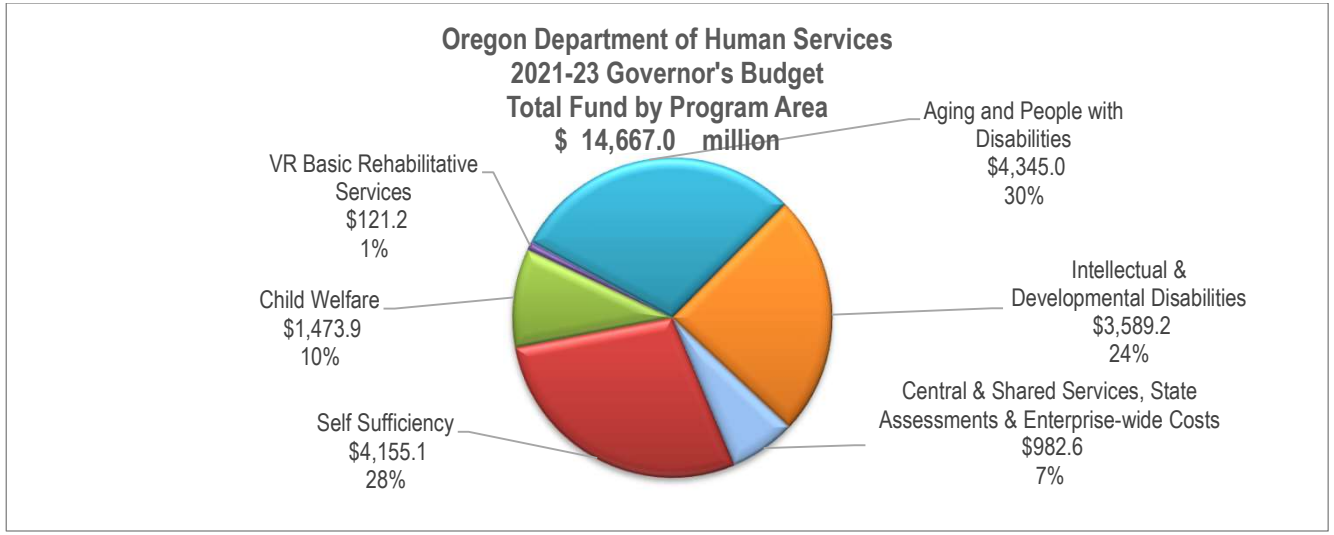
	General Fund	Other Funds	Federal Funds	Total Funds	Pos.	FTE
Personal Services	$0	$0	$0	$0	0	0.00
Services & Supplies	$1,814,048	$0	$1,000,000	$ 2,814,048		
Total	**$1,814,04853**	**$0**	**$1,000,000**	**$2,814,048**	**0**	**0.00**

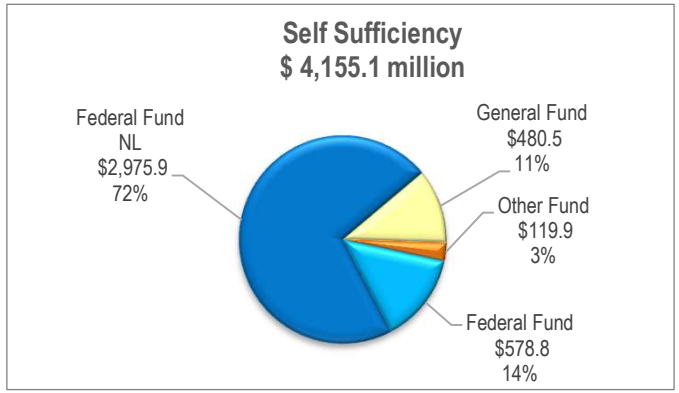
Fiscal impact by program

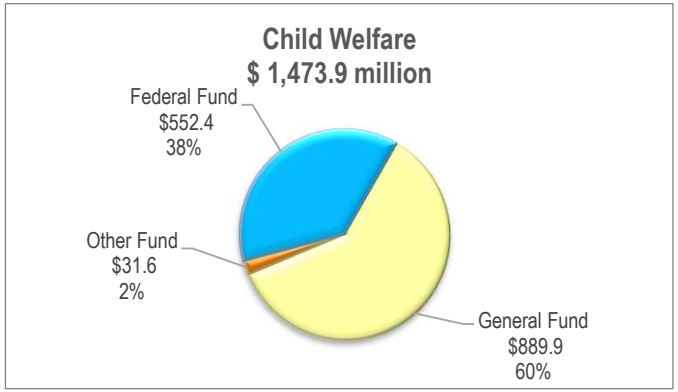
	APD	OHA Shared	OHA SAEC		Total
General Fund	$1,814,048	$0	$58,615		**$1,872,663**
Other Funds	$0	$814,048	$10,170		**$824,218**
Federal Funds	$1,000,000	$0	$18,246		**$1,018,246**
Total Funds	$2,814,048	$814,048	$87,031		**$3,715,123**
Positions	0	3	0		**3**
FTE	0.00	3.00	0.00		**3.00**

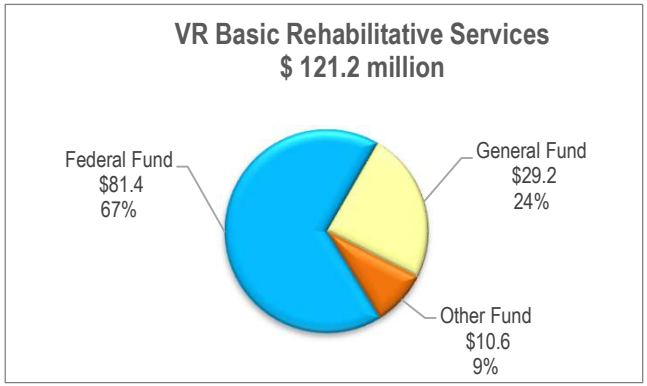
Oregon Department of Human Services
2021-23 Governor's Budget
Total Fund by Program Area
$ 14,667.0 million

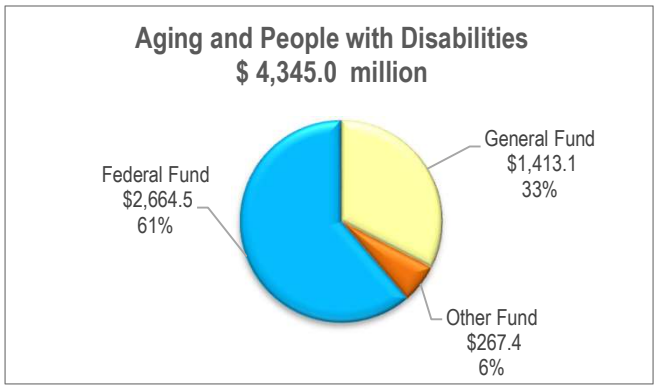


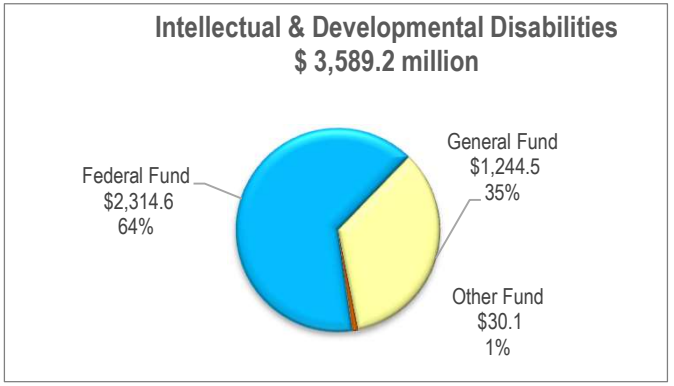

Oregon Department of Human Services
2021-23 Governor's Budget
Total Fund by Program Area
$ 14,667.0 million
Aging and People with Disabilities
$4,345.0
30%
Intellectual & Developmental Disabilities
$3,589.2
24%
Central & Shared Services, State Assessments & Enterprise-wide Costs
$982.6
7%
Self Sufficiency
$4,155.1
28%
Child Welfare
$1,473.9
10%
VR Basic Rehabilitative Services
$121.2
1%

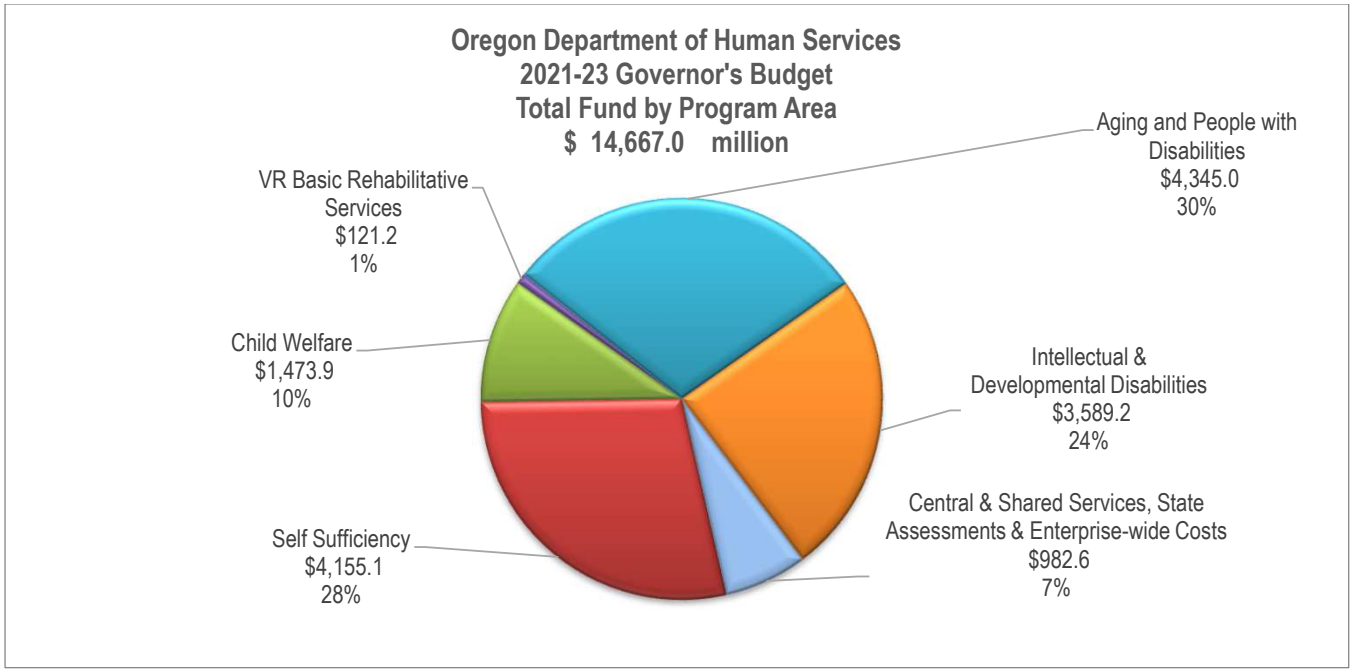

Self Sufficiency
$ 4,155.1 million
Federal Fund
NL
$2,975.9
72%
General Fund
$480.5
11%
Other Fund
$119.9
3%
Federal Fund
$578.8
14%

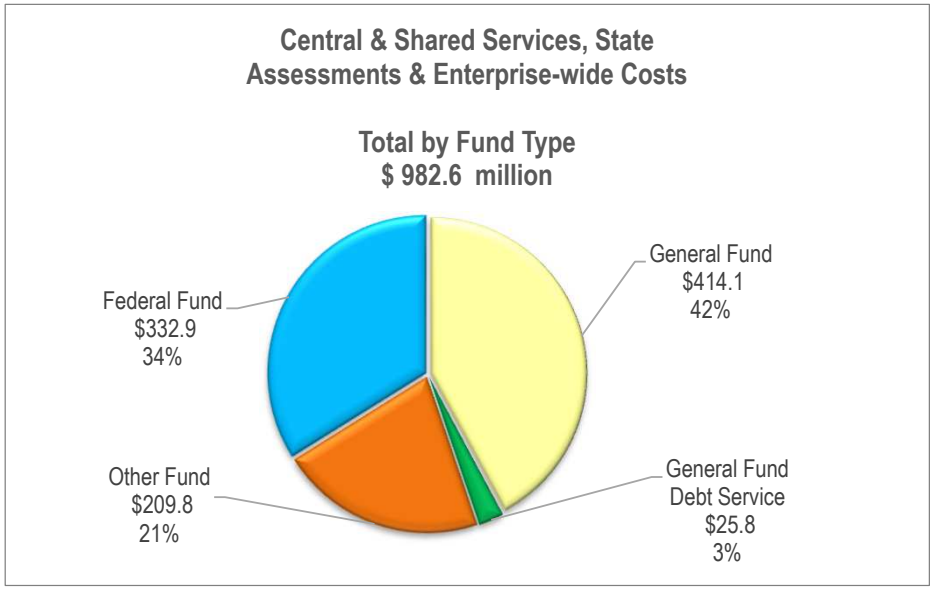

Child Welfare
$ 1,473.9 million
Federal Fund
$552.4
38%
Other Fund
$31.6
2%
General Fund
$889.9
60%

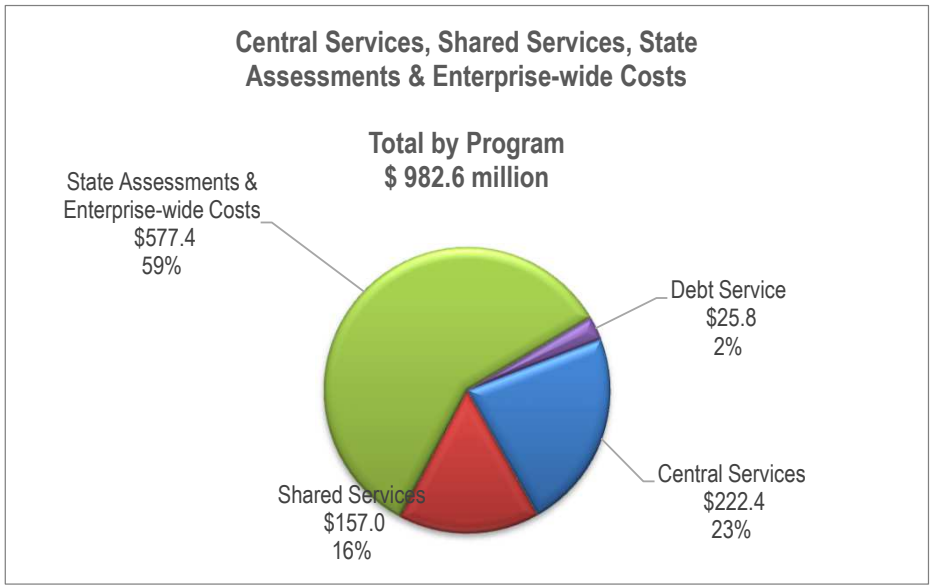

VR Basic Rehabilitative Services
$ 121.2 million
Federal Fund
$81.4
67%
General Fund
$29.2
24%
Other Fund
$10.6
9%

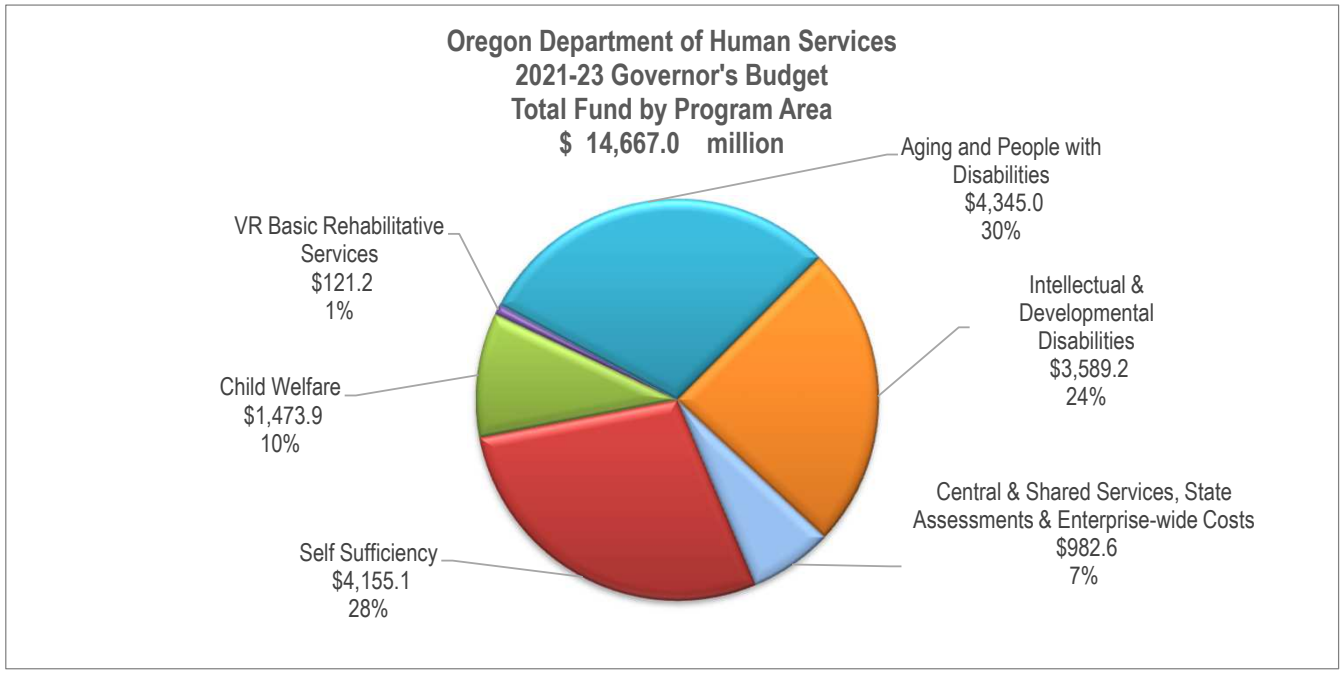

Aging and People with Disabilities
$ 4,345.0 million
Federal Fund
$2,664.5
61%
General Fund
$1,413.1
33%
Other Fund
$267.4
6%

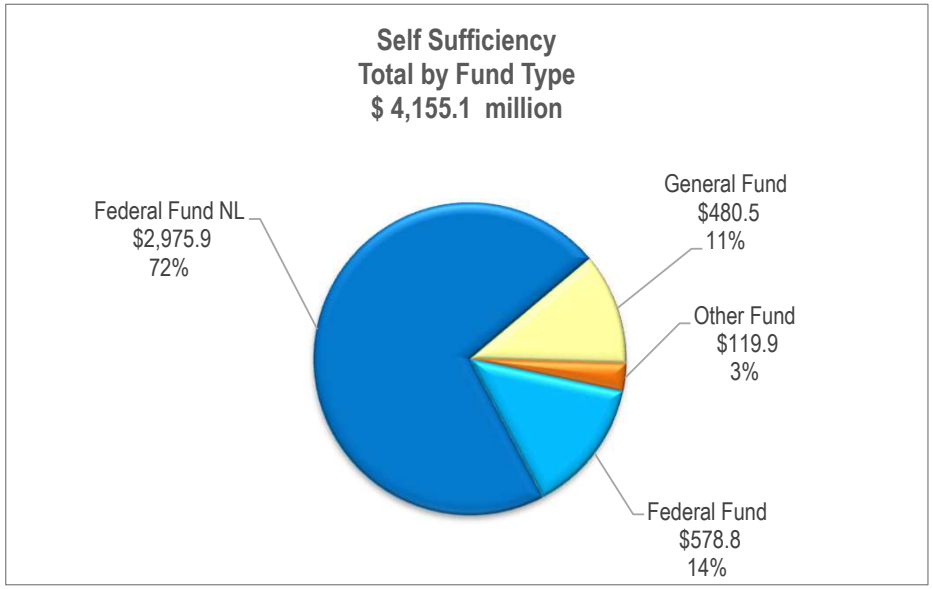

Intellectual & Developmental Disabilities
$ 3,589.2 million
Federal Fund
$2,314.6
64%
General Fund
$1,244.5
35%
Other Fund
$30.1
1%

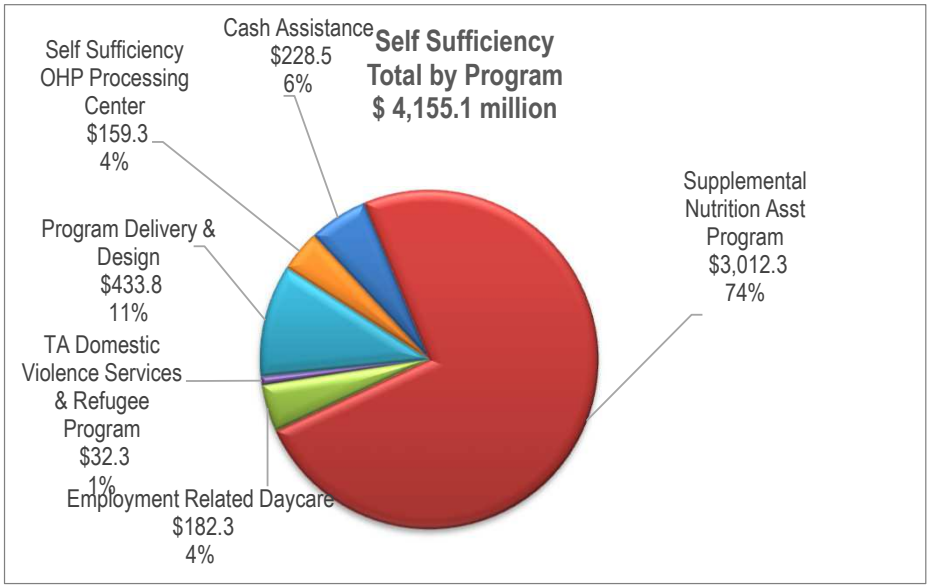

Oregon Department of Human Services
2021-23 Governor's Budget
Total Fund by Program Area
$ 14,667.0 million
Aging and People with Disabilities
$4,345.0
30%
Intellectual & Developmental Disabilities
$3,589.2
24%
Central & Shared Services, State Assessments & Enterprise-wide Costs
$982.6
7%
Self Sufficiency
$4,155.1
28%
Child Welfare
$1,473.9
10%
VR Basic Rehabilitative Services
$121.2
1%

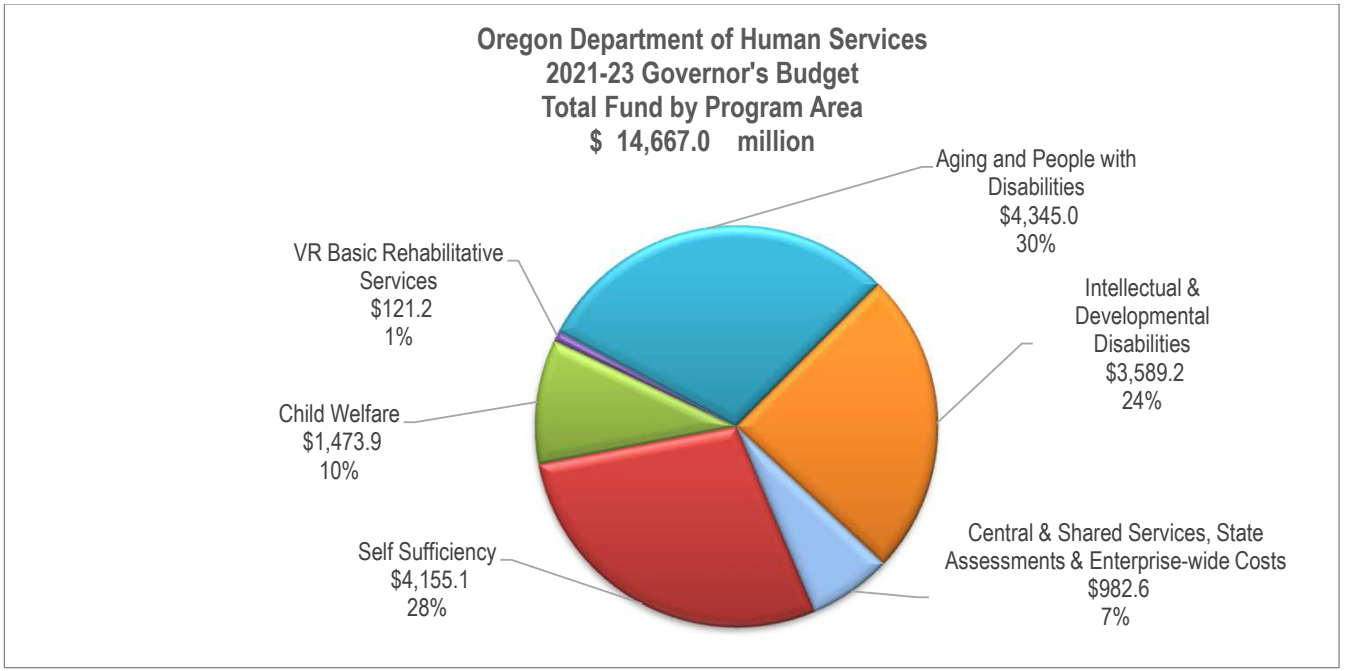

Central & Shared Services, State Assessments & Enterprise-wide Costs
Total by Fund Type
$ 982.6 million
General Fund
$414.1
42%
General Fund Debt Service
$25.8
3%
Other Fund
$209.8
21%
Federal Fund
$332.9
34%

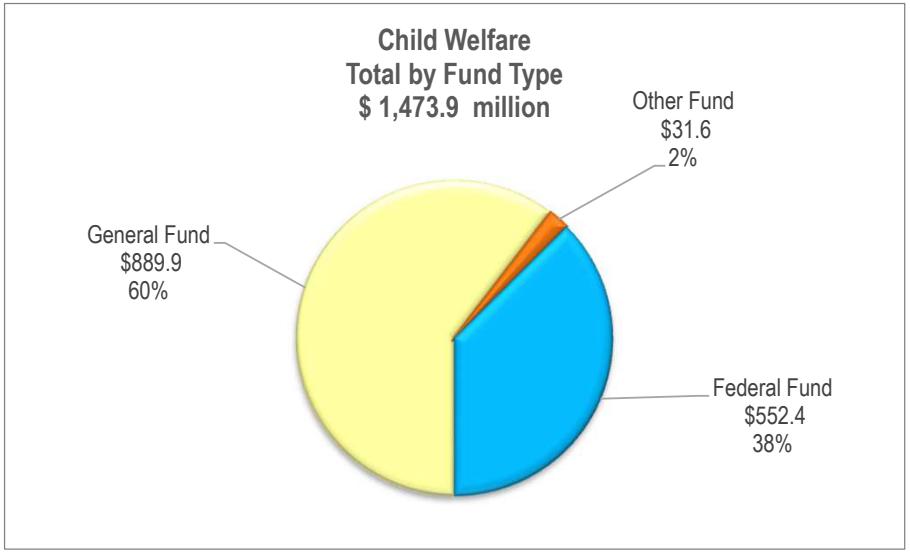

Central Services, Shared Services, State Assessments & Enterprise-wide Costs
Total by Program
$ 982.6 million
Debt Service
$25.8
2%
Central Services
$222.4
23%
Shared Services
$157.0
16%
State Assessments & Enterprise-wide Costs
$577.4
59%

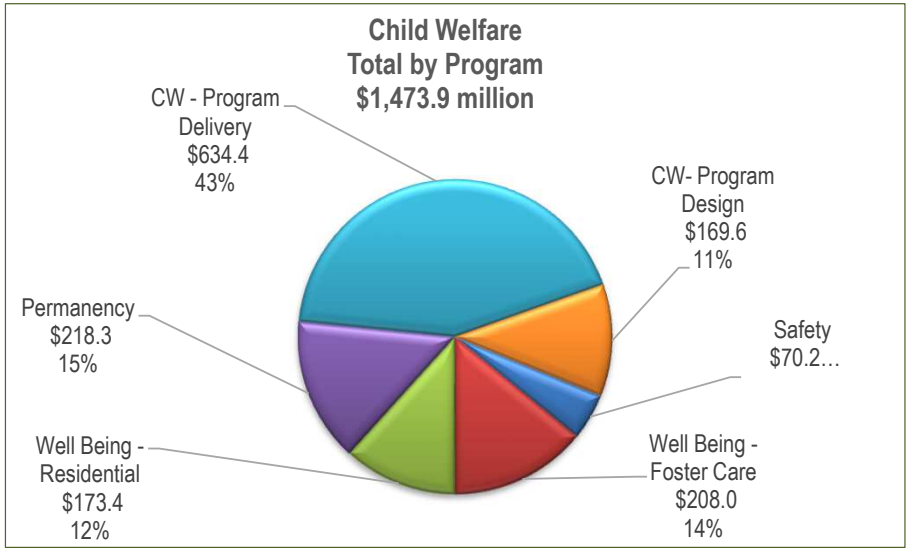

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Self Sufficiency
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10%
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1%

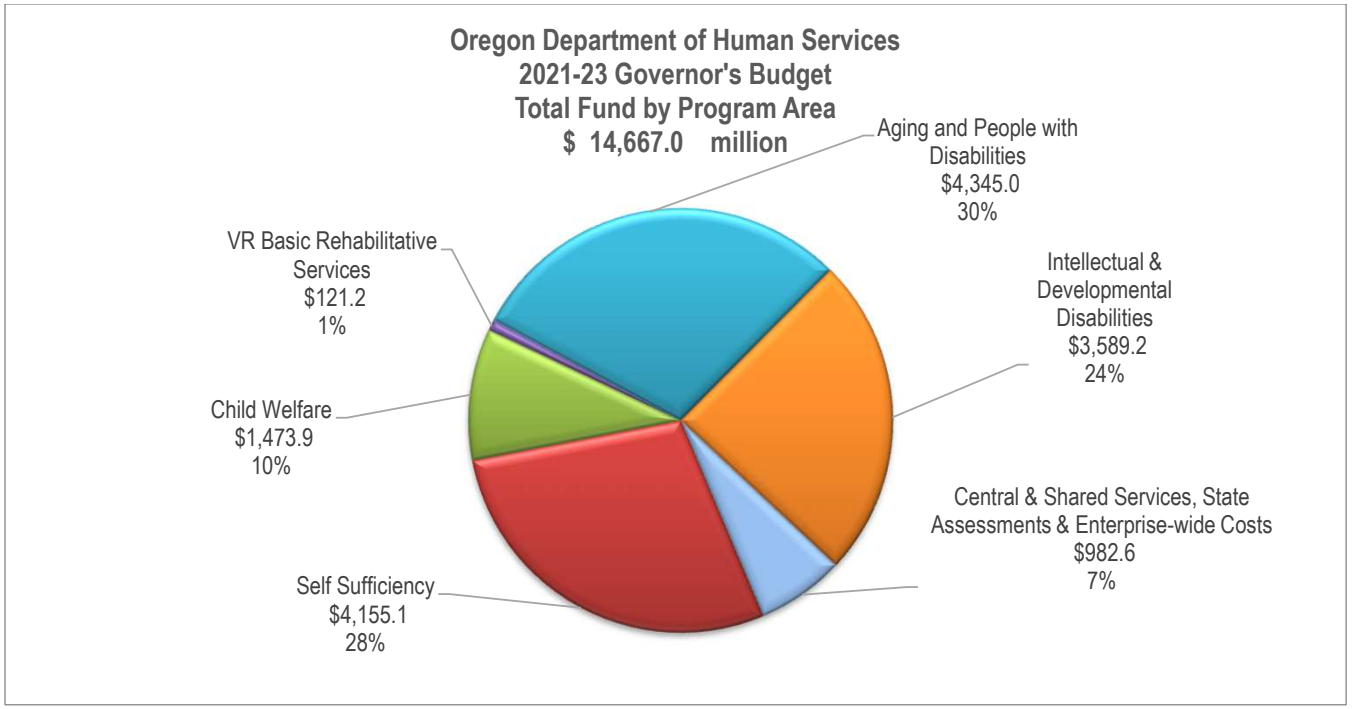

Self Sufficiency
Total by Fund Type
$ 4,155.1 million
General Fund
$480.5
11%
Other Fund
$119.9
3%
Federal Fund
$578.8
14%
Federal Fund NL
$2,975.9
72%

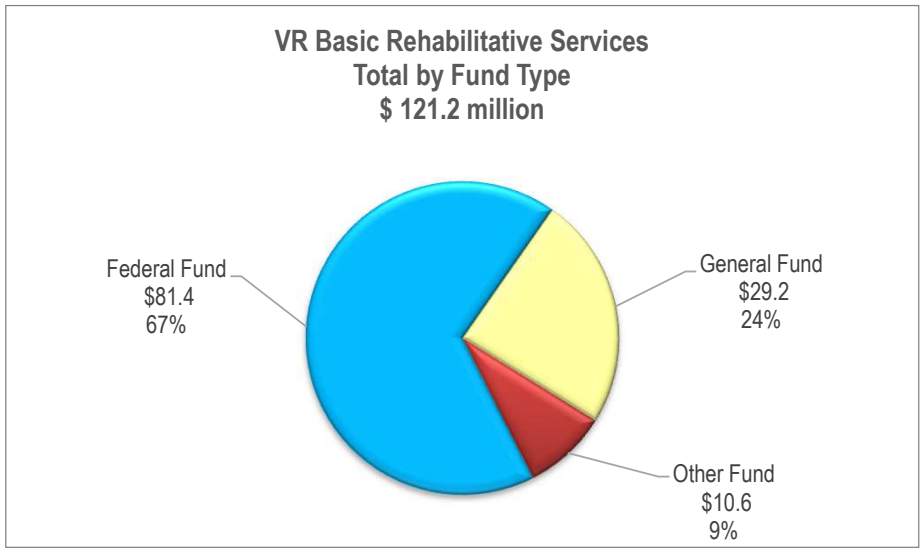

Self Sufficiency
Total by Program
$ 4,155.1 million
Cash Assistance
$228.5
6%
Supplemental Nutrition Asst Program
$3,012.3
74%
Employment Related Daycare
$182.3
4%
TA Domestic Violence Services & Refugee Program
$32.3
1%
Program Delivery & Design
$433.8
11%
Self Sufficiency OHP Processing Center
$159.3
4%

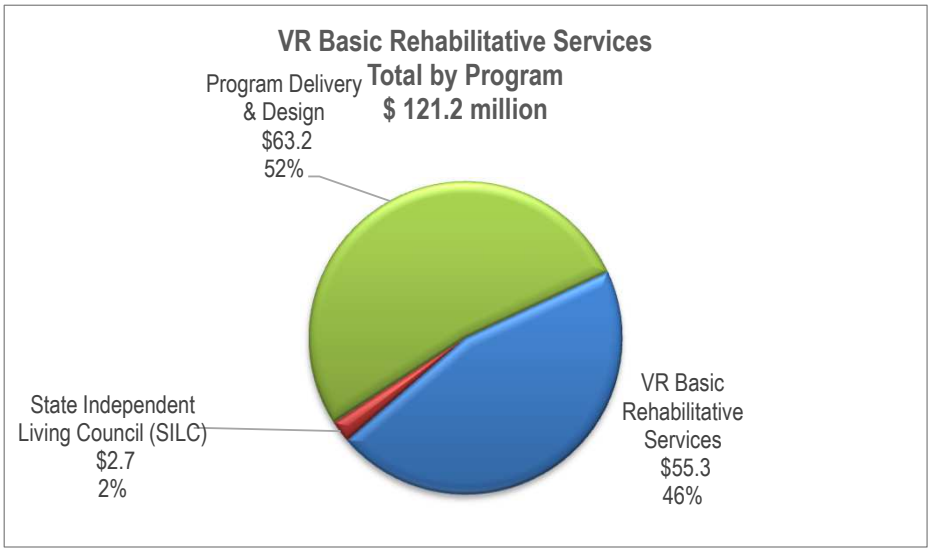

Oregon Department of Human Services
2021-23 Governor's Budget
Total Fund by Program Area
$ 14,667.0 million
Aging and People with Disabilities $4,345.0 30%
Intellectual & Developmental Disabilities $3,589.2 24%
Central & Shared Services, State Assessments & Enterprise-wide Costs $982.6 7%
Self Sufficiency $4,155.1 28%
Child Welfare $1,473.9 10%
VR Basic Rehabilitative Services $121.2 1%

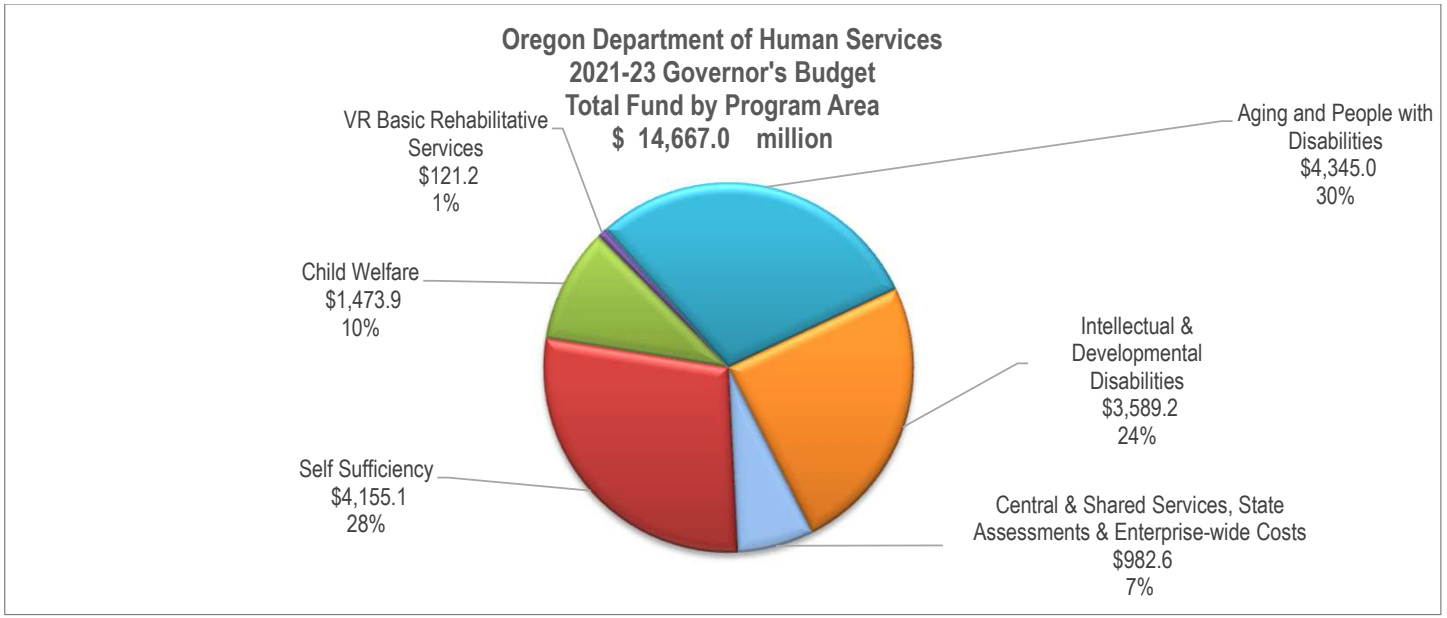

Child Welfare
Total by Fund Type
$ 1,473.9 million
Other Fund $31.6 2%
General Fund $889.9 60%
Federal Fund $552.4 38%

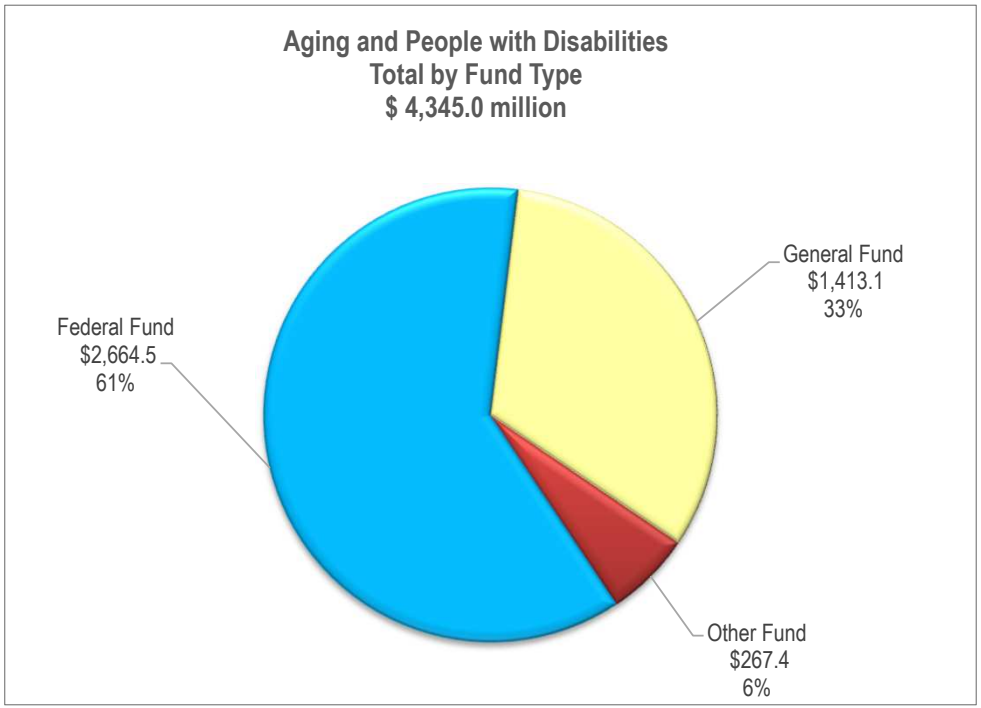

Child Welfare
Total by Program
$1,473.9 million
CW - Program Delivery $634.4 43%
CW- Program Design $169.6 11%
Safety $70.2…
Well Being - Foster Care $208.0 14%
Well Being - Residential $173.4 12%
Permanency $218.3 15%

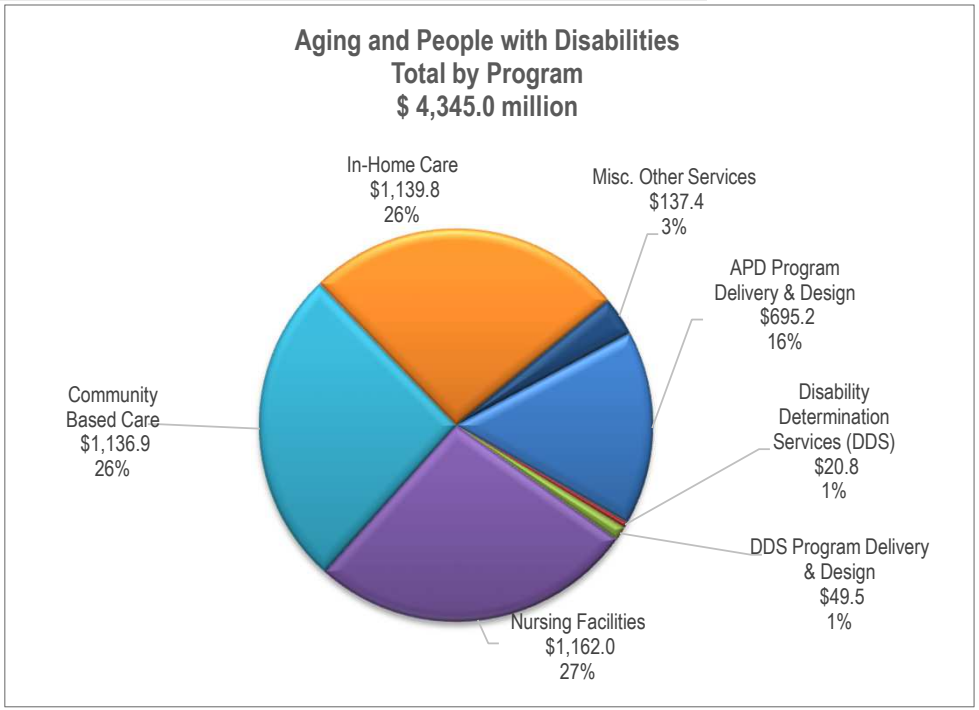

Oregon Department of Human Services
2021-23 Governor's Budget
Total Fund by Program Area
$ 14,667.0 million
Aging and People with Disabilities
$4,345.0
30%
Intellectual & Developmental Disabilities
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Central & Shared Services, State Assessments & Enterprise-wide Costs
$982.6
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Self Sufficiency
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28%
Child Welfare
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10%
VR Basic Rehabilitative Services
$121.2
1%

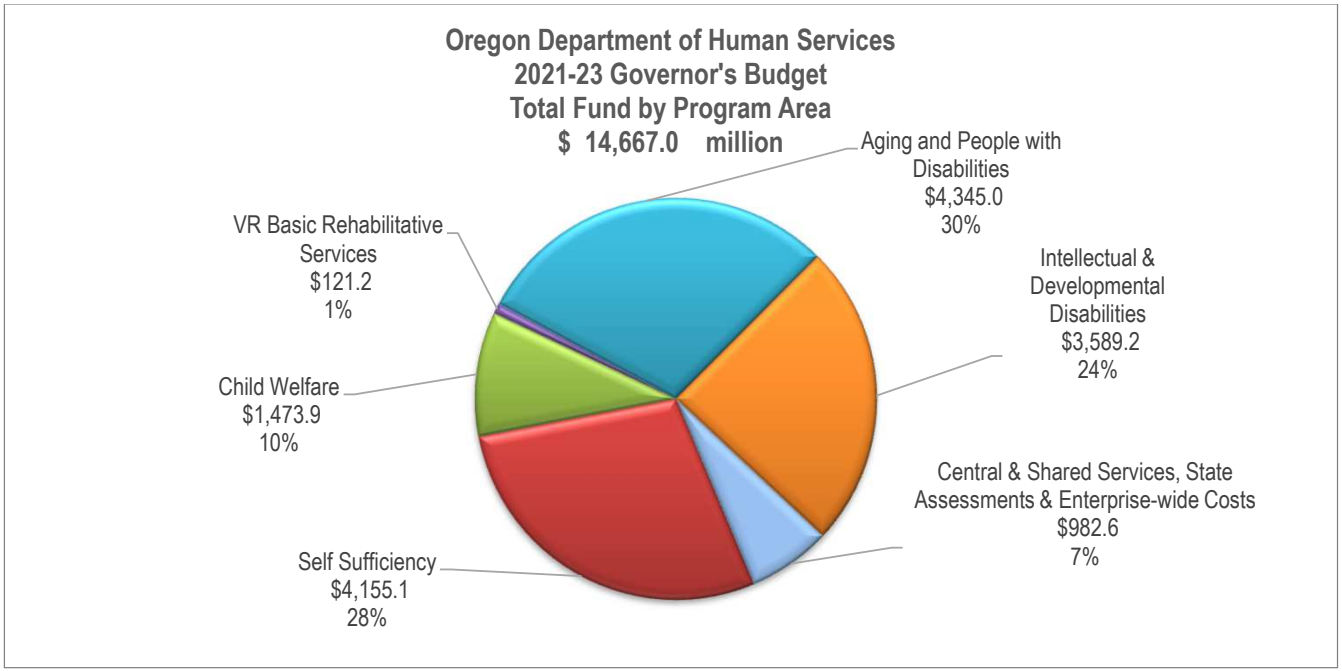

VR Basic Rehabilitative Services
Total by Fund Type
$ 121.2 million
Federal Fund
$81.4
67%
General Fund
$29.2
24%
Other Fund
$10.6
9%

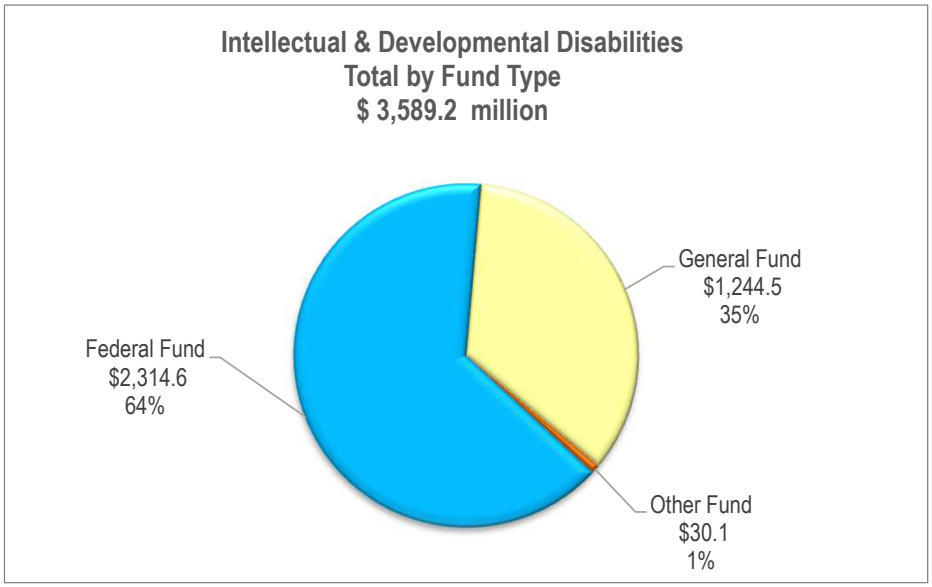

VR Basic Rehabilitative Services
Total by Program
$ 121.2 million
Program Delivery & Design
$63.2
52%
State Independent Living Council (SILC)
$2.7
2%
VR Basic Rehabilitative Services
$55.3
46%

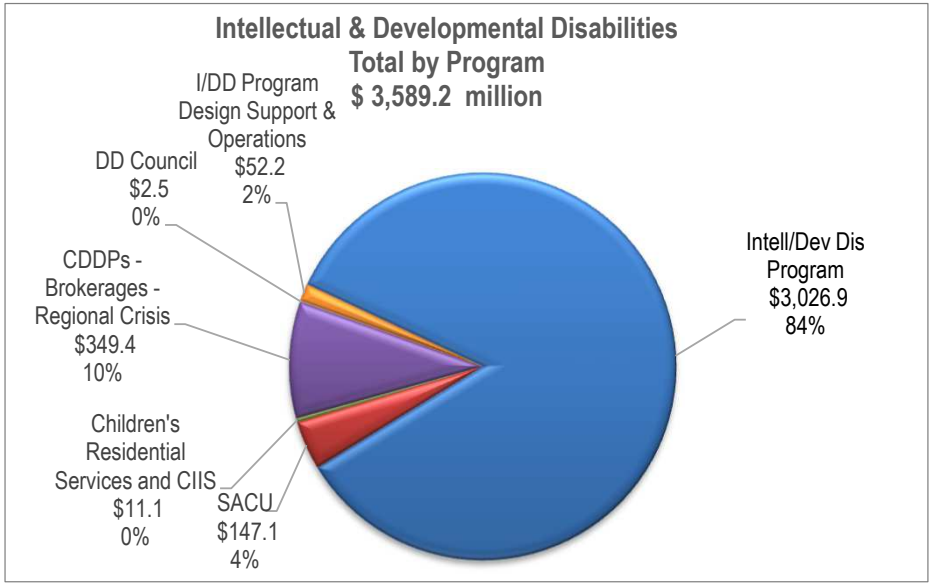

Oregon Department of Human Services
2021-23 Governor's Budget
Total Fund by Program Area
$ 14,667.0 million
VR Basic Rehabilitative Services
$121.2
1%
Aging and People with Disabilities
$4,345.0
30%
Child Welfare
$1,473.9
10%
Intellectual & Developmental Disabilities
$3,589.2
24%
Self Sufficiency
$4,155.1
28%
Central & Shared Services, State Assessments & Enterprise-wide Costs
$982.6
7%


Aging and People with Disabilities
Total by Fund Type
$ 4,345.0 million
General Fund
$1,413.1
33%
Federal Fund
$2,664.5
61%
Other Fund
$267.4
6%


Aging and People with Disabilities
Total by Program
$ 4,345.0 million
In-Home Care
$1,139.8
26%
Misc. Other Services
$137.4
3%
APD Program Delivery & Design
$695.2
16%
Community Based Care
$1,136.9
26%
Disability Determination Services (DDS)
$20.8
1%
DDS Program Delivery & Design
$49.5
1%
Nursing Facilities
$1,162.0
27%


Oregon Department of Human Services
2021-23 Governor's Budget
Total Fund by Program Area
$ 14,667.0 million
Aging and People with Disabilities
$4,345.0
30%
Intellectual & Developmental Disabilities
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$982.6
7%
Self Sufficiency
$4,155.1
28%
Child Welfare
$1,473.9
10%
VR Basic Rehabilitative Services
$121.2
1%


Intellectual & Developmental Disabilities
Total by Fund Type
$ 3,589.2 million
General Fund
$1,244.5
35%
Federal Fund
$2,314.6
64%
Other Fund
$30.1
1%


Intellectual & Developmental Disabilities
Total by Program
$ 3,589.2 million
I/DD Program Design Support & Operations
$52.2
2%
DD Council
$2.5
0%
CDDPs - Brokerages - Regional Crisis
$349.4
10%
Children's Residential Services and CIIS
$11.1
0%
SACU
$147.1
4%
Intell/Dev Dis Program
$3,026.9
84%

Oregon Department of Human Services

Total Biennial Average Forecast Comparison

	2019-21 Biennium			*% Change Between Forecasts*	Fall 2020 Forecast			*% Change Between Biennia*
	Spring 20 Forecast	**Fall 20 Forecast**	**Change**		**2019-21**	**2021-23**	**Change**	
Aging & People with Disabilities								
Long-Term Care: In Home	19,077	18,800	-277	-1.5%	18,800	19,199	399	2.1%
Long-Term Care: Community Based	12,319	12,274	-45	-0.4%	12,274	12,664	390	3.2%
Long-Term Care: Nursing Facilities	4,444	4,427	-17	-0.4%	4,427	4,459	32	0.7%
Child Welfare (children served)								
Adoption Assistance	10,690	10,698	8	0.1%	10,698	10,764	66	0.6%
Guardianship Assistance	2,264	2,267	3	0.1%	2,267	2,389	122	5.4%
Out of Home Care[1]	6,549	6,308	-241	-3.7%	6,308	5,939	-369	-5.8%
Child In-Home	1,436	1,472	36	2.5%	1,472	1,452	-20	-1.4%
Intellectual and Developmental Disabilities								
Total Case Management Enrollment[2]	30,524	30,782	258	0.8%	30,782	33,102	2,320	7.5%
Total I/DD Services	20,542	19,965	-577	-2.8%	19,965	21,107	1,142	5.7%
Self Sufficiency								
Supplemental Nutrition Assistance Program (Households)	350,236	409,205	58,969	16.8%	409,205	453,834	44,629	10.9%
Temporary Assistance for Needy Families (Families: Cash/Grants)	18,489	19,806	1,317	7.1%	19,806	21,777	1,971	10.0%
Vocational Rehabilitation	10,181	9,301	-880	-8.6%	9,301	10,110	809	8.7%

1. Includes residential and foster care.

2. Some clients enrolled in Case Management do not receive any additional I/DD services.

Oregon Health Authority

Total Biennial Average Forecast Comparison

	2019-21 Biennium			% Change Between Forecasts	Fall 2020 Forecast			% Change Between Biennia
	Spring 20 Forecast	Fall 20 Forecast	Change		2019-21	2021-23	Change	
Health Systems - Medicaid								
OHP								
Children's Medicaid	292,997	310,609	17,612	6.0%	310,609	299,281	-11,328	-3.6%
Children's Health Insurance Program	91,842	91,474	-369	-0.4%	91,474	97,526	6,052	6.6%
Foster, Substitute and Adoption Care	19,734	19,642	-92	-0.5%	19,642	19,198	-444	-2.3%
Aid to the Blind and Disabled	84,620	84,700	79	0.1%	84,700	87,586	2,887	3.4%
Old Age Assistance	48,246	48,762	516	1.1%	48,762	50,713	1,951	4.0%
Pregnant Women	9,069	8,764	-305	-3.4%	8,764	9,225	461	5.3%
Parent, Caretaker Relative	86,433	89,610	3,176	3.7%	89,610	98,407	8,798	9.8%
ACA Adults	367,369	412,711	45,342	12.3%	412,711	432,393	19,682	4.8%
Total OHP	**1,000,311**	**1,066,271**	**65,960**	**6.6%**	**1,066,271**	**1,094,330**	**28,059**	**2.6%**
Other Medical Assistance Total	66,774	70,171	3,397	5.1%	70,171	72,946	2,776	4.0%
Cover All Kids	6,688	6,497	-190	-2.8%	6,497	7,426	929	14.3%
Total Medical Assistance	**1,073,772**	**1,142,939**	**69,167**	**6.4%**	**1,142,939**	**1,174,702**	**31,763**	**2.8%**
Mental Health [1]								
Under Commitment								
Total Forensic Care	928	937	9	1.0%	937	943	6	0.6%
Civilly Committed	943	955	12	1.3%	955	940	-15	-1.6%
Previously Committed	2,987	2,949	-38	-1.3%	2,949	2,950	1	0.0%
Never Committed	50,894	51,425	531	1.0%	51,425	51,853	428	0.8%
Total Served	55,752	56,266	514	0.9%	56,266	56,686	420	0.7%

1. Numbers reported represent adults only.

FALL 2020 DHS-OHA CASELOAD FORECAST

Budget Planning and Analysis
Office of Forecasting, Research and Analysis

OCTOBER 2020

Office of Forecasting, Research & Analysis
500 Summer Street N.E.
Salem, Oregon 97301
Voice: 503-947-5185
TTY: 503-945-6214
Fax: 503-378-2897

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INTRODUCTION

General Impacts of COVID-19

The spread of the novel corona virus (SARS-CoV-2) and the orders to limit physical distancing to mitigate its spread have had effects on the nation and the state that are notable for their speed and severity. There have been impacts measured in every area we forecast, from major changes to caseload counts to indirect effects which may reduce forecast accuracy. These impacts have required the forecasting team to rely on important assumptions about public policy, operations, and the economy. Although there are always assumptions built into any forecast, they are notable this time because of the sizeable impact they have on caseload projections. We have attempted at every step to be clear about our assumptions, both in this document and to the stakeholders who make budgetary and operational decisions based on our work. The likelihood that one or more of these assumptions proves to be wrong is fairly high, but that is unavoidable in this unstable period in which we find ourselves.

The Spring 2020 forecast was completed before the implementation of the state and federal declarations of emergency. For some caseloads, this will show in a profound variance between the Spring forecast and this current one. Extreme variances during a time of emergency and quick changes are to be expected.

There are a large number of things that have changed in human services caseload delivery due to the COVID emergency. Not all of these changes will have a caseload impact, but we would be remiss if we did not review the changes as we know them, with the knowledge that there could be unintended consequences to some of these changes that will impact the caseload at some point in the future.

We have organized this list of impacts in three broad areas: (1) Operations, (2) Public Policy, and (3) Economic. These three categories are not mutually exclusive, but they provide an opportunity to distinguish the influences of the COVID-19 pandemic which may cut across multiple caseloads that we forecast.

OPERATIONS

Field Services

Physical distancing has at least temporarily changed the way multiple programs operate during the pandemic. Field offices for ODHS programs and partner agencies (such as Agency Areas on Aging) have modified their lobbies to reduce clients congregating in close proximity. As much as possible, programs are asking clients to apply for services online, therefore program rules have had to be adjusted to allow for non-in-person attestations of income and other specifics. Electronic or verbal signatures which were previously out of policy are now being accepted to complete the application process. This includes hospital staff who are filling out Medicaid applications on behalf of patients.

There is no certainty that these physical distancing measures will slow the application process; in fact, in some cases it may speed it up. Past changes to the application process, which have occurred in a more deliberate process outside a state of emergency, suggests that these quick changes may have unintended consequences, modifying patterns of entry and exit.

Vocational Rehabilitation (VR) was to some extent shuttered in the early days of the stay at home order. VR is by its nature a high-contact operation. In-person assessments by VR staff and medical professionals which are necessary to enter the program were halted for a time. Meanwhile, many VR clients that had been placed in meaningful employment were laid off and returned to the program. Laid-off VR clients will be given priority for employment as soon as the program is able to begin placement activities.

Intellectual/Developmentally Disabled (I/DD) clients placed in employment have by and large been required to suspend employment. Employment assistance and transportation services provided by non-profits are no longer needed, and assisters have been laid off.

Referrals from SNAP and TANF to the Employment Department's work readiness tasks were suspended after the emergency declaration. Clients removed from the program in the two weeks prior to the declaration for failure to meet work readiness requirements were contacted and reinstated. Work readiness tasks have now been reengaged.

Screenings for job-readiness and other compliance measures were reinstated for TANF as of September 1. Sanctions for non-compliance which could lead to a case closure were reinstated on October 1. However, some types of training and other activities may remain contraindicated by physical distancing rules.

For SNAP, the income/asset resource limit that was expanded after the declaration of state of emergency will be returned to the pre-emergency level on December 1.

Throughout the spring and summer, the number of child abuse allegations received by the hotline was much lower than usual. Unfortunately, this does not mean that children are not suffering from abuse or neglect. Currently, children are not being seen by teachers, doctors, school nurses, dentists and other mandatory reporters whose observations often initiate the abuse/neglect investigation. As of the fall, the number of allegations received by the hotline is going up, suggesting that people are adjusting to the "new normal" and are responding to an unmet need in the community.

CONGREGATE CARE

All programs providing congregate care are being modified to meet the requirements of virus mitigation. This is especially true of people in Long-Term Care. Placements of people with a disability who would normally enter a Long-Term Care setting immediately upon discharge from a hospital are being delayed until the client is determined to be free of the novel corona virus. Congregate care facilities for people with a disability have been hot spots for COVID-19 outbreaks, and clients may be moved out of a facility with COVID-positive clients into other settings or may choose to move back home or in with family, perhaps permanently. Even In-Home Care is showing drops in caseload entries, as people shy away from contact with caregivers entering their homes. Attitudes toward disability care may be permanently changed as a result of the spread of the corona virus.

Children in Foster Care are being "virtually visited" by Child Welfare workers and other therapeutic staff via Zoom or other tools. This may slow activities that could move a child to permanency, whether it be reunification or adoption. Slowdowns in court processes are also reducing children's moves to permanency. Although the program is satisfied that congregate care in group homes and residential treatment facilities can be managed in the virus mitigation environment, additional cleaning and other sanitary steps required to keep the virus from spreading in any enclosed space may take time away from therapeutic activities.

County mental health associations and the state hospital are also required to engage in additional cleaning and sanitary steps to keep the virus at bay, modifying daily activities. The behavioral health system is emphasizing keeping space open for Aid and Assist clients, who may be transferred in larger than normal numbers from jails because of the need to reduce the number of people in correctional facilities. By increasing capacity for Aid and Assist, space usually available for Civilly Committed cases may be lacking, delaying transfers.

INTEGRATED ELIGIBILITY

OFRA has been watching closely the roll-out of the new Integrated Eligibility (I.E.) System, which expanded from the Medicaid enrollment system (the ONE system) to cover all ODHS and OHA program areas. Currently, the original I.E. rollout plan has been shifted to a new timeline which began in July and will continue through February 2021.

PUBLIC POLICY

The state and national declarations of emergency have led to a large number of changes to the policies that govern means-tested portions of Medicaid and Self-Sufficiency.

MEDICAID

As a result of the Families First Corona virus Response Act (H.R. 6021), as of March 19, anyone whose eligibility is based purely on income (as opposed to a categorical eligibility, such as a disability), women in the Breast and Cervical Cancer Treatment Program and those entering via Hospital Presumptive Eligibility (in which hospital staff engage in the application process on behalf of a patient) will not be removed from the caseload due to the recording of an "adverse action." In essence, no client will be removed from Medicaid for any reason except death, incarceration, requests to terminate coverage, or confirmation that they have left the state. This will continue until the last day of the month in which the state of emergency is lifted.

New intakes will still be processed as normal, and denials will occur if clients fail to provide appropriate information or if people are over the income limit; however, verification of income is not required for intakes to be completed. In order to deal with the new intake rules and the expected extra volume of applications, renewals have been suspended.

These new policies will lead the number of cases exiting the program to be severely reduced, resulting in a large caseload increase. The relaxation of the income verification rule will almost certainly increase entries, irrespective of the economic factors that will increase the caseload.

Actions of other agencies in a time of emergency can influence Medicaid caseloads. To support consumers during the crisis, the Oregon Department of Consumer and Business Services (DCBS) issued a temporary emergency order that requires all insurance companies to postpone policy cancellations and non-renewals, extend grace periods for premium payments, and extend deadlines for reporting claims. This allowed the temporarily furloughed to keep coverage, avoiding the need to apply for Medicaid. This temporary order expired on September 20, 2020.

SELF-SUFFICIENCY

SNAP eligibility rules have not been modified; however, the requirement that interviews be part of the application process were waived through the end of August. After September 1, the no-interview waiver will apply to some ongoing cases in need of recertification. New applications will require an interview. Income verification can be waived if an applicant can show hardship due to unemployment related to social distancing orders.

Recertifications (that is, six-month check-ins) and redeterminations of eligibility were suspended for the last two weeks of March and the months of April and May. This reduced exits from the caseload in those months given that recertifications and redeterminations are a key mechanism for closing cases. These cases will be reviewed in October and November, potentially leading to a temporary spike in exits.

Able Bodied Adults Without Dependents (ABAWD), a group made up of non-disabled clients without dependents between 18 and 49, were slated for removal from SNAP in rural parts of Oregon this year – urban counties had ABAWD clients removed previously. That policy has been temporarily suspended, and clients who had been previously removed in urban areas may be awarded SNAP if they re-apply during this suspension period. ABAWD exclusions were suspended during the Great Recession due to high unemployment, and that mechanism may come into play again, for a period longer than the state of emergency.

The Employment Related Day Care (ERDC) program has made changes to eligibility and provider payments in reaction to COVID-19 in order to support providers as well as families. These policies assume that childcare will be needed as furloughed workers are brought back. This is not a caseload we forecast, however the availability of ERDC may allow parents to go back to work, keeping them off TANF.

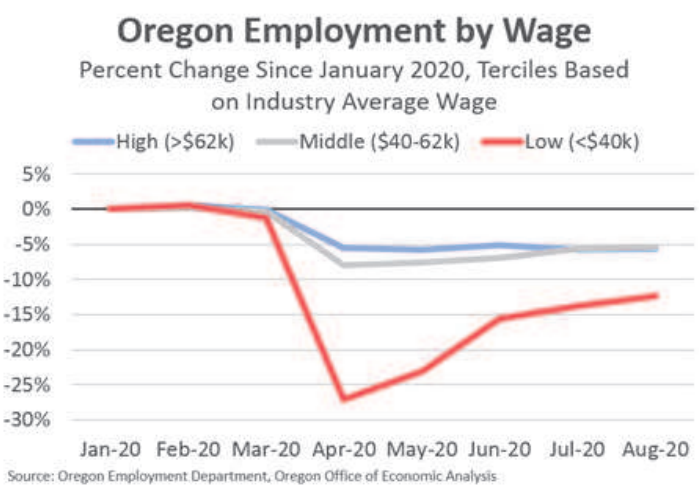
ECONOMICS

The current environment is one of great uncertainty, as opposed to risk. Risk is highlighted in this publication regularly and refers to quantifiable elements which may impact forecast accuracy. The current situation contains unknowns we cannot fully quantify. This environment of uncertainty acknowledges a fundamental degree of ignorance and limited knowledge, which makes events difficult to predict.

The sharp economic downturn in the spring was not a traditional recession. Jobs were lost and productivity hampered by virus mitigation efforts, not the usual business cycle. Some economic pain was relieved rather quickly as people returned to work in areas that had been shut down. This quick “bounce-back” was sharp, but has weakened recently, and initial unemployment claims continue to be filed, though at a reduced number. Because some portion of those people laid off in the initial downturn will have their job eliminated, a traditional recession pattern is expected to take over after the quick recovery ends.

There have been multiple relief programs designed to help people during this extraordinary downturn, including the enhanced unemployment payments authorized by the federal CARES act, the $300 unemployment enhancement available to some filers due to a presidential executive order, and other state-based, short-term payments available to the unemployed that were deployed through the summer of 2020. Although potentially confusing, these steps likely kept some Oregonians from needing means-tested public assistance. Many of these programs have now ended and talks on providing more assistance at the federal level appear to have stalled. One-time economic impact payments and the "Paycheck Protection Loans" to small businesses have expired or will soon expire.

The impact of the enhancements to unemployment insurance were most keenly felt among low-wage earners. It bears reminding that low-wage workers receive low unemployment insurance payments, so that a bump of $600 per week would be extremely beneficial. Conversely, the loss of that enhancement would be extremely hard-felt. And the layoffs and employment suspensions required to fight the pandemic were felt acutely among low-wage workers.



The figure shown here, prepared by the Oregon Office of Economic Analysis, shows the differential pain felt by workers depending on industry average wage. Job losses in predominantly low-wage areas of the economy were especially steep. Jobs in retail sales, leisure/hospitality, and food services were especially hard hit. Historically, employment loss in these sectors has often led to people entering means-tested caseloads in human services. Even employment in healthcare/social assistance – an employment sector which helped lift people off of means-tested programs and seemed "recession-proof" during the Great Recession – has fallen.

It must also be said that unemployment insurance is not traditionally available to some workers, such as farm laborers, day-laborers, and the self-employed. Although rules were expanded to provide unemployment insurance payouts to some of these laborers, the application process was difficult, and some fraction of the applications denied.

These conditions point to increased caseloads for means-tested programs like SNAP, TANF, and Medicaid. However, the startling quickness of the downturn, and the quick return of employment for a portion of the unemployed (as much as a third at the time of this writing), and the availability of enhanced unemployment payments through the summer makes the timing for when people enter the caseload hard to guess. The risk to forecast accuracy is high. OFRA is currently coordinating with ODHS, OHA and other state agencies and decision-makers to understand, as best we can, the nature of this economic downturn and the impacts of public policy, operational changes, and human behavior that will impact our caseloads.

The Fall 2020 Forecast

This document summarizes the Fall 2020 forecasts of client caseloads for ODHS and OHA. OFRA issues these forecasts in the spring and fall each year. The Fall 2020 caseload forecast is based on data (whether preliminary or final) available through August 2020.

Forecasts are developed using a combination of time-series techniques, input-output deterministic models, and expert consensus. Forecast accuracy is tracked via monthly reports that compare actual caseload counts to the forecasted caseload, and through the annual forecast quality report which compares forecast accuracy across programs and over time.[1]

1 More information about the forecasting process and current monthly variance report can be found on the OFRA web page at: http://www.oregon.gov/DHS/BUSINESS-SERVICES/OFRA/Pages/index.aspx

General Assumptions

Forecasts are based on specific assumptions about the future, and an important part of forecasting is identifying the major risks to those assumptions. Caseload dynamics are influenced by demographics, the economy, and policy choices. Demographic changes have a long-term and predictable influence on caseloads. Economic factors can have a dramatic effect on some caseloads, both during recessions and during recoveries. The most immediate and dramatic effects on caseloads, however, result from policy changes that alter the pool of eligible clients or the duration of their program eligibility. Sometimes economic factors influence policy changes. For example, a poor economy will cause tax receipts to decline, which can in turn force spending cuts that limit eligibility for some programs.

Specific risks and assumptions relevant to each program area were taken into account in the preparation of the Fall 2020 forecast. They will be noted in the text for each section of the document.

Executive Summary

The 2019-21 **Aging and People with Disabilities Long–Term Care (LTC)**biennial average forecast is 35,501 clients, which is 0.9 percent lower than the Spring 2020 forecast. The 2021-23 biennial average forecast is 36,322 clients, which is 2.3 percent higher than the 2019-21 forecast average.

The 2019-21 **Child Welfare (CW)** biennial average forecast is 20,745 children, which is 0.9 percent lower than the Spring 2020 forecast. The 2021-23 biennial average forecast is 20,544 children, which is 1.0 percent lower than the 2019–21 forecast average.

The 2019-21 **Health Systems Medicaid (HSM)** biennial average forecast for Total Medicaid (which does not include the non-Medicaid Cover All Kids group) is 1,136,442 clients, which is 6.5% higher than the Spring 2020 Forecast. The 2021-23 biennial average forecast is 1,167,276 clients.

The 2019-21 **Intellectual and Developmental Disabilities Case Management (I/DD)** biennial average forecast is 30,782 clients, which is 0.8% lower than the Spring 2020 forecast. The 2021-23 biennial average forecast is 33,102 clients, which is 7.5 percent higher than the 2019-21 forecast average.

The 2019-21 **Mental Health (MH)** biennial average forecast is 56,266 adults. This includes 51,425 Never Committed clients, 2,949 Previously Committed clients, 955 Civilly Committed clients, and 937 Forensic clients. The forensic count includes 609 clients who are under the Psychiatric Security Review Board and 328 Aid and Assist clients. The 2021-23 biennial forecast average is 56,686 adults, which is 0.7 percent higher than the 2019-21 forecast average.

The 2019-21 **Supplemental Nutrition Assistance Program (SNAP)** biennial average forecast is 409,205 households, which is 16.8 percent higher than the Spring 2020 forecast. The 2021-23 biennial average forecast is 453,834 households, which is 10.9 percent higher than the 2019-21 forecast average.

The 2019-21 **Temporary Assistance to Needy Families (TANF)** biennial average forecast is 19,806 families, which is 7.1 percent higher than the Spring 2020 forecast. The 2021-23 biennial average forecast is 21,777 families, which is 10.0 percent higher than the 2019-21 forecast average.

The 2019-21 **Vocational Rehabilitation (VR)** biennial average forecast is 9,284 clients, which is 8.8 percent lower than the Spring 2020 forecast. The 2021-23 biennial average forecast is 10,110 clients, which is 8.9 percent higher than the 2019-21 forecast average.

Department of Human Services

Total Department of Human Services Biennial Average Forecast Comparison

	2019-21 Biennium			*% Change Between Forecasts*	Fall 2020 Forecast			*% Change Between Biennia*
	Spring 20 Forecast	**Fall 20 Forecast**	**Change**		**2019-21**	**2021-23**	**Change**	
Aging & People with Disabilities								
Long-Term Care: In Home	19,077	18,800	-277	-1.5%	18,800	19,199	399	2.1%
Long-Term Care: Community Based	12,319	12,274	-45	-0.4%	12,274	12,664	390	3.2%
Long-Term Care: Nursing Facilities	4,444	4,427	-17	-0.4%	4,427	4,459	32	0.7%
Child Welfare (children served)								
Adoption Assistance	10,690	10,698	8	0.1%	10,698	10,764	66	0.6%
Guardianship Assistance	2,264	2,267	3	0.1%	2,267	2,389	122	5.4%
Out of Home Care[1]	6,549	6,308	-241	-3.7%	6,308	5,939	-369	-5.8%
Child In-Home	1,436	1,472	36	2.5%	1,472	1,452	-20	-1.4%
Intellectual and Developmental Disabilities								
Total Case Management Enrollment[2]	30,524	30,782	258	0.8%	30,782	33,102	2,320	7.5%
Total I/DD Services	20,542	19,965	-577	-2.8%	19,965	21,107	1,142	5.7%
Self Sufficiency								
Supplemental Nutrition Assistance Program (Households)	350,236	409,205	58,969	16.8%	409,205	453,834	44,629	10.9%
Temporary Assistance for Needy Families (Families: Cash/Grants)	18,489	19,806	1,317	7.1%	19,806	21,777	1,971	10.0%
Vocational Rehabilitation	10,181	9,284	-897	-8.8%	9,284	10,110	826	8.9%

1. Includes residential and foster care.

2. Some clients enrolled in Case Management do not receive any additional I/DD services.

Aging and People with Disabilities (APD)

Historically, Oregon's Long-Term Care (LTC) services were provided under the authority of a Medicaid 1915 (c) Home and Community-Based Services (HCBS) Waiver. Starting in July 2013, Oregon began offering services through the Community First Choice Option under 1915 (k) of the Social Security Act (referred to as "K-Plan"); and now most services are provided through K-Plan rather than the HCBS Waiver.

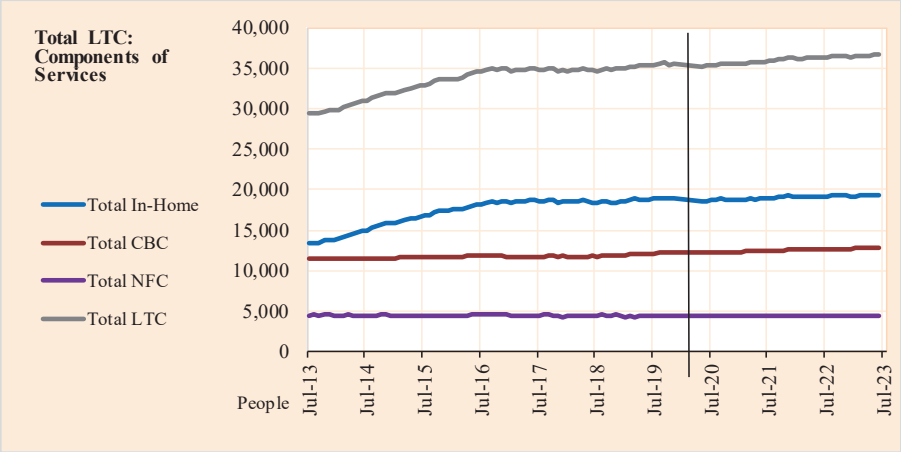
Prior to 2008, there was a large decline in the caseload between November 2002 and June 2003 when the LTC eligibility rules were modified to cover only clients in Service Priority Levels 1 to 13. During the last 10 years, the total Long-Term Care (LTC) caseload has varied from a low of 25,900 clients in May 2008 to a high of 34,900 clients in June 2017. From 2008 to 2013 the caseload grew by an average of 2.5 percent a year, driven in part by significant growth in the number of Oregon seniors, and in part due to the Great Recession. Between 2013 and 2016, the average annual caseload grew by 5.3 percent due to factors such as the implementation of K-Plan, expansion of Medicaid, policy changes to make in-home care more attractive, and continued growth in the number of Oregon seniors.

The LTC forecast is divided into three major categories: In-Home, Community-Based Care (CBC), and Nursing Facilities. In-Home Care continues to be a popular placement choice, particularly since 2013 when APD implemented several changes designed to make In-Home services comparatively more attractive to clients. However, starting in October 2017, APD implemented new guidelines for the Client Assessment and Planning System (CAPS) Assessment. Because of these changes, many clients had their In-Home service hours reduced or became ineligible for In-Home services. CBC is still forecasted to grow, although at a reduced rate to reflect the anticipated shift toward In-Home Care in July 2013. CBC will continue to be a stable placement choice for many LTC clients because this type of care is easier to set up and coordinate than In-Home Care, and because hospitals prefer discharging patients to higher service settings to reduce the risk of repeat emergency visits or readmission. On the other hand, Medicaid reimbursement rates continue to lag private market rates, thus making Medicaid clients relatively less attractive to CBC providers.

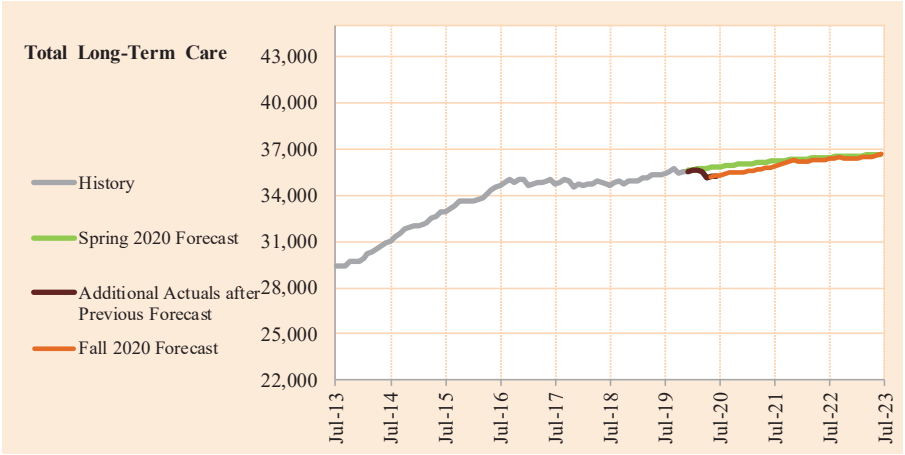
General Assumptions for the Aging and People with Disabilities Long-Term Care Caseload

After the first COVID-19 confirmed case in the United States on January 21, 2020, long-term care facilities, in particular nursing-home care, were considered especially vulnerable to deaths due to corona virus exposure. Increased confirmed cases in facilities shrank consumers' demand for services. Although the impact varies across programs, clients receiving In-Home care showed higher exits than usual based on April data.

The current forecast assumes that this sentiment will continue to influence consumer choice when making long-term care decisions. OFRA is using the Oregon Office of Economic Analysis (OEA) second quarter Economic and Revenue Forecast as a general guide. The forecast assumes that a health treatment for COVID-19 – likely a vaccine – will be widely available by the end of 2021. The current forecast assumes lower demand for long-term care until the development of a widespread COVID-19 treatment, after which the caseload will reach prior forecast levels by the end of the 2021-23 biennium.



Total Long-Term Care (LTC) – A total of 35,122 clients received long-term care services in April 2020 which is 1.1 percent lower than March. Of the three major services, the emergency order had the most impact on In-Home Care. The caseload is expected to average 35,505 over the 2019-21 biennium, which is 0.9 percent lower than the Spring 2020 forecast. The caseload is expected to average 36,329 over the 2021-23 biennium.

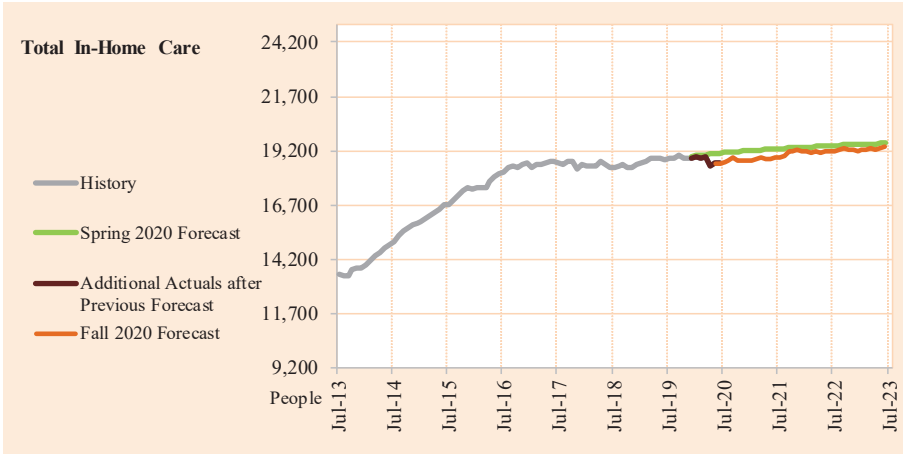


In-Home Care – From July 2013 to December 2015, the In-Home Care caseload grew by 29 percent. The In-Home Care caseload growth is attributed to several factors, including implementation of K-Plan, expansion of Medicaid, and implementation of policy and program changes intended to promote the use of In-Home Care rather than more expensive forms of service. For example, under the new rules, clients who want long-term care services are required to contribute to their support by relinquishing to the State all income over $1,210 per month. Previously, the limit for how much a client could keep was $710 per month – an amount that was difficult to live on. Clients who may have been reluctant to relinquish some of their limited income, even in exchange for needed supports, might now find the program more attractive. In addition, the fact that options exist which allow family members, friends, or neighbors (natural supports) to be paid (under certain circumstances) for providing services may lead more individuals to request In-Home Care.

However, in recent years this caseload growth has slowed down considerably and grew by 7.0 percent between January 2016 and September 2017.

Between October and November 2017, the In-Home Care caseload declined by 2.1 percent because of the implementation of new guidelines regarding CAPS assessment criteria However, the caseload then increased by 3.3 percent between November 2017 to March 2020.

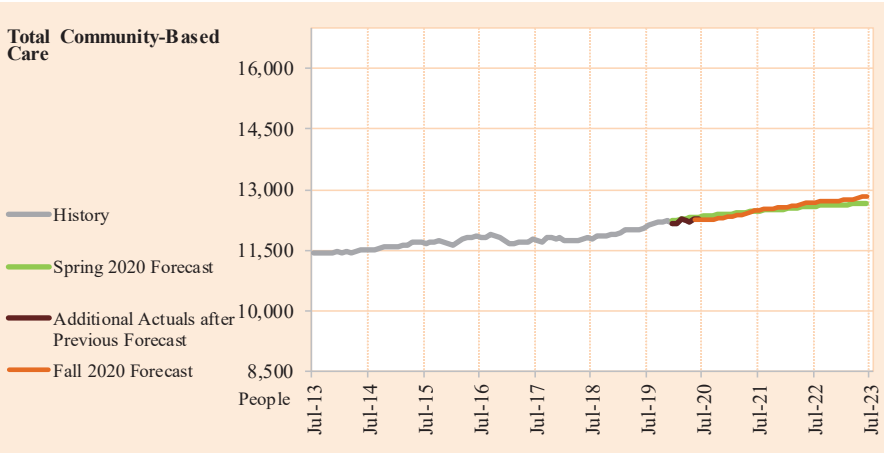
In April 2020, 18,529 clients received In-Home Care, which accounted for 52.8 percent of total LTC services. April clients are 2.2 percent lower than March. Over 1,000 clients left the service in April which is approximately double the average exits prior to the emergency order. The spike of exits may be due to two reasons: 1) clients are concerned about the spread of the virus from providers and 2) people may be able to arrange sufficient social supports to make In-Home Care unnecessary. This is likely to continue through the current biennium. The In-Home Care caseload is expected to average 18,800 over the 2019-21 biennium, which is 1.5 percent lower than the prior forecast. The In-Home Care caseload is projected to average 19,199 clients per month over the 2021-23 biennium.

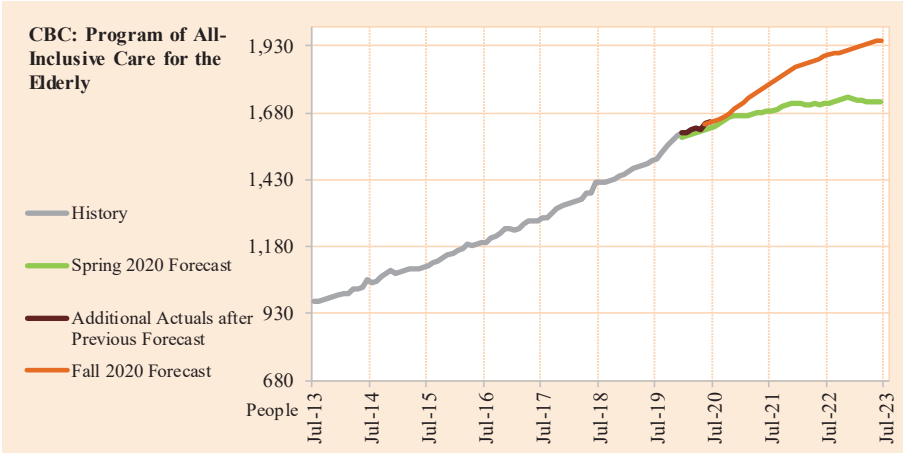


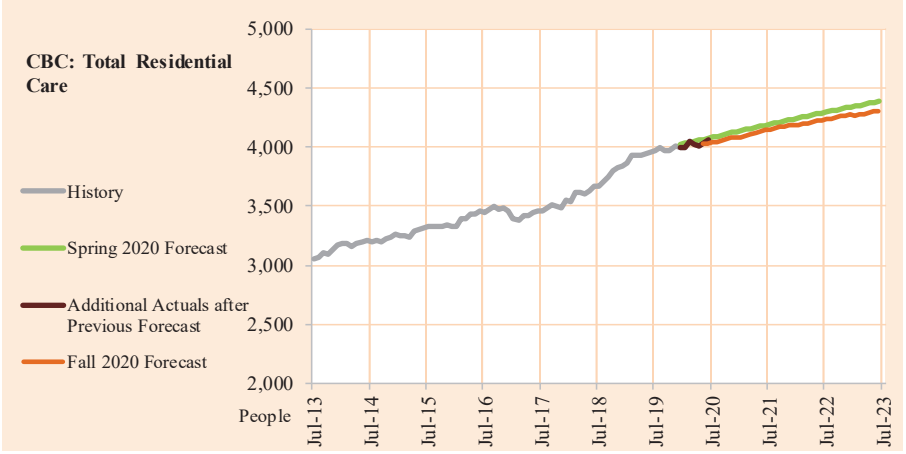
Community-Based Care (CBC) – Community-Based Care includes several different types of services. Each caseload type is revised to more accurately reflect clients' recent, actual utilization of services. Consequently, the Program of All-Inclusive Care for the Elderly (PACE) and Residential Care have become a larger portion of the forecast, while Adult Foster Care (AFC) became smaller. A new provider of PACE will begin offering services in Southern Oregon in September 2020. High demand for the program may lead to a rapid increase in clients until the facility reaches capacity, which will increase in the CBC caseload during the 2021-23 biennium.

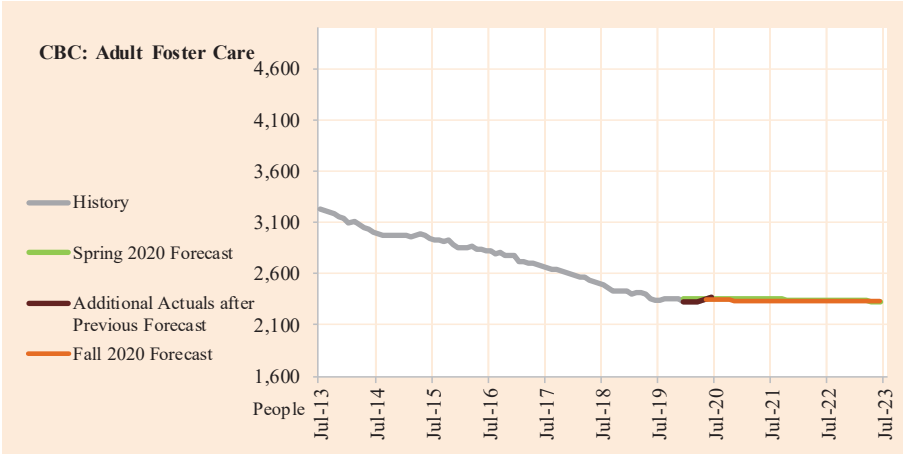
Several factors are contributing to the decline in AFC caseload from August 2013 to July 2019: policy changes that make In-Home Care more attractive; providers' perception of inadequate reimbursement rates; increasing adversarial relationship between workers and providers; and declining capacity as individual providers retire. From August 2019, the caseload hovered at around 2,300.

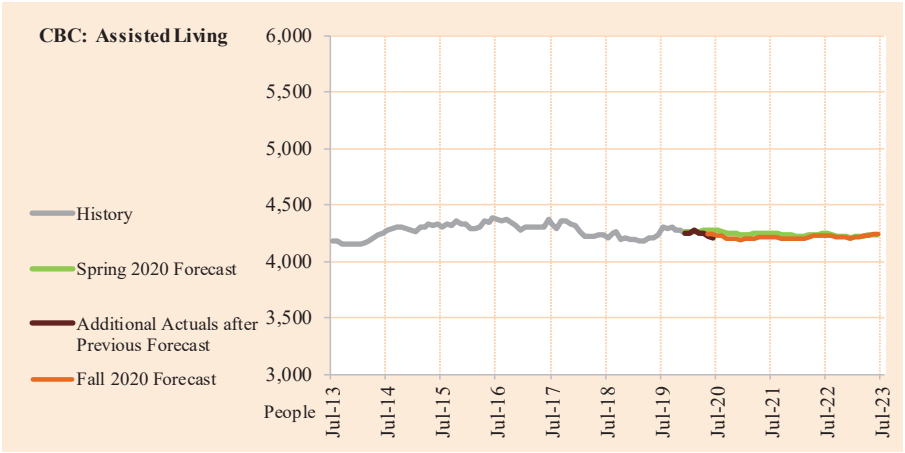
In April 2020, 12,213 clients received Community-Based Care, which accounted for 34.8 percent of total LTC. Overall, clients of CBC are less likely impacted by the emergency order. The number of clients in April is comparable to March, 12,220. The caseload is expected to average 12,274 over the 2019-21 biennium, which is 0.3 percent lower than the prior forecast. The caseload is expected to average 12,664 over the 2021-23 biennium due to the establishment of a new provider of PACE.











Nursing Facility Care

LTC caseloads come from monthly expenditure data claimed by service providers. Providers can claim bills up to twelve months after the service is provided. This suggests that caseload counts updated each month may not reflect revised billing information. Although the forecasting model takes into consideration billing claim delays with a three-month waiting period, the billing claims from nursing facilities (mostly from Basic care and Complex Medial Add-On) take longer to reconcile than other LTC program providers. This leads to significant differences between caseloads in the monthly variance reports and revised historical values used for forecasting. For this reason, Basic and Complex Medical monthly caseloads have been revised with actuals which consider this lag in reconciliation. This change will provide accurate monthly caseloads and improve forecasting accuracy.

In April 2020, 4,380 clients received Nursing Facility Care, which accounted for 12.5 percent of total LTC. The caseload is expected to average 4,427 over the 2019-21 biennium, which is 0.4 percent lower than the prior forecast. The caseload is expected to average 4,459 over the 2021-23 biennium.



Affordable Care Act (ACA) Long-Term Care

Starting in January 2014, a new population of individuals became eligible for medical and long-term care services under the Affordable Care Act of 2010 (ACA). These clients will be referred to as "ACA LTC" clients. ACA LTC clients are, by definition, citizens aged 18-64 with income under 138 percent of FPL and who require the institutional Level of Care (LOC) of a hospital or skilled nursing facility. Under Oregon's CMS waiver, these clients may be served through any of the approved long-term care channels – nursing facilities, community-based care, or in-home.

These clients constitute a small subset of the total LTC population, but their funding sources are significantly different. Consequently, OFRA is tracking these clients separately within the LTC population. The ACA LTC data accounted for about 3.6 percent of the total LTC caseload in April 2020.

Forecast Environment and Risks

Patient Protection and Affordable Care Act of 2010

Implementation of ACA changed the playing field for long-term care in Oregon and introduced significant new risks to the forecast. Also, by shifting from operating under the HCBS Waiver to K-Plan in late 2013, the eligibility rules for long-term care were changed.

At roughly the same time, Oregon chose to extend Medicaid coverage (including long-term care) to a significantly larger pool of low-income adults. To qualify for LTC under the prior HCBS Waiver, clients had to meet four separate criteria: 1) be assessed as needing the requisite Level of Care; 2) be over 65 years old or have an official determination of disability; 3) have income below 300 percent of SSI (roughly 225 percent of the Federal Poverty Level or FPL); and 4) have very limited assets. However, under the ACA's K-Plan option, clients only need to meet two criteria: 1) be assessed as needing requisite Level of Care; and 2) have income below 138 percent of FPL. Note that the HCBS Waiver allows clients with higher incomes than K-Plan; but K-Plan has no asset limits and no requirement that clients be over 65 or officially determined to have a disability. Recent changes in the pattern of new clients entering long-term care indicates that the ACA (the combined effects of K-Plan and Medicaid expansion) is contributing to long-term care caseload growth.

In-Home Care Policy and Program Changes

Another significant risk was created by policy and program changes regarding In-Home Care services.

Four key changes were made: 1) changes to existing rules regarding the Activities of Daily Living (ADL) assessment; 2) adjustments to In-Home hours; 3) transition from Live-in to Hourly services; 4) In-Home Care workers' two-week service authorization; and 5) implementation of Electronic Visit Verification (EVV).

Because of the changes to ADL rules, some clients may no longer meet the new assessment criteria. This may also reduce hours for other In-Home clients, and many of the clients that do not meet the new assessment criteria may receive new transition services. At the time of this reporting, these changes have been newly implemented and the impact remains to be measured. APD, in response to the complaints by initial groups of clients who lost service eligibility, reviewed the assessments of those clients considered ineligible, and as a result, services and hours were restored, moving the caseload upward. New clients and those who are due for annual reassessment, however, will be assessed using the new criteria. This process has continued, and will continue, to have a dampening effect on the In-Home Care caseload and be a large risk to the in-home caseload forecast.

In-Home Care providers are required to implement EVV by January 1, 2023 according to Section 12006(a) of the 21st Century Cures Act. EVV will track when a caregiver arrives at and leaves a location and the individual receives services. As part of this requirement, participants in the Independent Choice Program are asked to select EVV to continue participating in the ICP by September 30, 2020. If consumers do not wish to follow the EVV requirement, they may switch to other eligible services.

Oregon Demographic Shift

In addition to internal policy and program related changes, external changes such as demographic shifts in Oregon's population also pose a risk to the forecast's accuracy over the longer term (for example, more seniors living longer, or the financial or physical health of those seniors). Oregon's population is aging, and elderly Oregonians are among the fastest growing segments of the state population. The elderly aged 65 years and over accounted for 13 percent of the total population in 2002 and rose to 18 percent of the total population in 2019. Oregonians with multiple chronic conditions in the 85 and older age group also risk depleting their resources, which will increase the likelihood they will become eligible for Long-Term Care programs.

Aging and People with Disabilities Biennial Average Forecast Comparison

	2019-21 Biennium			% Change Between Forecasts	Fall 2020 Forecast			% Change Between Biennia
	Spring 20 Forecast	Fall 20 Forecast	Change		2019-21	2021-23	Change	
AGING AND PEOPLE WITH DISABILITIES								
In-Home Hourly without SPPC	14,097	13,840	-257	-1.8%	13,840	14,121	281	2.0%
In-Home Agency without SPPC	2,243	2,287	44	2.0%	2,287	2,341	54	2.4%
In-Home Spousal Pay	19	18	-1	-5.3%	18	18	0	0.0%
Independent Choices	546	545	-1	-0.2%	545	574	29	5.3%
Specialized Living	197	201	4	2.0%	201	202	1	0.5%
In-Home K Plan Subtotal	**17,102**	**16,891**	**-211**	**-1.2%**	**16,891**	**17,256**	**365**	**2.2%**
In-Home Hourly with State Plan Personal Care	1,522	1,462	-60	-3.9%	1,462	1,489	27	1.8%
In-Home Agency with State Plan Personal Care	453	447	-6	-1.3%	447	454	7	1.6%
In-Home non-K Plan Subtotal	**1,975**	**1,909**	**-66**	**-3.3%**	**1,909**	**1,943**	**34**	**1.8%**
Total In-Home	**19,077**	**18,800**	**-277**	**-1.5%**	**18,800**	**19,199**	**399**	**2.1%**
Adult Foster Care	2,356	2,341	-15	-0.6%	2,341	2,331	-10	-0.4%
Assisted Living	4,260	4,235	-25	-0.6%	4,235	4,216	-19	-0.4%
Contract Residential and Memory Care	3,210	3,214	4	0.1%	3,214	3,434	220	6.8%
Regular Residential Care	868	831	-37	-4.3%	831	797	-34	-4.1%
Program of All-Inclusive Care for the Elderly	1,625	1,653	28	1.7%	1,653	1,886	233	14.1%
Community-Based Care Subtotal	**12,319**	**12,274**	**-45**	**-0.4%**	**12,274**	**12,664**	**390**	**3.2%**
Basic Nursing Facility Care	3,685	3,640	-45	-1.2%	3,640	3,665	25	0.7%
Complex Medical Add-On	711	734	23	3.2%	734	741	7	1.0%
Enhanced Care	32	33	0	0.0%	33	34	1	3.0%
Pediatric Care	16	20	0	0.0%	20	19	-1	-5.0%
Nursing Facilities Subtotal	**4,444**	**4,427**	**-17**	**-0.4%**	**4,427**	**4,459**	**32**	**0.7%**
Total Long-Term Care	**35,840**	**35,501**	**-339**	**-0.9%**	**35,501**	**36,322**	**821**	**2.3%**

Child Welfare (CW)

Four main groups are forecast for Child Welfare: Adoption Assistance, Guardianship Assistance, Out of Home Care, and Child In-Home. Children may move between these groups and typically first enter the Child Welfare system via an Assessment. There is an executive directive for branches to complete assessments in less than sixty days.

General Assumptions for the Child Welfare Forecast

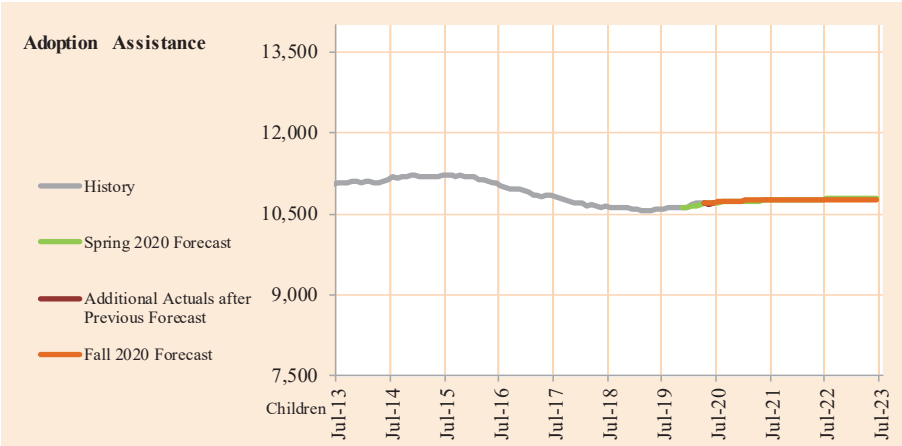
The state of emergency related to the spread of COVID-19 has changed the way systems operate in the state (see the Introduction for more information). ODHS caseloads are usually impacted by internal decisions and/or federal guidelines. During the COVID crisis, Child Welfare was primarily impacted by systems external to the program. Specifically, disruptions to in-person schooling and visits to doctors have reduced the number of children seen by mandatory reporters of child abuse and neglect, reducing reports. Courts have also been disrupted, which influences permanency decisions.

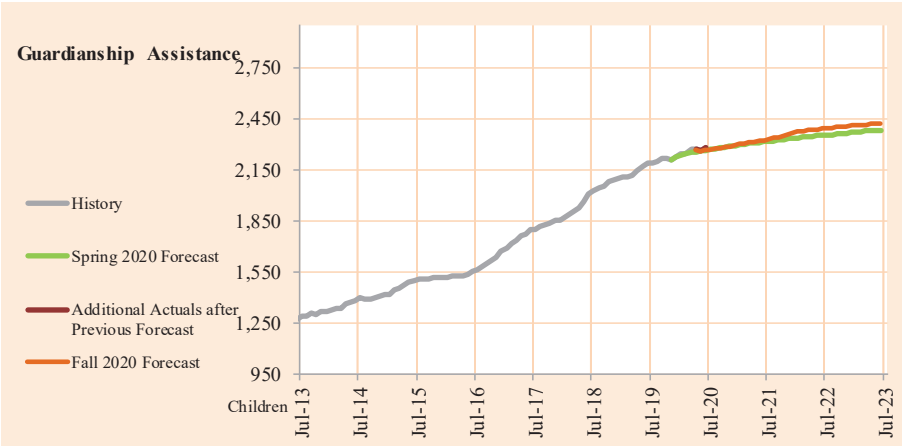
The current forecast assumes that these disruptions were relatively short-term, and that caseloads will begin to climb back toward pre-emergency levels through the rest of the 2019-21 biennium, normalizing in the 2021-23 biennium.

Adoption Assistance – This caseload gradually decreased between 2016 and mid-2019. In April 2019, the caseload started slowly climbing again, up until April 2020. Due to the pandemic, there has been a slow-down in cases moving through the court system which has affected finalizations of both Adoptions and Guardianship. In addition, almost all new clients entering adoption assistance are from paid foster care, so impacts on the foster care caseload can directly increase or decrease the Adoption Assistance caseload. The paid foster care caseload has been on a downward trajectory since late 2017. The adoption assistance caseload is expected to average 10,698 children per month for the 2019-21 biennium. Over the 2021-23 biennium the caseload is expected to average 10,764 children per month, an increase of 0.6 percent from the current biennium. The higher 2021-23 average monthly caseload compared to 2019-21 reflects the COVID-related drop in cases during the 2019-21 biennium, not an expected upward trend.

Guardianship Assistance – This caseload has exhibited steady growth for its entire history. Policies are in place to shorten the length of time to reach a permanent placement, so this caseload will continue to increase as children move out of foster care. As mentioned above, however, because courts have been closed due to the pandemic, the finalization of cases has been affected beginning in April 2020.

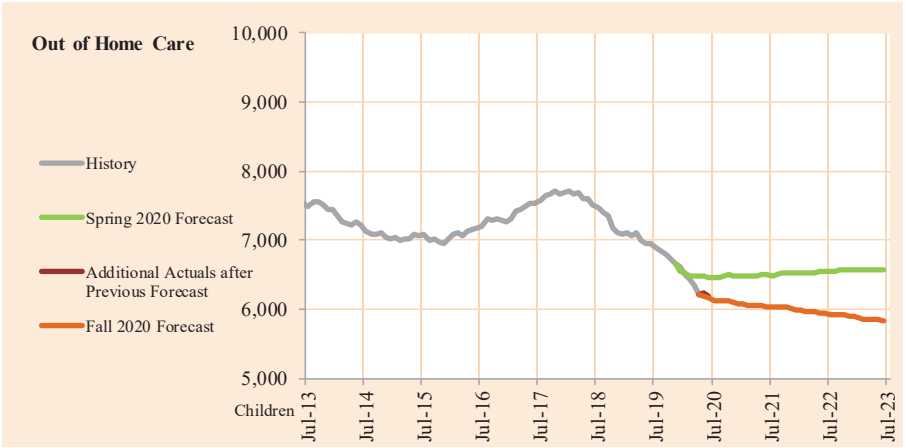
That said, actuals did track the Spring 2020 caseload forecast closely. The new forecast for guardianship assistance is expected to average 2,267 children per month for the 2019-21 biennium. Over the 2021-23 biennium, the caseload is expected to average 2,389 children per month, which is 5.4 percent higher than the 2019-21 forecasted average.



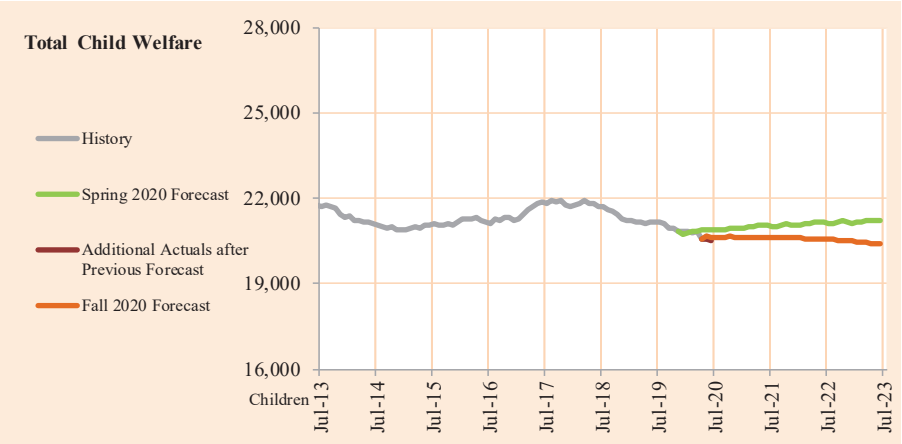


Out of Home Care – This caseload is comprised of paid foster care, non-paid foster care (including trial home visits), and residential care. Paid foster care is the largest portion of the group. The total Out of Home Care caseload decreased 11.0 percent between April 2019 and April 2020. The caseload is expected to average 6,308 children per month for the 2019-21 biennium. Over the 21-23 biennium, the caseload is expected to average 5,939 children per month, which is 5.8 percent lower than the 2019-21 forecasted average.

Child In-Home – This caseload is comprised of two groups: children with prior foster care and children without prior foster care. Transfers into the "without prior foster care" group are mainly from Assessments. When the OR-Kids case management system was developed in 2011, Child In-Home relied on a case plan. Since 2017, the definition of Child In-Home has been based on safety plans, not case plans. It is possible that we are serving children in home that are not counted in the Child In-Home caseload, due to the way the Child In-Home population is defined. The Safety Program is still working with the Districts to identify and potentially correct Child In-Home data. The Child In-Home caseload is expected to average 1,472 children per month for the 2019-21 biennium. Over the 2021-23 biennium, the caseload is expected to be 1.4 percent lower than the current forecast.







Forecast Environment and Risks

See the Introduction to this document for a synopsis of the changes that have been enacted. More than any demographic factor that can be counted or measured, the Child Welfare caseload is impacted by policy changes and program level interventions. In recent years the Child Welfare Program has been highly scrutinized by the public and has been a priority for the Governor. The Oregon Child Abuse Hotline, statewide centralized screening available 24 hours a day, 365 days a year, has been in effect statewide since April 2019.

One risk to the Out of Home Care caseload is related to the capacity for psychiatric residential care. Continued in-state residential capacity expansion is expected. There is always the risk that providers may close suddenly or not accept referrals. As new programs start, it is unknown how quickly the beds will fill. It can be challenging to recruit foster parents as well as find people to provide services to high needs children. These children are currently being served in Behavior Rehabilitation Services, family foster care, or out of state.

As mentioned above, the definition of Child In-Home is based on the safety plan rather than the case plan. There has also been a change in the way the OR-Kids data system operates, so that a case cannot move forward until a caseworker enters an initial safety plan. This may impact the number of children counted in this caseload.

Another risk to the forecast of the child in-home caseload is the number of overdue or unclosed assessments that have not been entered into the data system. If, and when, overdue assessments are closed, the Child In-Home caseload may increase.

Child Welfare Biennial Average Forecast Comparison

	2019-21 Biennium			% Change Between Forecasts	Fall 2020 Forecast			% Change Between Biennia
	Spring 20 Forecast	Fall 20 Forecast	Change		2019-21	2021-23	Change	
CHILD WELFARE (Children)								
Adoption Assistance	10,690	10,698	8	0.1%	10,698	10,764	66	0.6%
Guardianship Assistance	2,264	2,267	3	0.1%	2,267	2,389	122	5.4%
Out of Home Care[1]	6,549	6,308	-241	-3.7%	6,308	5,939	-369	-5.8%
Child In-Home	1,436	1,472	36	2.5%	1,472	1,452	-20	-1.4%
Total Child Welfare	**20,939**	**20,745**	**-194**	**-0.9%**	**20,745**	**20,544**	**-201**	**-1.0%**

1. Includes residential and foster care.

Intellectual and Developmental Disabilities (I/DD)

Historically, Oregon provided I/DD services under a Medicaid 1915 (c) Home and Community-Based Services (HCBS) Waiver. However, starting in July 2013 Oregon began offering services through the Community First Choice Option in 1915 (k) of the Social Security Act (referred to as K-Plan), and now most I/DD services are delivered under K-Plan. Implementation of K-Plan required adjustments to program policies related to both eligibility and program delivery. As a result, more individuals with I/DD have chosen to enroll in Case Management and to request services.

General Assumptions for the Intellectual and Developmental Disabilities Forecast

The COVID-19 emergency has led to caseload decreases, specifically in In-Home Services (Adult and Children). The forecast assumes that this reduction will stabilize between July and September 2020 followed by a gradual increase beginning in October 2020 through October 2021.

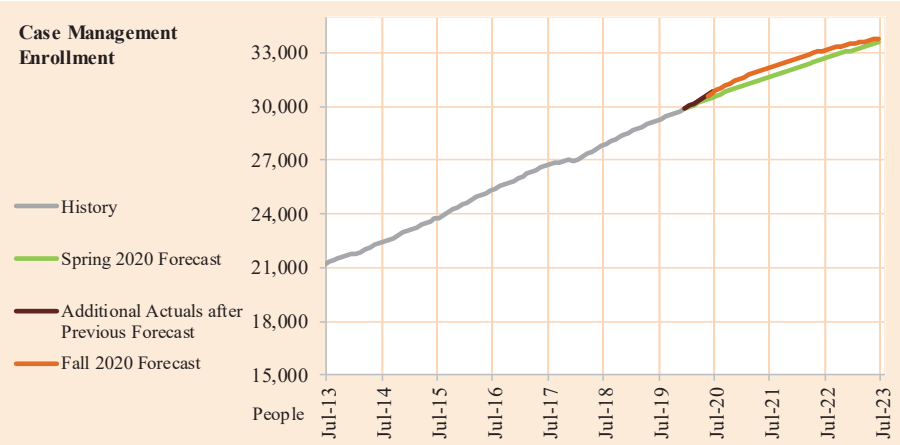
I/DD Employment and DSA and Transportation services have experienced a significant disruption due to COVID-19 and will have slower recovery to pre-COVID levels due to a slow recovery of Oregon economic activity and employment.

By the fall of 2021, due to implementation of COVID-19 vaccine and better management of this pandemic, individual behavior and organizational services will return to normal, and pre-COVID-19 patterns will return. Therefore, the caseload will follow a pre-COVID growth pattern for most of the 2021-23 biennium.

Case Management Enrollment

This is an entry-level eligibility, evaluation, and coordination service available to all individuals determined to have intellectual and developmental disabilities, regardless of income level. Starting in the Fall of 2018, Case Management Enrollment has included State Children (SE 248) who did not have I/DD Case Management enrollment. In addition, Oregon's Office of Developmental Disabilities Services (ODDS) has initiated a review of I/DD enrollees in the Case Management category without a case management contact or without other I/DD services billed in a year. The review of I/DD enrollees with an open record, but without I/DD services, were closed back to the date they stopped receiving I/DD services. This cleanup process has reduced the Case Management Enrollment caseload slightly.

Case Management Enrollment is projected to average 30,782 cases per month through the rest of the 2019-21 biennium, which is slightly higher than the Spring 2020 forecast. The caseload is expected to average 33,102 over the 2021-23 biennium. Case Management Enrollment is projected to grow until most I/DD individuals living in the state have enrolled. The Human Services Research Institute (HSRI), under a contract with ODDS, has estimated the "natural limit," where the caseload would plateau, by applying national prevalence estimates to Oregon's youth and adult populations through 2023.



Adult Services

I/DD Adult Services was reorganized in the Fall of 2017 to combine Comprehensive In-Home Services and Brokerage Services as a new caseload category: Adult In-Home Support. Sixty-nine percent of this caseload category is Brokerage Services and 31 percent is Community Developmental Disabilities Programs (CDDP) In-Home Services. OFRA does not report a separate forecast for Brokerage enrollment.

Adult In-Home Support – The Adult In-Home Support caseload category combines CDDP In-Home services and Brokerage services. This caseload category combines all In-Home services for adults, previously known as Comprehensive In-Home Services and Brokerage Services, without employment and transportation services, and are grouped based on plan of care.

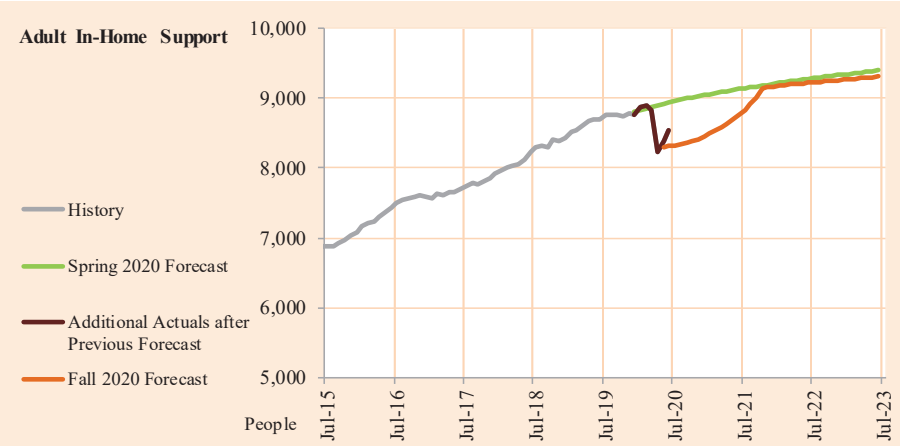
The Adult In-Home Support caseload is projected to average 8,584 cases per month in the 2019-21 biennium, which is 4.0 percent lower than the Spring 2020 forecast. This caseload has significantly declined since the Spring 2020 forecast due to the COVID-19 pandemic. However, the caseload is expected to stabilize and gradually increase to levels indicated in the Spring 2020 forecast by the beginning of 2021-23 biennium, with an average of 9,195 clients per month, which is a 7.1 percent increase compared to the 2019-21 biennial average.

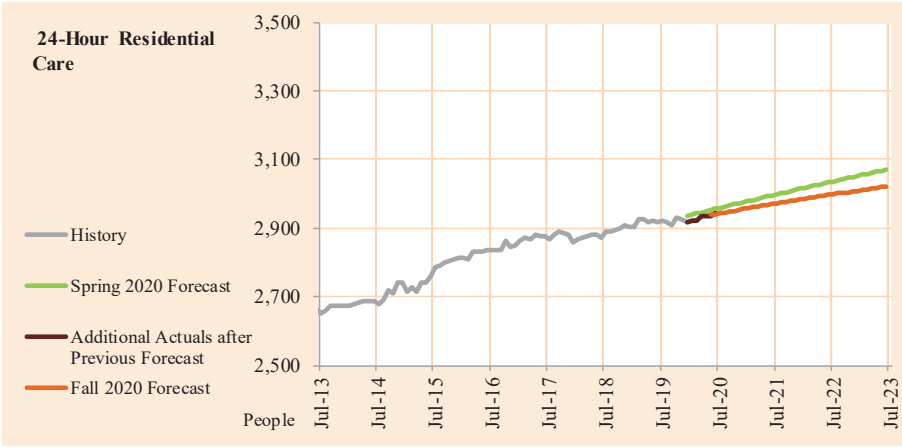
24-Hour Residential Care – This caseload is projected to average 2,941 cases a month in the 2019-2021 biennium, which is slightly lower than the Spring 2020 forecast. The caseload is expected to average 2,998 over the 2021-23 biennium.

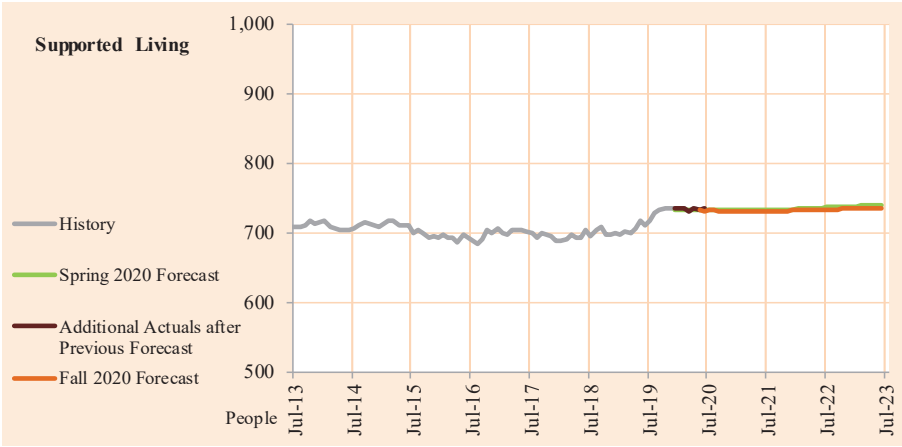
Supported Living – The 2019-21 caseload is projected to be an average of 731 cases per month which is 1.0 percent lower than the Spring 2020 forecast. The caseload is expected to average 733 over the 2021-23 biennium.

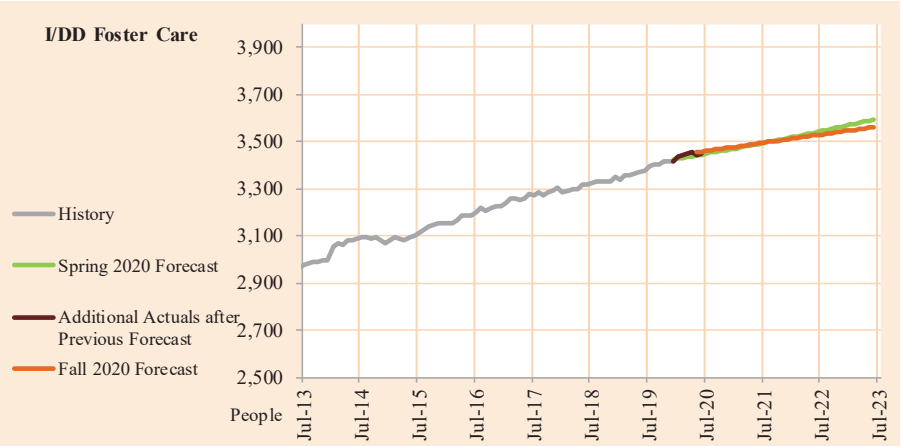
I/DD Foster Care – I/DD Foster Care serves both adults and children, with children representing approximately 12.0 percent of the caseload. The 2019-21 total I/DD Foster Care average monthly caseload is 3,452, which is slightly higher than the Spring 2020 forecast. The caseload is expected to average 3,528 over the 2021-23 biennium.

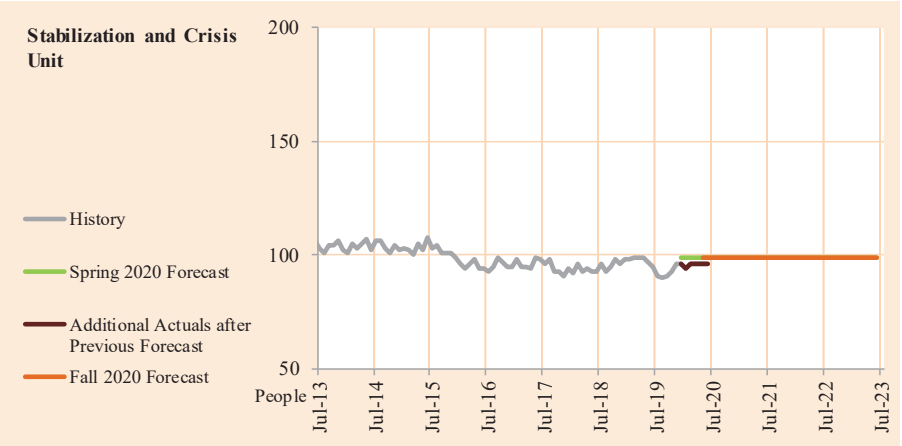
Stabilization and Crisis Unit – The Stabilization and Crisis Unit serves both adults and children, with children representing approximately 17.0 percent of the caseload. This caseload is limited by bed capacity and is expected to remain at the current level of 99 for both 2019-21 and 2021-23.









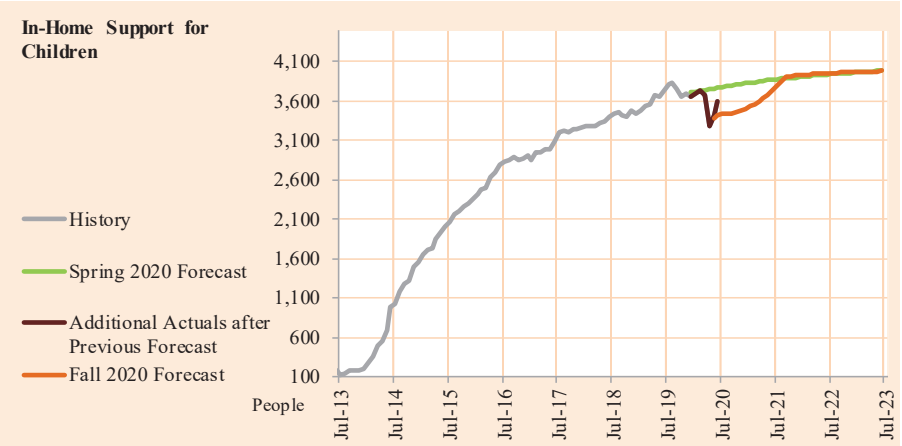


Children Services

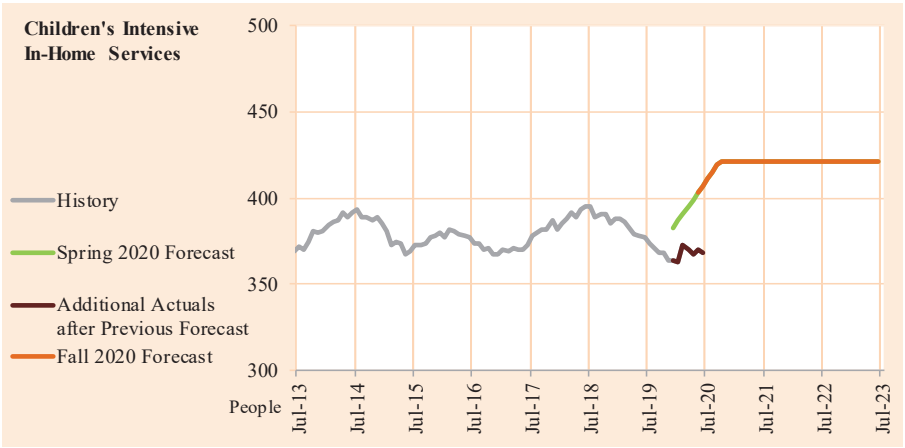
In-Home Support for Children (IHSC) – This caseload started growing rapidly in late 2013 as K-Plan was implemented. The caseload grew a dramatic fifteen-fold from 187 clients in mid-2013 to 2,790 by mid-2016. This caseload growth has slowed considerably to a monthly average of 3,089 since mid-2017.

The In-Home Support for Children caseload is projected to average 3,587 cases per month in the 2019-21 biennium, which is 5.3 percent lower than the Spring 2020 forecast. This caseload has significantly declined since the Spring 2020 forecast due to the COVID-19 pandemic. However, the caseload is expected to stabilize and gradually increase to levels indicated in the Spring 2020 forecast by the beginning of 2021-23 biennium, with an average of 3,943 clients per month, which is a 9.9 percent increase compared to the 2019-21 biennial average.

Growth in this caseload is primarily due to the implementation of the Community First Choice Option (K-Plan), which allows individuals eligible for the Oregon Health Plan to receive In-Home services if they have an extended need for assistance with Activities of Daily Living. In addition, the income criteria used for children no longer considers family resources. The forecasted growth for this caseload incorporates assumptions about the historical pattern for children entering Case Management and the percentage of children enrolled in Case Management who will apply for services. For additional information, see the "Additional Risks and Assumptions" section below.



Children Intensive In-Home Services (CIIHS) – This caseload includes Medically Fragile Children Services, Intensive Behavior Programs, and Medically Involved Program. The 2019-21 total CIIHS caseload is expected to average 397 per month in 2019-21 biennium. This caseload is limited by capacity and is expected to grow gradually to 421 by October 2020 and remain at that level through the 2021-23 biennium.



Children Residential Care – This caseload is expected to average around 176 per month in 2019-21 biennium. It is expected to gradually grow to 190 cases per month and remain at that level through the 2021-23 biennium.

There is a crisis in residential resources for children, including overlap with children served by Child Welfare and Developmental Disabilities. Children have been placed in inappropriate or unsafe placements, including hotels, ODHS offices, hospital emergency rooms, and in family homes where family members and providers feel unsafe. In response to this crisis, several new group homes licensed for 28 new beds will be opened in 2019-21 to serve children/youth with significant behavioral challenges who are not able to be supported in their family home or in foster care.



Other Services

Total Employment and Day Support Services – In order to better reflect recent changes in I/DD program, the definition of employment services has been revised. The new definition is broader, including all services previously counted as well as new services offered under Employment First and Plan of Care. However, Employment claims data have a significantly longer lag time than the customary three months due to delayed billing and claims processing. Therefore, OFRA has based the current forecast on estimated preliminary actuals. The preliminary actuals account for the difference between the initially observed caseload and the caseload observed at a later date, after claims have been fully processed.

The steps involved in the calculation of preliminary actuals include:

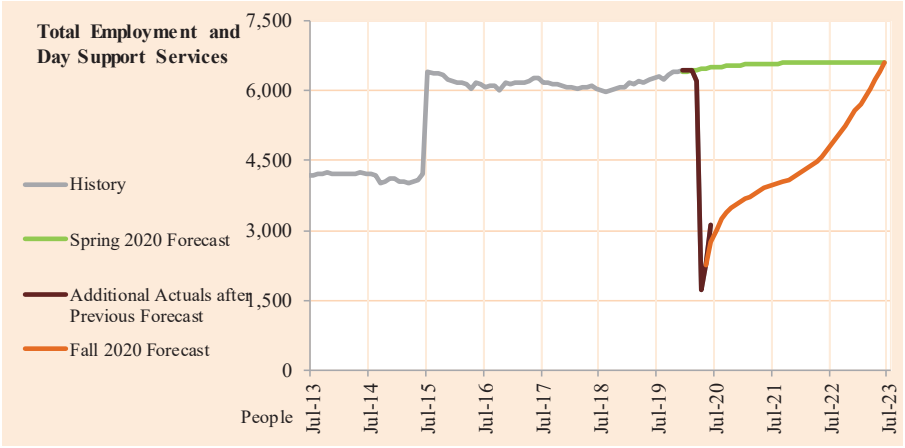
1. Calculate the ratios of the previous 10 months of actuals to 3 month matured reported actuals,

2. Calculate a three-month moving average of the ratios,

3. Apply the moving average ratios to initially reported actuals to create the new estimated actuals

Employment Activities and Day Support Activities will be reported together as Total Employment and Day Support Services. Due to the COVID-19 pandemic, the demand for DSA services has decreased by about 20 percent as clients reduce employment and activities involving travel in order to decrease their chances of contracting the disease.

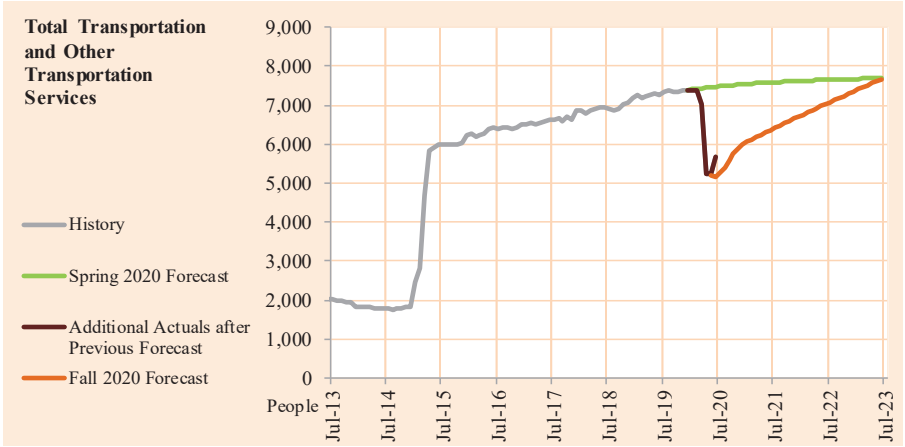
Total Employment and Day Support Services are projected to average 4,465 cases over the 2019-21 biennium, which is 31.1 percent lower than the Spring 2020 forecast. The caseload is expected to average 4,974 over the 2021-23 biennium.



Total Transportation and Other Transportation Services - Total Transportation Services will be reported as Total Transportation and Other Transportation Services. Recent history shows that about 17.9 percent of clients in this caseload utilized Other Transportation Services.

Historically, this caseload included only services paid with state funds, not those using local match funding. To provide a more complete picture, the definition of services counted in the Transportation caseload has been expanded to include all services previously counted, plus transportation services provided under Plan of Care (e.g. transit passes and non-medical community transportation). Estimated Preliminary actuals for Transportation services were calculated starting with the Spring 2020 forecast. The rationale for calculating preliminary actuals for Transportation services and its methodology are the same as described under the Total Employment and Day Support Services.

The Transportation caseload is projected to average 6,361 per month in 2019-21 which is 14.8 percent lower than the Spring 2020 forecast. The caseload is expected to average 7,052 per month over the 2021-23 biennium.



Forecast Environment and Risks

Four I/DD services --In-Home Services (Adult and Children), Employment and DSA and Transportation have seen a significant caseload decrease due to COVID-19. In-Home Support for Adults and Children provide services to support I/DD clients in the community. These services include visits by care providers, outings and outdoor activities in public parks, libraries and gyms. Due to the need to protect I/DD clients from COVID-19, these normal In-Home care activities have been restricted considerably.

The Family Support services caseload has significantly increased starting in April 2020. The increase in this caseload is mainly due to disruption of schooling of I/DD children due to COVID-19. ODDS has expanded access to this service to meet demand, but this will be a temporary increase as ODDS deals with the COVID-19 impact on ongoing I/DD services.

Additional Risks and Assumptions

There are a variety of additional factors that create risks for all I/DD caseload forecasts.

Although K-Plan started in July 2013, initial work began slowly at first and work accelerated in 2014 with most CDDPs experiencing higher caseloads and more requests for services than prior to July 2013. The increase in requests for services and higher caseloads caused some delays in access to service. Many of the CDDPs have recently hired new staff because of funding based on the workload model. With additional staff added, this may result in quicker entry of new individuals with I/DD. All these practical operational changes mean that new service use patterns are not yet stable and may continue to fluctuate for some time. In addition, the estimate may be low if improved staffing levels lead more parents with I/DD children to enroll them in Case Management.

The increase in people requesting I/DD services has created capacity challenges for CDDPs and their provider networks. To receive funded services, enrollees' Medicaid eligibility must be established, a level of care and assessment completed, and an Individual Support Plan developed.

The caseloads most directly impacted by K-Plan implementation are those where the individual lives in their own home or with family members: Adult In-Home Support Services and In-Home Support for Children.

Adult In-Home Support – Adults can be served through two channels – Brokerages or CDDPs. At present, most caseload growth is occurring in CDDP In-Home Services, while Brokerage Services remain flat. The Brokerage Services caseload is a little over three times larger than CDDP In-Home Services. Growth in adult caseloads generally comes from children who age into adult services, or previously unserved adults who are newly interested. Since this caseload is growing rapidly and without precedent, the forecast is highly sensitive to the assumptions used to produce it, and the risk of error is higher than usual. In addition, due to client choice for CDDP or Brokerage In-Home services, it is difficult to make reasonable assumptions without any established pattern of their service choices.

In-Home Support for Children – K-Plan implementation expanded the availability of services for many children. Prior to the implementation of K-Plan, children were only able to receive limited in-home services and could only access additional services if they met crisis criteria. A child may now access significant in-home support without meeting crisis criteria, if they are eligible for I/DD services and Medicaid. As a result, a significantly larger number of children may now access In-Home Services. Also, under Oregon's comprehensive waiver, additional children are now eligible for Medicaid services based solely on having a disability (meeting SSI standards), while not accounting for family financial resources.

Also, under Oregon's comprehensive waiver, additional children are now eligible for Medicaid services based solely on having a disability (meeting SSI standards), while not accounting for family financial resources. This may also increase the number of children who are able to access in-home services through K-Plan.

Intellectual and Developmental Disabilities Biennial Average Forecast Comparison

	2019-21 Biennium			*% Change Between Forecasts*	Fall 2020 Forecast			*% Change Between Biennia*
	Spring 20 Forecast	**Fall 20 Forecast**	**Change**		**2019-21**	**2021-23**	**Change**	
INTELLECTUAL AND DEVELOPMENTAL DISABILITIES								
Total Case Management Enrollment [1]	**30,524**	**30,782**	**258**	**0.8%**	**30,782**	**33,102**	**2,320**	**7.5%**
Adult								
Adult In-Home Support	8,940	8,584	-356	-4.0%	8,584	9,195	611	7.1%
I/DD Foster Care	3,040	3,053	13	0.4%	3,053	3,122	69	2.3%
24 hrs Residential Care	2,957	2,941	-16	-0.5%	2,941	2,998	57	1.9%
Supported Living	732	731	-1	-0.1%	731	733	2	0.3%
Stabilization and Crisis Unit	98	97	-1	-1.0%	97	99	2	2.1%
Children								
I/DD Foster Care	407	399	-8	-2.0%	399	406	7	1.8%
In-Home Support for Children	3,787	3,587	-200	-5.3%	3,587	3,943	356	9.9%
Children Intensive In-Home Services	402	397	-5	-1.2%	397	421	24	6.0%
Children Residential Care	179	176	-3	-1.7%	176	190	14	8.0%
Total I/DD Services	**20,542**	**19,965**	**-577**	**-2.8%**	**19,965**	**21,107**	**1,142**	**5.7%**
Other I/DD Services								
Employment & Day Support Activities[2]	6,476	4,465	-2,011	-31.1%	4,465	4,974	509	11.4%
Transportation[3]	7,470	6,361	-1,109	-14.8%	6,361	7,052	691	10.9%

1. Some clients enrolled in Case Management do not receive any additional I/DD services.
2. Employment and DSA actuals are estimated to account for under reporting of delayed claims.
3. Transportation actuals are estimated to account for under reporting of delayed claims.

Self-Sufficiency Programs (SSP)

The Governor's emergency order due to the COVID-19 pandemic influenced not only economics but also social behavior. The economic fallout of temporarily closing high-contact businesses increased unemployment and initial claims for unemployment insurance (UI). The unemployment rate (UR) in April was 14.9 percent, the highest rate since January 2000. Approximately 13.8 percent of workers lost their jobs comparing April to February. Social distancing practices designed to reduce the virus spread included an end to in-person schooling. Work from home has been adopted whenever possible, however many jobs cannot be done from home. Some parents who have to choose between aiding their children through this distance-learning era and going back to work are staying home and are therefore jobless. Self-sufficiency programs, especially SNAP and TANF, have been impacted by these changes.

General Assumptions for the Self-Sufficiency Forecast

The current forecast was developed using the second-quarter economic and revenue forecast prepared by the Oregon Office of Economic Analysis (OEA) in June 2020. The forecast assumes that employment will rise after lifting the shelter in place order in the summer of 2020 and that a health treatment will be widely available by the end of 2021. OEA forecasted that Oregon might lose as much as 20 percent employment in the second quarter of 2020 and Oregon employment might get back to a pre-pandemic level in the second quarter of 2024. However, the actual employment loss was about 12 percent. Of the employment sectors impacted, leisure and hospitality had the biggest loss, a greater than 50 percent drop from its peak employment level in February 2020. This reduces a likely avenue for leaving the program for SNAP recipients, who often gain employment in leisure and hospitality. In general, semi-skilled and non-skilled work in the service sector was hit hardest due to the restrictions in business activity necessitated due to the COVID-19 pandemic (see the Introduction for more information). It is assumed that this will lead to increases in SNAP and TANF through most of 2022 before an improving economy will begin to reduce the caseload.

The current forecast assumes there will be no extension of Federal Pandemic Unemployment Compensation (FPUC), which ended on July 31st and that the Pandemic Unemployment Assistance (PUA) program will end at the close of 2020. The federal Corona virus Aid, Relief, and Economic Security (CARES) Act of 2020 provides for a temporary emergency increase in unemployment compensation benefits. Through FPUC, unemployed workers received an additional $600 per week along with their weekly unemployment insurance benefits. PUA provides up to 39 weeks of unemployment benefits to individuals not eligible for regular unemployment compensations or extended benefits, including those who have exhausted all rights to such benefits. The CARES Act kept some Oregonians who would be otherwise eligible from applying for SNAP and TANF assistance. This forecast assumes that the end of these programs will increase the number of eligible Oregonians seeking assistance.

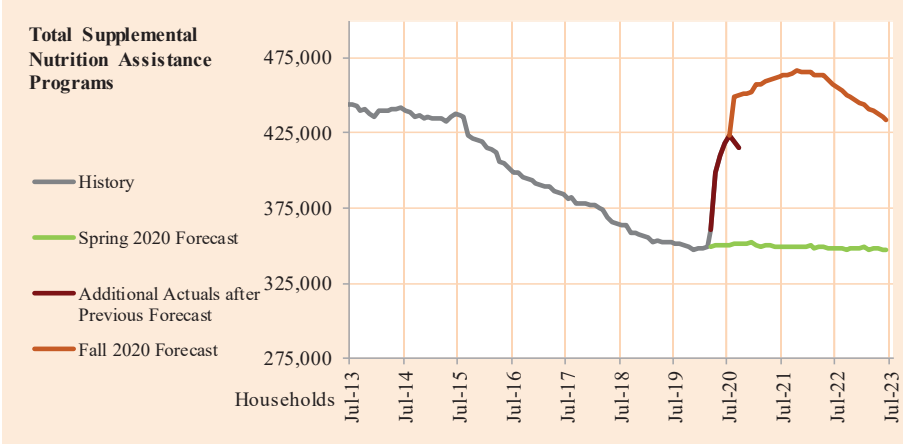
SNAP cases due for recertifications (that is, six-month check-ins) from March to June were extended for another six months. That reduced exits from the program, since recertifications and redeterminations are a key mechanism for closing cases. These cases will be reviewed from September to December, potentially leading to a temporary increase in exits.

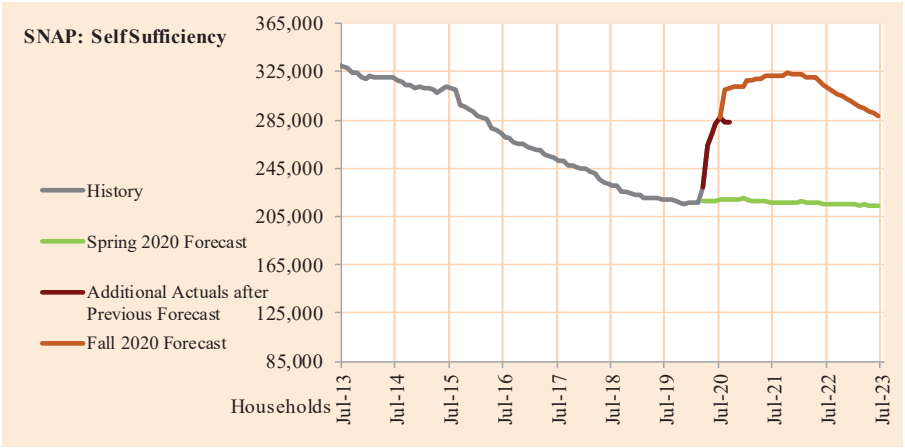
After the Great Recession, a rule limiting SNAP participation for Able-Bodied Adults without Dependents (ABAWD) was waivered. The rule was reinstated for metro areas of the state as the economy improved, and was due to be reinstated for rural areas in 2020. Due to high unemployment, the ABAWD rule has been waived for the whole state again. This forecast assumes that the time limits for ABAWD will continue to be waivered due to high unemployment, which will persist through the 2021-2023 biennium.

Supplemental Nutrition Assistance Program (SNAP) – In July 2020 there were 423,649 households (712,667 persons) receiving SNAP benefits. This constitutes approximately 16.7 percent of all Oregonians. The caseload increased by 2.9 percent compared to February 2020. The current SSP and APD combined 2019-21 SNAP biennial average forecast is 409,205 households, which is 16.8 percent higher than the Spring 2020 forecast. The projected biennial average for 2021-23 is 453,834 households, which is 10.9 percent higher than the 2019-21 biennial average forecast.

Supplemental Nutrition Assistance Program - Self-Sufficiency Program (SSP SNAP) - is designed for adults under 60 and families, fell almost continuously from autumn 2012 through the start of 2019 and then hovered at about 218,000 families through most of the year. Due to the unemployment related to the stay-at-home order, the number of new clients entering SSP SNAP more than doubled in March and more than tripled in April compared to February. At the same time the exit ratio (the number of exits relative to the total caseload) dropped to less than one percent due to the delay in recertifications mandated by the CARES Act. Prior to this, the exit ratio was between five and six percent of the total caseload. The increased new clients and reduction in exits kept caseload high through June. Even though recertifications and redeterminations resumed in July, exits are assumed to stay relatively low until employment has fully recovered.

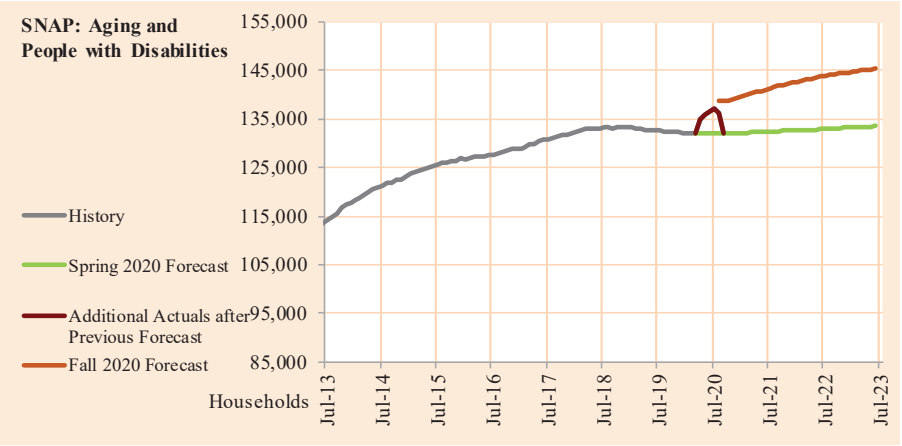
The Fall 2020 SSP SNAP caseload forecast for 2019-21 is 25.1 percent higher than the previous forecast, which was calculated before the state of emergency was declared. The SNAP SSP caseload is expected to increase in the 2021-23 biennium by 13.7 percent.





Aging and People with Disability of SNAP (APD SNAP) - is designed for people aged 60 and older, rose steadily from late 2006 to mid-2018 due to a combination of demographic and economic changes. However, that rate of increase stopped at the end of 2018, and the caseload began decreasing slightly from the start of 2019 until the emergency order was issued in March 2020. In April, APD SNAP caseload was 134,606, an increase of 2,636 from the previous month. The caseload has continually increased since then due to low exits related to the suspension of recertifications under the CARES act. The APD SNAP caseload in July was 137,020, which is 3.8% higher than the March caseload. People entering the APD SNAP caseload are less likely to exit compared to those entering SSP SNAP due to the difficulty of finding employment among the elderly and near-elderly. With a high unemployment rate and a public health emergency, it is assumed that the APD SNAP caseload will see reduced exits despite a resumption of recertifications.

The Fall 2020 APD SNAP biennial average forecast for 2019-21 is 136,271, which is 3.1 percent higher than the Spring 2020 forecast, which was completed before the declaration of emergency. The projected biennial average for 2021-23 is 143,548 households, which is 5.3 percent higher than the 2019-21 biennial average forecast.

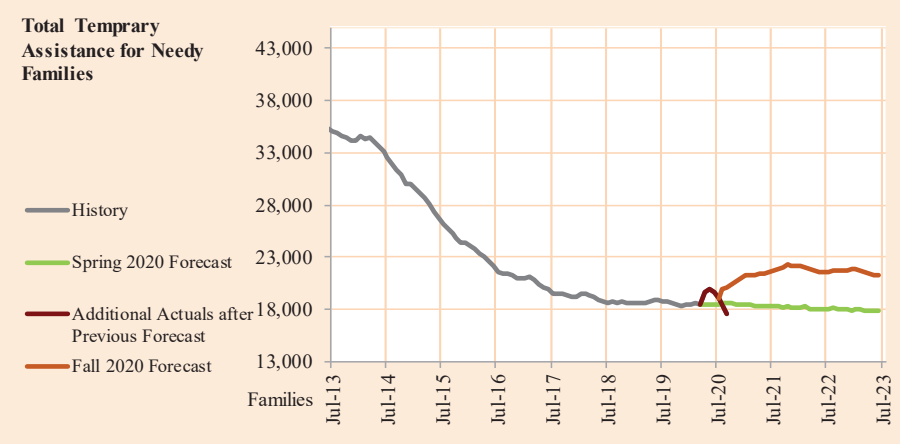


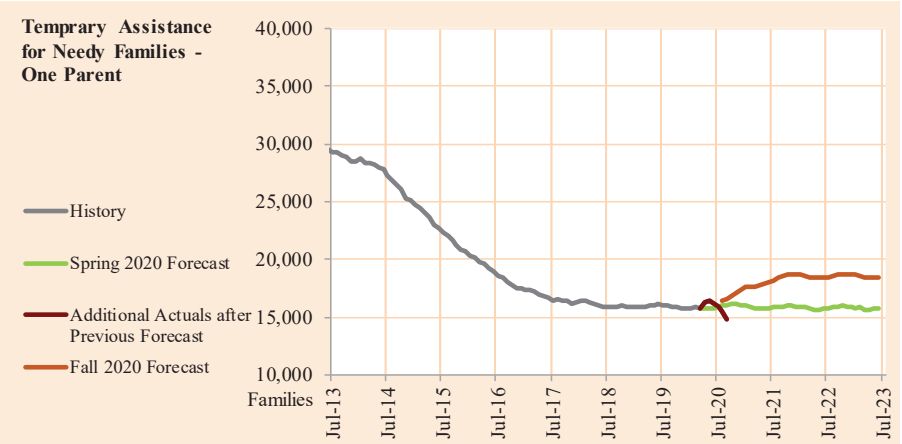
Temporary Assistance for Needy Families (TANF) – In July 2020, 19,048 families were receiving TANF benefits, representing 50,397 persons. The TANF caseload underwent nearly uninterrupted growth from January 2008 until February 2013. The caseload then declined rapidly until July 2016 when it stabilized at about 18,500 cases (a 49 percent drop compared to its February 2013 peak). This state of affairs continued until the emergency order. The caseload in April 2020 increased by 6.8 percent compared to March to 19,662, primarily due to a big increase in new clients. Increased exits in June and July led to a slow reduction in the caseload. Exits come from two sources, program exits, and transfers. Program exits account for 60 percent of the total exits in most months. In June and July, program exits accounted for over 75 percent of the total exits, indicating that a larger portion of TANF cases did not meet income eligibility. Cases entering in April accounted for 27.7 percent of exits in June and July. These cases presumably relate to unemployment insurance (UI). With improving the UI and FPUC claim process, some households became over-income, and lost eligibility.

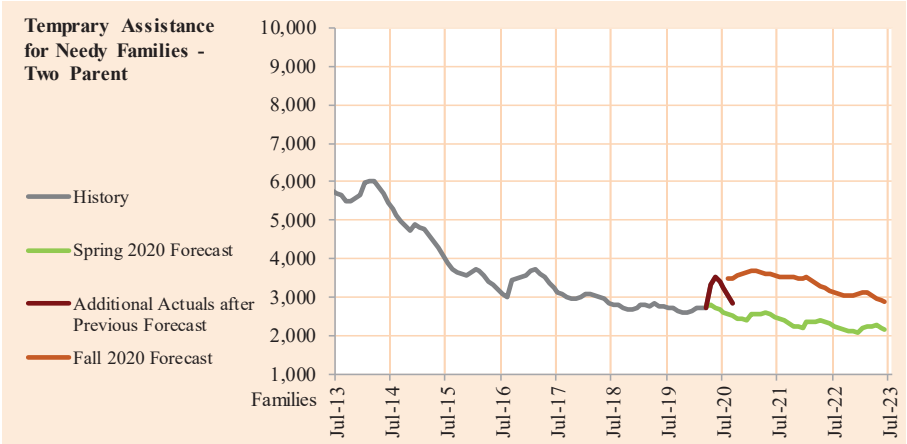
The 2019-21 TANF biennial average forecast is 19,806 families, which is 7.1 percent higher than the prior forecast which was completed before the emergency order. This upward revision reflects a caseload trend in the spring and summer which was influenced by the emergency order and the federal policy changes related to unemployment insurance. Under the assumptions that there will be no additional FPUC or PUA, and that a significant reduction in employment will be followed by a slow growth rate (indicated in the Office of Economic Analysis forecast), new TANF clients are expected to increase while the exit rate will remain low until the economy improves. The average monthly caseload for 2021-23 is projected to be 21,777, a 10.0 percent increase from the 2019-21 biennium.

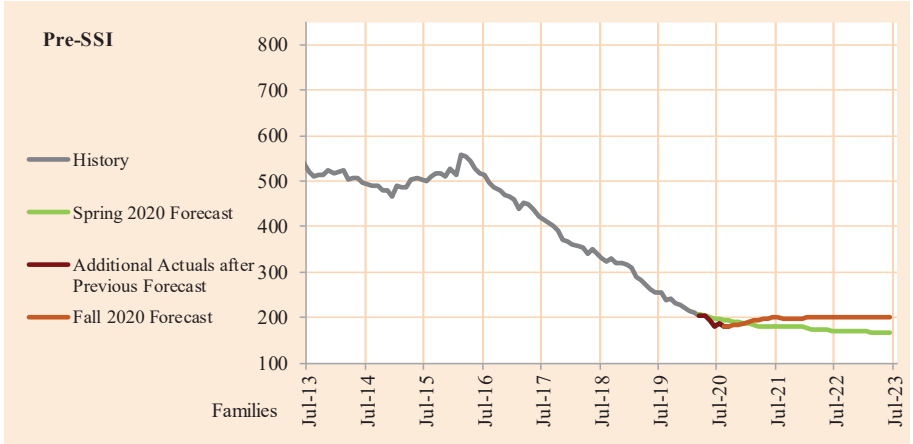
The 2019-21 biennial average caseload for **TANF One Parent** is 16,589 families, which is 4.5 percent higher than the previous forecast. The average monthly caseload for the 2021-23 biennium is expected to be 18,545, an increase of 11.8 percent from the 2019-21 biennium. TANF One-Parent is expected to remain high through the 2021-23 biennium, as Oregon continues to experience high unemployment due to the economic disruption caused by the COVID-19 emergency.

The **TANF Two-Parent** caseload in April was 3,320, an increase of 21.9 percent compared to March. The 2019-21 biennial average caseload for TANF Two-Parent is expected to be 3,217 families, a 23.3 percent increase from the prior forecast. The average monthly caseload for 2021-23 is expected to be 3,232 cases, a 0.5 percent increase from the 2019-21 biennium.







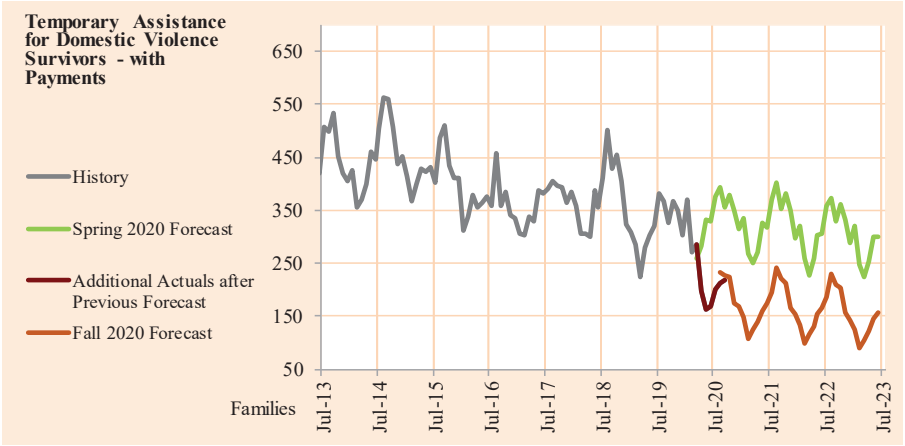


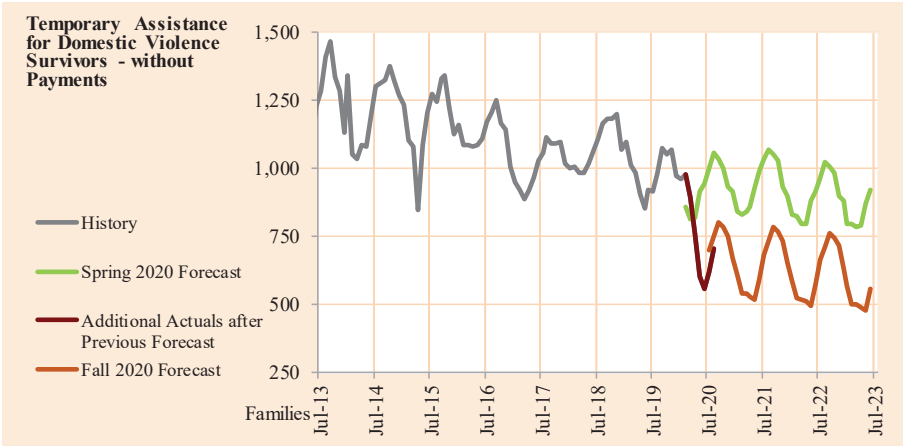
Pre-SSI – Pre-SSI provides temporary assistance for families while they apply for Supplemental Security Income, a benefit for the aged, blind, and disabled who have little or no income. Almost all Pre-SSI cases are transfers from TANF. Two factors primarily drive the Pre-SSI caseload: the percentage of TANF cases moving to Pre-SSI and the total volume of TANF exits. After the Great Recession, the percentage moving to Pre-SSI from TANF reduced from four percent in 2009 to less than one percent in 2019. Also, the total volume of TANF cases has been dropping since 2013. These two factors led to a decline in the caseload. Furthermore, the Social Security Administration (SSA) has become more stringent in their interpretation of disability criteria – most recently their mental health criteria.

The Pre-SSI caseload has fallen faster than anticipated over the past six months. The current forecast assumes that the caseload will slightly increase through the 2019-21 biennium, reflecting the increased TANF caseload related to the job loss and recovery caused by the COVID-19 emergency. The caseload will then stabilize in the 2021-23 biennium. The 2019-21 biennial average forecast for Pre-SSI is 205 families, which is the same as the previous forecast. The 2021-23 biennial average caseload is 200 families, which is 2.4 percent lower than the forecast for the current biennium.

Temporary Assistance for Domestic Violence Survivors (TA-DVS) – The TA-DVS with-payment caseload is a relatively small caseload that had been falling steadily amid strong seasonal fluctuations. The average caseload for the current biennium is forecasted to be 235 families per month, which is 28.4 percent lower than the previous forecast. The caseload was revised due to recent decreases in entries. This is likely due to people being willing to shelter in place – even with an abusive partner – during a pandemic. The caseload is expected to continue to fall due to the current pandemic and lack of in-person schooling to an average of 161 families per month during the 2021-23 biennium, a reduction of 31.5 percent.

The TA-DVS without-payment caseload fell to an unprecedented low point in the months after the emergency order was issued in March 2020. The caseload usually has a seasonal pattern related to the school year. Although school closures reduce that seasonality, the recent data suggest a slight return of the seasonal increase in late summer. The current forecast assumes a weaker seasonal pattern going forward. The 2019-21 biennial average is 775 cases per-month, a decrease of 17.8 percent compared to the previous forecast. The caseload is expected to drop to a monthly average of 621 cases in the 2021-23 biennium, a decrease of 19.9 percent.





Forecast Environment and Risks

The COVID-19 pandemic has brought several operational and policy changes to SNAP and TANF programs while creating an increased demand. SNAP eligibility rules were not modified; however, the requirement that interviews be part of the application process was waived from late April through the end of August. After September 1, the no-interview waiver will apply to some ongoing cases in need of recertification. New applications will require an interview. In addition, income verification can be waived if an applicant can show hardship due to unemployment related to social distancing orders.

One of the uncertainties facing the current SNAP and TANF caseload forecast is whether there will be an extension of aid to the unemployed and/or small businesses related to the COVID-19 crisis. As of this publication, Congress has still not passed an extension of the stimulus package. The number of eligible SNAP and TANF cases depends on the decision made and the duration and the size of extension.

According to the Oregon Employment Department, approximately 37 percent of UI beneficiaries in July received less than $319 a week – qualifying even a one-person family for SNAP. This implies a second surge of new cases if there is no extension to current support programs.

Another uncertainty is the timeline for the creation of a vaccine or other game-changing treatment for the virus. Rules designed to mitigate virus transmission led to employment losses, and a recovery of those jobs requires a treatment. Although the current employment forecast assumes a widely available medical treatment will be available in 2021, fueling a recovery, the potential of a double-dip recession also exists depending on the timeline for a treatment. The longer the recovery takes, the more likely businesses may permanently close. Workers who were brought back to their jobs after furloughs could lose their jobs again, increasing SNAP and TANF beyond what was forecast.

Self-Sufficiency Biennial Average Forecast Comparison

	2019-21 Biennium			*% Change Between Forecasts*	Fall 2020 Forecast			*% Change Between Biennia*
	Spring 20 Forecast	**Fall 20 Forecast**	**Change**		**2019-21**	**2021-23**	**Change**	
SELF SUFFICIENCY PROGRAMS								
Supplemental Nutrition Assistance Program (Households)								
Children, Adults and Families	218,114	272,934	54,820	25.1%	272,934	310,286	37,352	13.7%
Aging and People with Disabilities	132,122	136,271	4,149	3.1%	136,271	143,548	7,277	5.3%
Total SNAP	**350,236**	**409,205**	**58,969**	**16.8%**	**409,205**	**453,834**	**44,629**	**10.9%**
Temporary Assistance for Needy Families (Families: Cash/Grants)								
One-Parent	15,879	16,589	710	4.5%	16,589	18,545	1,956	11.8%
Two-Parent	2,610	3,217	607	23.3%	3,217	3,232	15	0.5%
Total TANF	**18,489**	**19,806**	**1,317**	**7.1%**	**19,806**	**21,777**	**1,971**	**10.0%**
TANF Employment Payments	1,889	1,490	-399	-21.1%	1,490	1,574	84	5.6%
Pre-SSI	205	205	0	0.0%	205	200	-5	-2.4%
Temp. Assist. For Dom. Violence Survivors (Families)								
TADVS: with Payment	328	235	-93	-28.4%	235	161	-74	-31.5%
TADVS: without Payment	943	775	-168	-17.8%	775	621	-154	-19.9%
Total TADVS	**1,271**	**1,010**	**-261**	**-20.5%**	**1,010**	**782**	**-228**	**-22.6%**

Vocational Rehabilitation (VR)

Vocational Rehabilitation (VR) assists individuals with disabilities to get and keep a job that matches their skills, interests, and abilities. VR staff work in partnership with the community and businesses to develop employment opportunities for people with disabilities. VR services are individualized to help each eligible person receive services that are essential to their employment success.

In the last few years, there have been several important program changes. The Workforce Innovation and Opportunity Act (WIOA) was passed by Congress in 2014 and regulations were completed in July 2016. Among other things, it mandates provision of services to school-age youth, with joint responsibility between Local Education Agencies and VR. State Executive Order 15-01 instituted an Employment First policy to increase competitive integrated employment of people living with Intellectual and Developmental Disabilities (I/DD). The Lane vs. Brown settlement set specific numeric targets for moving clients out of sheltered workshops and into competitive integrated employment, and for providing services to transition age clients.

These changes are all complex and interwoven, and when combined they have a substantial impact on the VR caseload. Caseload increases started around January of 2015 and peaked in May 2018 before gradually reducing. This trend is expected to continue through at least the current biennium.

The changes in VR noted above impacted the composition of total VR caseload in terms of types of clients entering the program. For this reason, caseload groups are now based on the primary disability type of the entrant:

- Cognitive Impairments
- Psychosocial & Other Mental Impairments
- I/DD in Prior 12 Months
- Deafness/Blindness
- Physical Impairments

The caseload groups are assigned as follows:

1) First, clients who had an I/DD record in the 12 months prior to applying for VR services are identified by matching VR clients to I/DD eligibility and enrollment records.

2) The remaining VR clients are placed into one of the other four caseload groups based on their primary disability type (Cognitive Impairments, Psychosocial & Other Mental Impairments, Deafness/Blindness, and Physical Impairments[2]).

Forecasts are developed stage by stage. First, application forecasts are developed for all five disability-based caseloads. Second, using application forecasts as an input, the eligibility forecasts are developed. And, finally, in plan forecasts are developed using the eligibility forecasts as an input. We also forecast Post-Employment Services. It is not broken down by disability-based caseloads because it is very small. Individual forecasts are added up to produce the following stage-based summary forecasts:

- In Application – count of clients who were in the application stage on the last day of the month or exited VR during the given month without advancing to the next stage.
- In Eligibility – count of clients who were in the eligibility stage on the last day of the month or exited VR during the given month without advancing to the next stage.
- In Plan – count of everyone who was in plan at any time in a given month.

The **Total Vocational Rehabilitation** (Total VR) forecast is the sum of In Application, In Eligibility, In Plan, and Post-Employment Services. It can also be derived as a sum of total caseloads in all five disability-based caseload groups and Post-Employment Services.

2. See "Definition" section of this publication for more details.

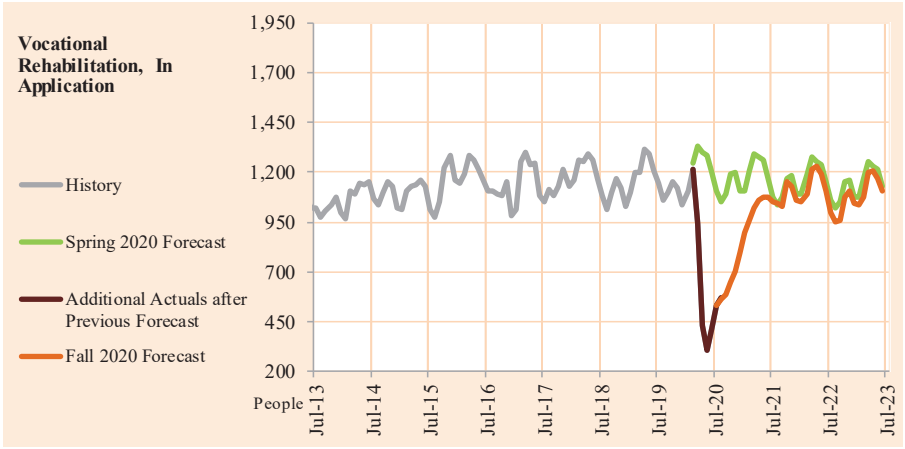
Total Vocational Rehabilitation –The average count of clients in VR for the 2019-21 biennium is expected to be 9,284 clients per month, an 8.8 percent reduction compared to the Spring 2020 forecast. The total caseload is significantly declined since the Spring 2020 forecast due to the COVID-19 pandemic. Work with VR clients, which tends to be very contact-heavy, was suspended for a while as staff modified processes and changed the way they interacted with clients. VR has now re-tooled, and the caseload is expected to stabilize and gradually increase to about the level indicated in the Spring 2020 forecast. This will be achieved by the middle of Fall 2021, which will move the 2021-23 biennial average caseload to 10,110 clients per month, which is an increase of 8.9 percent compared to the 2019-21 biennial average.

General Assumptions for the Vocational Rehabilitation Forecast

For all of the services described below, a common pattern is expected – volume has dropped dramatically in the spring and summer of 2020, but will begin to recover as services normalize. Caseload volume will gradually return to a normal volume in the fall of 2021, bringing the biennial average values for the 2021-23 biennium closer to the forecasted values indicated in the Spring 2020 forecast. Because of the corona virus-related recession and other factors, Post-Employment services will likely to take longer to recover.



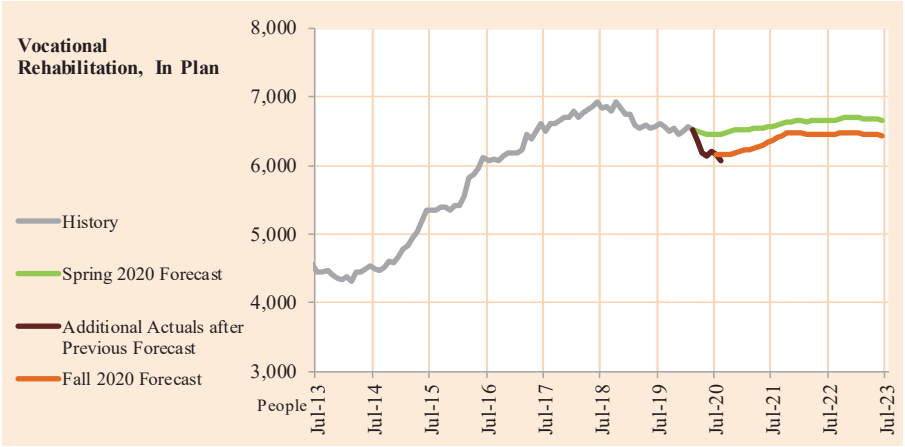
In Application – The average count of clients in the application stage for the 2019-21 biennium is anticipated to decrease to 872 clients per month, a 25.6 percent decrease compared to the Spring 2020 forecast. Applications volume is expected to recover to pre-COVID levels in the 2021-23 biennium, reaching an average of 1,095 cases per month.



In Eligibility – The average count of clients in the eligibility stage for the 2019-21 biennium is anticipated to be 1,996 clients per month, a 16.3 percent increase compared to the Spring 2020 forecast. It is expected to take until the end of 2021 for the In Eligibility service group to recover to pre-COVID levels. In Eligibility is expected to average 2,421 clients per month for the 2021-23 biennium.



In Plan – The client volume for those In Plan only dropped slightly compared to other service groups. Due to economic factors, this portion of VR services is less likely to fully recover to a level expected when the Spring 2020 forecast was completed. The average count of clients in the In Plan stage for the 2019-21 biennium is anticipated to be 6,322 clients per month, 2.9 percent lower than the Spring 2020 forecast. It is expected to grow slightly through the forecast horizon and average 6,451 for the 2021-23 biennium.

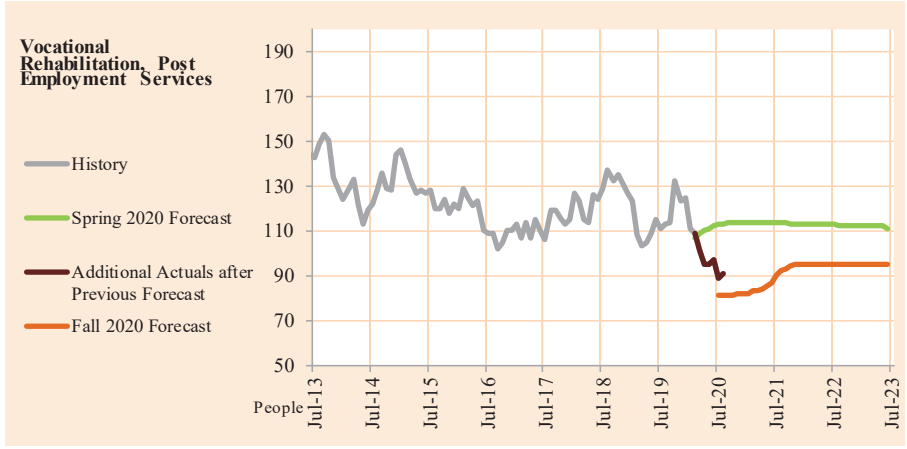


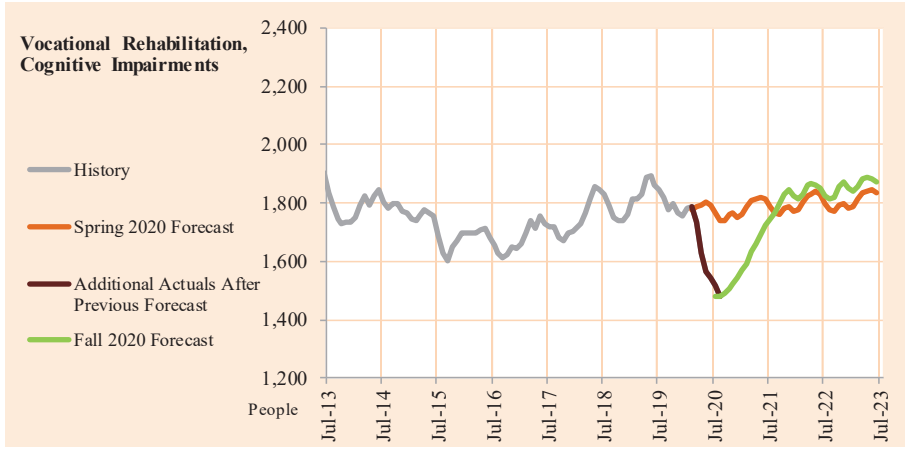
Post-Employment Services – The average count of clients in the Post-Employment Services (PES) stage for the 2019-21 biennium is anticipated to be 96 clients per month. The average for the 2021-23 biennium is expected to be 95. Demand for Post-Employment services is expected to remain suppressed through the middle of 2023.

Vocational Rehabilitation Disability Types:

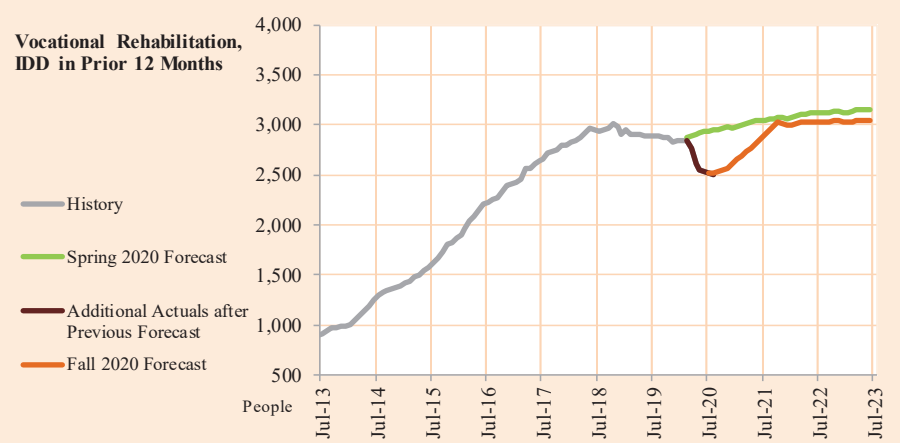
Cognitive Impairments – The average count of clients in this caseload group for the 2019-21 biennium is anticipated to be 1,640 clients per month, a 7.7 percent decrease compared to the Spring 2020 forecast. It is expected to increase through the forecast horizon and average 1,840 for the 2021-23 biennium.

Psychosocial & Other Mental Impairments – The average count of clients in this caseload group for the 2019-21 biennium is anticipated to be 2,405 clients per month, a 9.8 percent decrease compared to the Spring 2020 forecast. It is expected to increase through the forecast horizon and average 2,523 for the 2021-23 biennium.





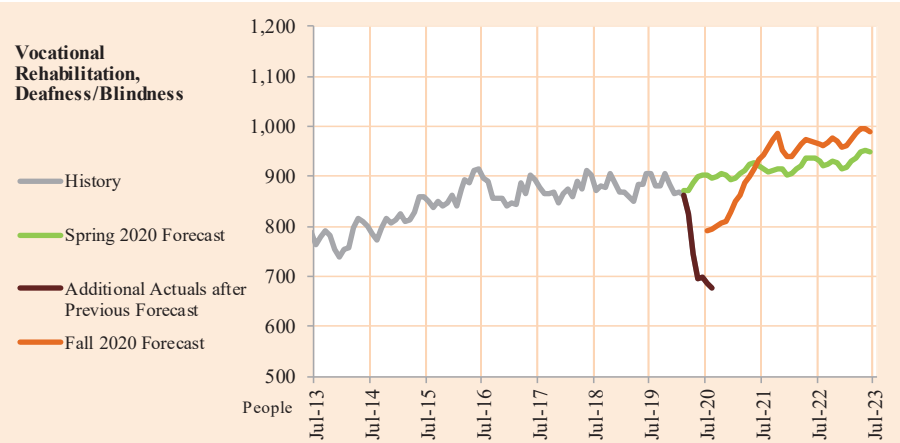




I/DD in Prior 12 Months – The average count of clients in this caseload group for the 2019-21 biennium is anticipated to be 2,701 clients per month, a 7.6 percent decrease compared to the Spring 2020 forecast. It is expected to grow through the forecast horizon and average 3,019 for the 2021-23 biennium.

Deafness/Blindness – The average count of clients in this caseload group for the 2019-21 biennium is anticipated to be 831 clients per month, a 6.6 percent decrease compared to the Spring 2020 forecast. It is expected to grow through the forecast horizon and average 967 for the 2021-23 biennium.

Physical Impairments – The average count of clients in this caseload group for the 2019-21 biennium is anticipated to be 1,611 clients per month, a 11.1 percent increase compared to the Spring 2020 forecast. It is expected to average 1,666 for the 2021-23 biennium.





Forecast Environment and Risks

The total VR caseload experienced a sharp decline due to COVID-19 between February and July 2020. The caseload decline occurred in all VR services (Application, Eligibility, In Plan and PES). This decline was experienced for multiple reasons, including the public health concern of clients with disabilities and increased underlying health conditions exposing themselves to COVID-19. As a result, many clients have chosen to put their services on hold.

A major change occurred in the VR Intake process. In person services have been replaced by remote contact, causing understandable issues related to adjusting to a virtual connection and working through initial technical difficulties. Accommodations had to be made in the collection of the required signatures on paperwork from both clients and medical professionals. Although the VR program is pursuing an "eSign" or electronic signature capacity, that capability has not yet been obtained or put in place. As a result of this, case processing has slowed down significantly.

In addition, VR services may also be delayed especially work placement due to slow recovery of Oregon economy and employment.

Additional Risks and Assumptions

1. VR can provide services to any child with an Individual Education Plan (IEP) in schools between ages 14 and 24. VR, when invited to IEP meetings, can then work with school districts to identify certain employment and pre-employment service needs of these students with disabilities. This process helps to identify the number of youths with disabilities that will need services with finding jobs in the future as they become adults. VR then provides pre-employment transition services to those students. This youth population's potential entry into VR services may cause upward pressure to our current caseload forecast.

2. Lane vs Brown requires that the state provide employment services through OVRS to people with disabilities between the ages of 14 and 24 including at an individualized employment plan. The VR caseload was driven up when the DD population was incorporated into the VR caseload, and the forecast assumes that the VR population with I/DD services in the prior 12 will continue to increase. But it is possible that a plateau has been reached.

3. Pre-employment Transition Services started in October 2014. This is a mandate of the Workforce Investment and Opportunity Act (W.I.O.A.) designed to help high school students with disabilities make the transition to employment or higher education. This mandate includes a 15 percent set aside of Federal dollars each year to be spent on specific services.

The five core services are:

- Job exploration counseling
- Work-based learning experiences
- Counseling on opportunities for enrollment in comprehensive transition or postsecondary educational programs at institutions of higher education
- Workplace readiness training to develop social skills and independent living
- Instruction in self-advocacy

Federal regulation changes about PES payment reporting structure may potentially impact the PES count.

Vocational Rehabilitation Biennial Average Forecast Comparison

	2019-21 Biennium			% Change Between Forecasts	Fall 2020 Forecast			% Change Between Biennia
	Spring 20 Forecast	Fall 20 Forecast	Change		2019-21	2021-23	Change	
VOCATIONAL REHABILITATION								
Cognitive Impairments	1,776	1,640	-136	-7.7%	1,640	1,840	200	12.2%
Psychosocial & Other Mental Impairments	2,665	2,405	-260	-9.8%	2,405	2,523	118	4.9%
IDD in Prior 12 Months	2,923	2,701	-222	-7.6%	2,701	3,019	318	11.8%
Deafness/Blindness	890	831	-59	-6.6%	831	967	136	16.4%
Physical Impairments	1,813	1,611	-202	-11.1%	1,611	1,666	55	3.4%
Post Employment Services	114	96	-18	-15.8%	96	95	-1	-1.0%
Total Vocational Rehabilitation	**10,181**	**9,284**	**-897**	**-8.8%**	**9,284**	**10,110**	**826**	**8.9%**
In Application	1,172	872	-300	-25.6%	872	1,095	223	25.6%
In Eligibility	2,385	1,996	-389	-16.3%	1,996	2,421	425	21.3%
In Plan	6,510	6,322	-188	-2.9%	6,322	6,451	129	2.0%

Oregon Health Authority

Total Oregon Health Authority Biennial Average Forecast Comparison

	2019-21 Biennium			*% Change Between Forecasts*	Fall 2020 Forecast			*% Change Between Biennia*
	Spring 20 Forecast	**Fall 20 Forecast**	**Change**		**2019-21**	**2021-23**	**Change**	
Health Systems - Medicaid								
OHP								
Children's Medicaid	292,997	310,609	17,612	6.0%	310,609	299,281	-11,328	-3.6%
Children's Health Insurance Program	91,842	91,474	-369	-0.4%	91,474	97,526	6,052	6.6%
Foster, Substitute and Adoption Care	19,734	19,642	-92	-0.5%	19,642	19,198	-444	-2.3%
Aid to the Blind and Disabled	84,620	84,700	79	0.1%	84,700	87,586	2,887	3.4%
Old Age Assistance	48,246	48,762	516	1.1%	48,762	50,713	1,951	4.0%
Pregnant Women	9,069	8,764	-305	-3.4%	8,764	9,225	461	5.3%
Parent, Caretaker Relative	86,433	89,610	3,176	3.7%	89,610	98,407	8,798	9.8%
ACA Adults	367,369	412,711	45,342	12.3%	412,711	432,393	19,682	4.8%
Total OHP	**1,000,311**	**1,066,271**	**65,960**	**6.6%**	**1,066,271**	**1,094,330**	**28,059**	**2.6%**
Other Medical Assistance Total	66,774	70,171	3,397	5.1%	70,171	72,946	2,776	4.0%
Cover All Kids	6,688	6,497	-190	-2.8%	6,497	7,426	929	14.3%
Total Medical Assistance	**1,073,772**	**1,142,939**	**69,167**	**6.4%**	**1,142,939**	**1,174,702**	**31,763**	**2.8%**
Mental Health [1]								
Under Commitment								
Total Forensic Care	928	937	9	1.0%	937	943	6	0.6%
Civilly Committed	943	955	12	1.3%	955	940	-15	-1.6%
Previously Committed	2,987	2,949	-38	-1.3%	2,949	2,950	1	0.0%
Never Committed	50,894	51,425	531	1.0%	51,425	51,853	428	0.8%
Total Served	55,752	56,266	514	0.9%	56,266	56,686	420	0.7%

1. Numbers reported represent adults only.

Health Systems Medicaid (HSM)

Due to the changes to the Medicaid system attached to the State of Emergency declared by the Department of Health and Human Services, and the fact that the State of Emergency requires renewal every 90 days, this forecast also contains an addendum. This addendum details the effects of continuing the State of Emergency at various intervals through 2021. The official forecast detailed below is, as all of our forecasts, based on current law and policy. Therefore it assumes that the current State of Emergency will end in October 2020. This was not necessarily the most likely scenario when the forecast was developed, however, there was no certainty as to the likelihood of an extension. In the absence of concrete fact, the initial model was developed with no extensions assumed.

The current Public Health Emergency has obviously caused many changes to the Medicaid caseload and disrupted the normal pattern of entries, exits and transfers. We will first provide a brief history of the Medicaid caseload before directly addressing the impact of the COVID-19 pandemic.

General Summary of Health Systems Medicaid

The expansion of Medicaid through the Affordable Care Act (ACA) beginning in January 2014 led the HSM caseload to grow in fits and starts related to two issues: open enrollment and delayed redeterminations. This led to a pattern of increases (due to a pause in processing redeterminations) and decreases (due to processing the backlog of redeterminations) from March 2016 through August 2017.

Additionally, since the ACA expansion, the number of new or returning entrants to Medicaid has shown yearly increases related to the Federal Marketplace open enrollment period. The exact timing of that bump has varied from year-to-year and seems loosely correlated with the exact start and stop dates of the open enrollment period.

Starting with the renewals scheduled for the end of February 2018, Oregon transitioned to a system of automated renewals (sometimes called passive or ex parte renewals). Automated Renewals is a system under which OHA automatically renews a client's Medicaid Eligibility if they have all the required information and the client is eligible. This system is in place in most states and is required by the federal Centers for Medicare and Medicaid Services (CMS). If OHA cannot verify eligibility with the available data, the client will go through the normal, active renewal process that does require a response.

Automated renewals has reduced the number of exits that have occurred historically in the 12th and 24th month of a case history, particularly in the Parent, Caretaker, Other Relative (PCR) caseload. We also saw decreases in the exits for the ACA Adult caseload and smaller impacts to CAWEM – Adult and Children's Medicaid.

Lastly, Cover All Kids is a program that started in January 2018 that extended eligibility for OHP level benefits to children who were otherwise eligible for Children's Medicaid or CHIP except for reason of citizenship.

The COVID-19 Public Health Emergency

The Public Health Emergency is discussed in general in the Introduction and other portions of this document, but for Medicaid in particular it has had some very specific impacts.

As a result of the Families First Corona virus Response Act (FFCRA, H.R. 6021), as of March 19, anyone whose eligibility is based purely on income (as opposed to a categorical eligibility, such as a disability), women in the Breast and Cervical Cancer Treatment Program and those entering via Hospital Presumptive Eligibility (in which hospital staff engage in the application process on behalf of a patient) will not be removed from the caseload due to the recording of an "adverse action." In essence, no client will be removed from Medicaid for any reason except death, incarceration, requests to terminate coverage, or confirmation that they have left the state. In addition, their level of benefits cannot be reduced under the same rules. This part in particular changes transfer patterns between certain non-OHP programs that have lesser benefits, such as Qualified Medicare Beneficiary (QMB) and also CAWEM. This will continue until the last day of the month in which the state of emergency is lifted.

New intakes will still be processed as normal, and denials will occur if clients fail to provide appropriate information or if they are over the income limit; however, self-attestation will be accepted for some elements of eligibility including verification of income.

These new policies will lead the number of cases exiting the program to be severely reduced, resulting in a large caseload increase. The relaxation of the income verification rule is expected to increase entries.

The changes to Medicaid eligibility enacted by the FFCRA will continue until the formal end of the Public Health Emergency. That is currently scheduled to end on October 24. However, it can be extended for another 90 days at the discretion of the Secretary of the federal Health and Human Services (HHS) agency. The specific assumptions built into the current forecast due to the FFCRA will be discussed below.

In addition to the FFRCA, many other changes have taken place that will impact the Medicaid caseload. The shutdown of a large number of business and the resulting recession associated with the pandemic has either caused many Oregonians to lose employer-related health insurance immediately, or will cause them to lose insurance next year, after furloughed employees miss their insurer's open enrollment period. Layoffs and furloughs have also reduced the household incomes of hundreds of thousands of Oregonians. Most people lost their jobs or had their hours reduced in March and April. Since then many have regained work, possibly at reduced hours. Schools have switched to distance learning, making it more difficult for parents to return to work, even if called back from furlough. Perhaps counterintuitively, the pandemic has resulted in fewer emergency room and doctor's visits as people appear to be avoiding or putting off medical services if possible. Overall, the pandemic has appeared to reduce all social and economic activity, possibly reducing opportunities to connect potential Medicaid clients with OHA, reducing new enrollments.

Assumptions In This Medicaid Forecast

A large and complex model like that used for estimating the Medicaid caseload is always dependent on assumptions. However, the current situation is unprecedented and an usually large number of assumptions about factors outside of Medicaid had to be made. The following sections layout those assumptions in some detail.

Timing

The current emergency declaration on COVID-19 was effective on January 27, 2020 and renewed for another 90 days on April 21, 2020 and again on July 23, 2020 and is currently scheduled to end on October 23rd. Under the Families First Corona virus Response Act (FFRCA), CMS provided blanket waivers to current policy, changing many rules regarding Medicaid eligibility during the emergency. When the emergency ends many of those changes to Medicaid eligibility will have to be reverted. CMS has not yet provided detailed guidance to the Oregon Health Authority on how those changes should be carried out. Currently, OHA expects that reverting the changes to the eligibility system may take up to 4 months. In addition, after the changes are made to the eligibility system, OHA expects that it will be a further 2 months to address the Emergency Continuing Eligibility population and 3 months for those determined eligible based on self-attestation. That leads to the following timeline.

	Emergency Declaration Scheduled to End	Eligibility System Changes Assumed to be Completed	First New Exits Assumed to Occur
Medicaid Eligibility Timing	October 23, 2020	January 31, 2021	March 31, 2021

[Notice: the Secretary of Health and Human Services announced his intention to extend the state of emergency for another 90 days on October 2nd. See the addendum to this publication for more information on projections related to the extension].

The important date for modeling purposes is when the new exits start to be processed. If the new exits occur later than assumed, then the peak in the Medicaid caseload will occur later and be higher. The opposite would occur if they are sooner.

We assume that cases whose eligibility was determined under the emergency rules will be reviewed over a period of 4 months, with 20% in the first month, 30% in months 2 and 3 and the final 20% in month 4. In practice, the length of time required to review these cases will be dependent on CMS directives, as well as the number of eligibility workers available to do the reviews and any technical limitations related to the eligibility system.

Exits During Review Period

The assumed 4 month review period will lead to a large number of exits, both due to the resumption of closures and the quantity of renewals. We specifically assume 45 percent of the backlogged cases will exit during the 4 month review period. This is broadly consistent with the behavior observed during other periods in Oregon Medicaid when the normal renewal process did not take place, but was then followed up with a systematic review of deferred cases or a clean up. After the 4 month review period, we expect a resumption of exit rates in line with the pre-COVID patterns.

Economic Assumptions

We know many Oregonians lost their jobs either to furlough or to traditional layoff in March and April 2020. Given that many people receive health coverage through their employer, a large increase in the number of unemployed people will result in an increase in people eligible for Medicaid. To model this impact on the Medicaid caseload, we make use of a number of pieces of information. First, the Office of Economic Analysis (OEA) produced a forecast of the unemployment rate[3].

3. See https://www.oregon.gov/das/OEA/Documents/forecast0620.pdf

Although changes in employment are not directly added to the forecasting model, the shape of the forecasted employment reduction and recovery serves as a proxy for when we expect Oregonians to start returning to work. That shape is based on assumptions in OEA's forecast about the timing of business reopenings and that a health treatment (generally assumed to be a widely-available vaccine) will be available in late 2021.

Next, we use a study produced by the Kaiser Family Foundation, **"Eligibility for ACA Health Coverage Following Job Loss[4]".** This study estimates how many people may have become Medicaid-eligible due to job losses from the COVID-19 pandemic using data from 2018 American Community Survey and makes state level estimates based on the mix of job types within that state, household demographics and income, and job losses by industry. There are a lot of details spelled out within their methodology section and we find their reasoning compelling. They estimate 143,000 Oregonians have become newly Medicaid-eligible following a recent job loss.

There was a spike in new Medicaid entries for March and April before dropping back down in May, but it was nowhere near the level of 143,000. Clearly not everyone who has become newly eligible will immediately sign up. Our assumption is that there is a pool of uninsured Oregonians who are Medicaid-eligible and that a certain fraction of them will sign up for Medicaid each month, return to their job, or find a new job. As a result, the pool of uninsured Medicaid-eligible people will shrink. The OEA employment forecast can help determine the rate of re-employment or new employment. For the remaining unemployed,we need to estimate the rate that they will sign up for Medicaid each month.

The data from March and April were used to make this estimate. For those two months about 3.5 percent of the newly eligible unemployed Oregonians out of 143,000 signed up based on the increase in new enters above normal levels. We can also assume enrollment will be higher during the open enrollment period when more people focus on signing up for healthcare and lower in the summer, when traditionally fewer people sign up for Medicaid. This estimate assumes that the baseline number of new enters observed before the emergency also continues, in addition to the additional new enters from the pool of unemployed indicated above.

The new enters will be concentrated in the categories that are based on income eligibility. Within the spike in new enters in March and April, 75 percent were in the ACA Adult caseload, 12 percent were in the Parent/Caretaker Relative (PCR) caseload, 9 percent were in the Children's Medicaid caseload, 3 percent were in CAWEM-Adult and 1 percent were in CHIP.

This is not an elegant model, but it captures all of the critical dynamics, with a steady stream of newly uninsured people coming onto the Medicaid caseload with large spikes centered around the open enrollment periods, and a pool of uninsured that tapers off over time.

Constructing New Enters Estimates

The starting point for this estimation is the Spring 2020 new enters estimates. Those estimates were on track until the COVID-19 emergency. Using those estimates as a baseline, we add the extra new enters based on the estimated pool of uninsured outlined above. That boosts the levels of ACA Adults, PCR, Children's Medicaid, CAWEM-Adult, and CHIP overall.

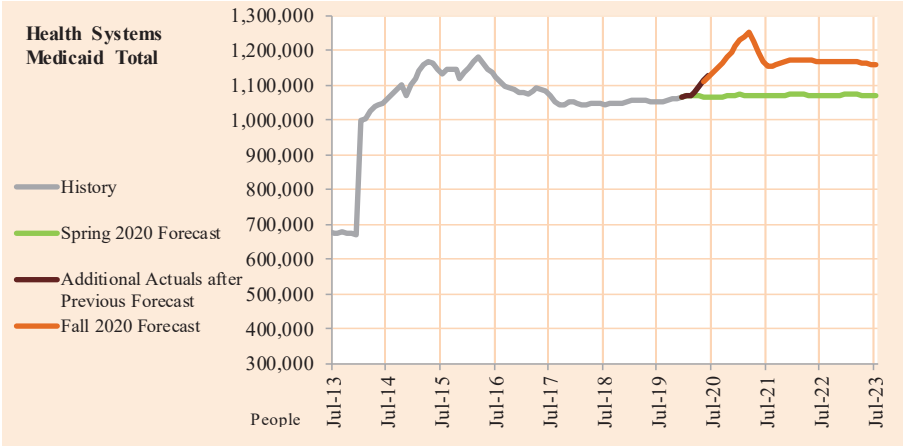
Next, we make some adjustments for the reduction in churn on and off the caseload. Specifically, a pattern we observe in the Medicaid caseload is that a significant number of clients who exit each month come back onto the caseload over the next few months. If there is a large reduction in exits, then those clients will not come back as new enters. We estimate this impact by multiplying the reduction in exits by the fraction that normally come back each of the following months. The impact of this adds up the longer the reduction in exits continues. Once the emergency period ends, we expect to see a large number of exits. This will lead to the opposite impact, with the return of larger numbers of clients who had their cases closed during the cleanup, adding to the count of new enters. We estimate the impact by multiplying the increase in exits by the fraction of exits that normally come back each of the following months.

Caseload Actuals and Trends

As of April 2020, the Medicaid caseload was 1,098,722 and the preliminary estimate for July 2020 is 1,138,894. In this forecast, caseloads are expected to grow quickly until the end of the Public Health Emergency and the resumption of the previous eligibility process, after which it can be expected to fall sharply for a few months before leveling out a new higher level.

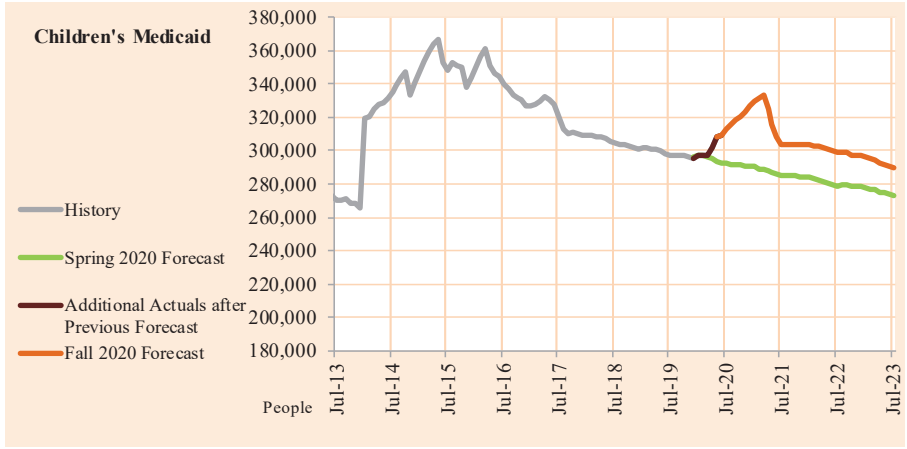
4. See: https://www.kff.org/corona virus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/

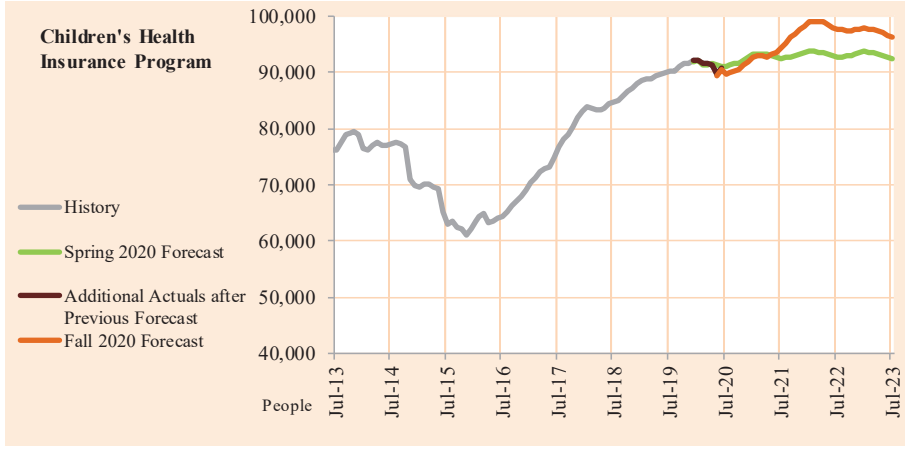
The 2019-21 **Health Systems Medicaid (HSM)** biennial average forecast for Total Medicaid (which does **not** include the non-Medicaid Cover All Kids group) is 1,136,442 clients, which is 6.5% higher than the Spring 2020 Forecast. The 2021-23 biennial average forecast is 1,167,276 clients.



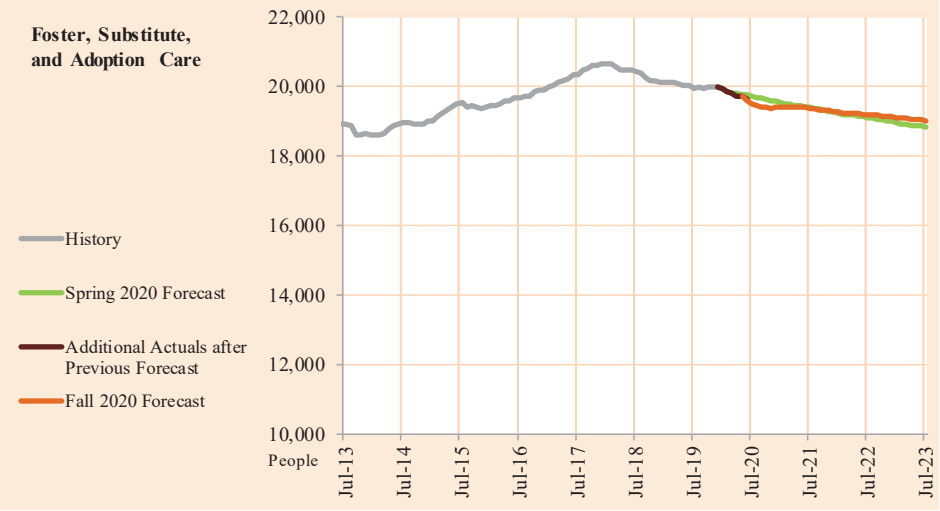
Children's Medicaid – This caseload has shown a slow decline over the last two years. The most recent preliminary estimate for July 2020 shows 313,218 clients on this caseload. By the end of 2019-2021 biennium there will be 308,171 clients on this caseload, and it will account for about 26.4 percent of the total Medicaid caseload. The average monthly caseload forecast for the 2021-23 biennium is expected to be 3.6 percent lower than 2019-21.

Children's Health Insurance Program (CHIP) – The most recent preliminary estimate for July 2020 shows 89,783 children on this caseload. The largest part of growth in this program continues to come from transfers from Children's Medicaid, which shows a lot of recent variance and increases the uncertainty of this caseload forecast. The caseload is expected to continue to grow going forward, with 93,498 by the end of the 2019-2021 biennium and by then it will account for 8.0 percent of the total caseload. The average monthly caseload forecast for the 2021-23 biennium is expected to be 6.6 percent higher than 2019-21.

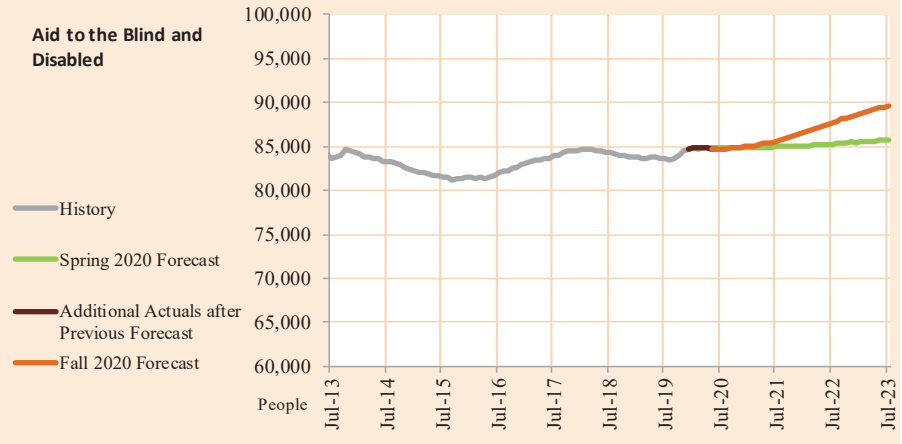




Foster, Substitute and Adoption Care – The most recent preliminary estimate for July 2020 shows 19,489 children on this caseload. This caseload has been declining for the last two years. This decline is linked to the number of children placed in foster care and will be driven by current and future policy changes in that area. There also appears to be a short-term decrease, most likely related to the lack of in person schooling and other activities that bring abused and neglected children to the attention of mandatory reporters. By the end of 2019-2021 biennium there is projected to be 19,389 clients on this caseload, and it will account for 1.7 percent of the total Medicaid caseload. This caseload is expected to slowly decline through the 2021-23 biennium.

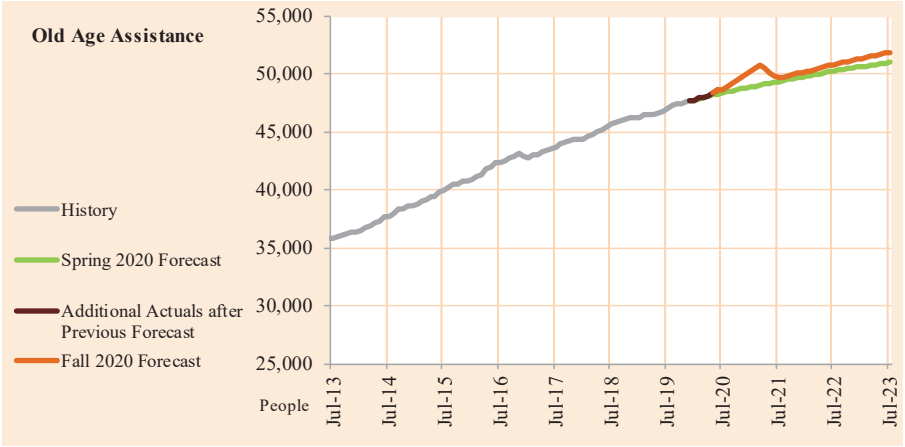


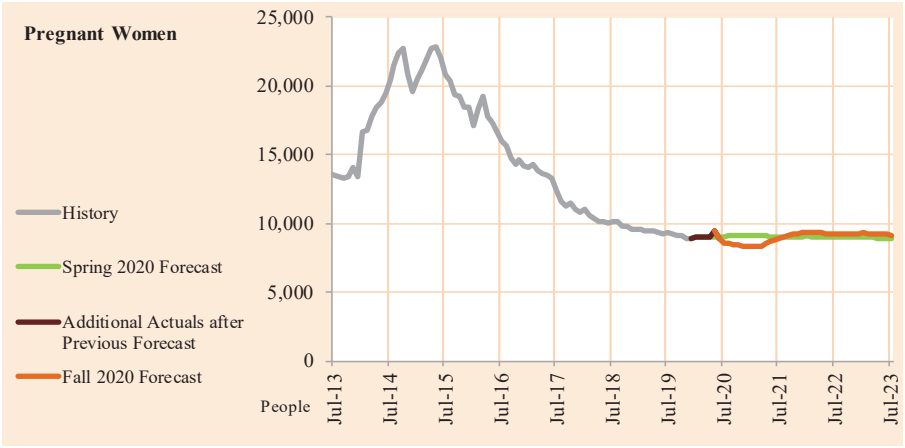
Aid to the Blind and Disabled – The most recent preliminary estimate for July 2020 shows 84,736 clients on this caseload. Historically, this caseload grew steadily; however, the ACA reform caused a temporary lull by reducing the number of new people entering, due to: 1) the availability of health insurance to low income, non-disabled adults (the ACA Adults caseload) and 2) the availability of K-Plan (for more information about K-Plan changes, see the APD portion of this document). New enters started increasing again after the ACA expansion in 2014, but from a new, lower baseline. This shift in new enters caused the caseload to dip at first and then in 2016 it started growing again. However, the slow, steady growth in new enters appears to have leveled off and started to decline around January 2018. This is most likely linked to a tightening of Social Security disability determinations by federal administrative law judges, coupled with changes to rules for In-Home disability care (see the APD portion of this document). There was a onetime level shift up in November 2019 related to a cleanup that moved people in other caseloads into ABAD. There may be other cleanups in the next year related to the switch to the Integrated Eligibility system, but these are not accounted for in this forecast. This caseload is expected to increase slightly through the rest of the 2019-2021 biennium to 85,342 cases, accounting for 7.3 percent of the total Medicaid caseload. The caseload will continue to slowly increase through 2021-2023.



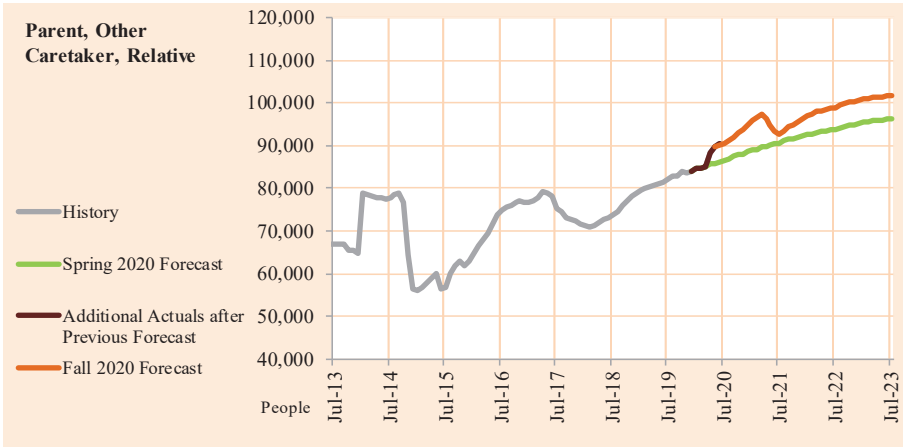
Old Age Assistance (OAA) – The most recent preliminary estimate for July 2020 shows 48,640 clients on this caseload. The caseload is projected to grow slowly but steadily, in line with the elderly population growth through the foreseeable future. The caseload is expected to be 49,817 by the end of the 2019-2021 biennium and will account for 4.3 percent of the total Medicaid caseload. This caseload is expected to continue to increase through the 2021-2023 biennium to reach 51,762 cases by June 2023.

Pregnant Women – The most recent preliminary estimate for July 2020 shows 8,606 women on this caseload. The decline in the number of live births in the state of Oregon over the past two years has put downward pressure on this caseload, but it is expected to level off and not continue to decrease. There is expected to be some short-term decreases related to the Public Health Emergency, but normal patterns are expected to reemerge after it is over. The caseload is expected to be 8,793 at the end of the 2019-2021 biennium and will account for 0.8 percent of the total Medicaid caseload.

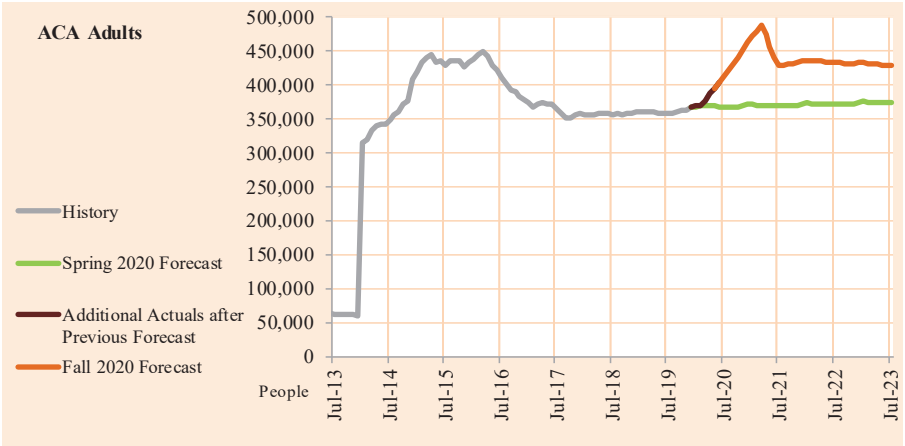




Parent, Other Caretaker, Relative (PCR) – This caseload showed the largest impact from the change to automated renewals back in January 2018. In the absence of automated renewals, the caseload would have been expected to decline, but instead it has shown significant growth since then. A large fraction of clients on this caseload have zero income and automated renewal is particularly effective at keeping them on the caseload compared to when they previously were required to return the completed renewal application every year. There is a concern that ultimately new enters for this caseload will decline after all potentially eligible Oregonians are signed up. However, the total volume of people enrolled in the PCR group in the year before the Public Health Emergency actually went down, even as the average monthly caseload has gone up. This is due to people staying on the caseload longer and not as many clients exiting only to come back later. The initial shutdown of businesses in March and April 2020 related to the COVID-19 pandemic caused a large spike in new enters and transfers to the PCR caseload. Since then patterns have been more stable. The most recent preliminary estimate for July 2020 shows 90,413 clients on this caseload. The caseload is expected to grow to 93,351 by the end of the 2019-2021 biennium and will account for about 8.0 percent of the total Medicaid caseload. By June of 2023 the caseload is expected to grow to 101,582.



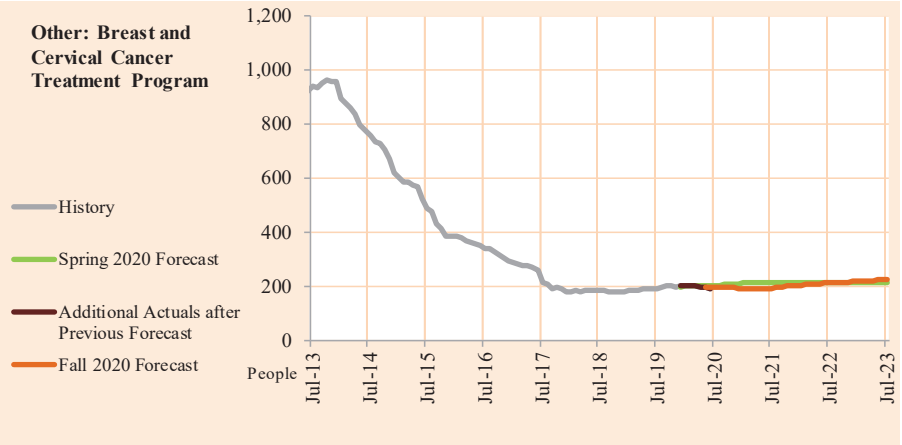
ACA Adults – This caseload also showed a large spike in new enters in March and April 2020 related to the start of the Public Health Emergency. The most recent preliminary estimate for July 2020 shows 413,451 clients on this caseload. The caseload is expected to rise slightly to 439,379 by the end of the 2019-2021 biennium and will account for about 37.6 percent of the total Medicaid caseload. The average monthly caseload for ACA Adults is expected to increase by 4.8 percent from the 2019-2021 biennium to 2021-2023.

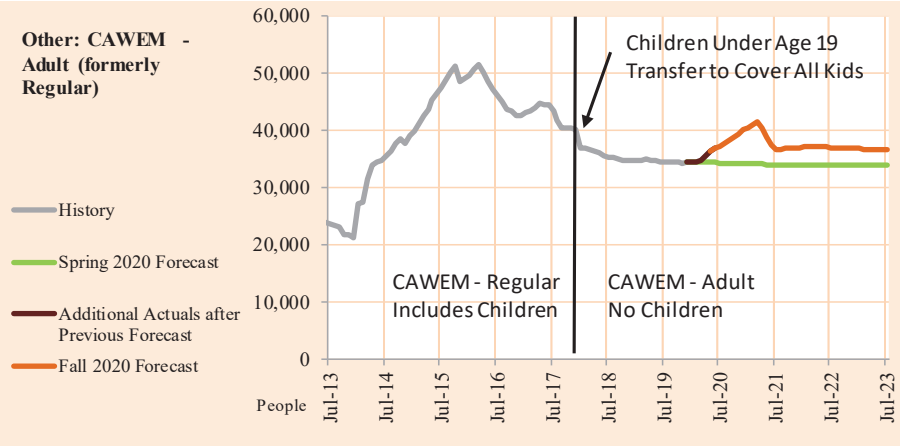


Breast and Cervical Cancer Treatment Program (BCCTP) – The most recent preliminary estimate for July 2020 shows 196 clients on this caseload. The caseload dropped during the redetermination and clean-up period in 2016 and 2017, but it appears to have leveled off at a new floor during 2018. This caseload is expected to be 192 by the end of the 2019-2021 biennium, and change very little through June 2023.

Other Medical Assistance Programs

Citizen-Alien Waived Emergent Medical - Adult (CAWEMA) – This caseload was formerly known as CAWEM – Regular and contained both children and adults. However, in January 2018 all the children under age 19 in this caseload (roughly 3,600) moved to the new Cover All Kids caseload. This caused a level shift down. The most recent preliminary estimate for July 2020 shows 37,272 clients on this caseload. The caseload is expected to reach 37,435 at the end of 2019-2021 biennium. This caseload is expected to decrease by 0.6 percent comparing the 2019-21 biennium to 2021-23 because of the current large growth during the Public Health Emergency.





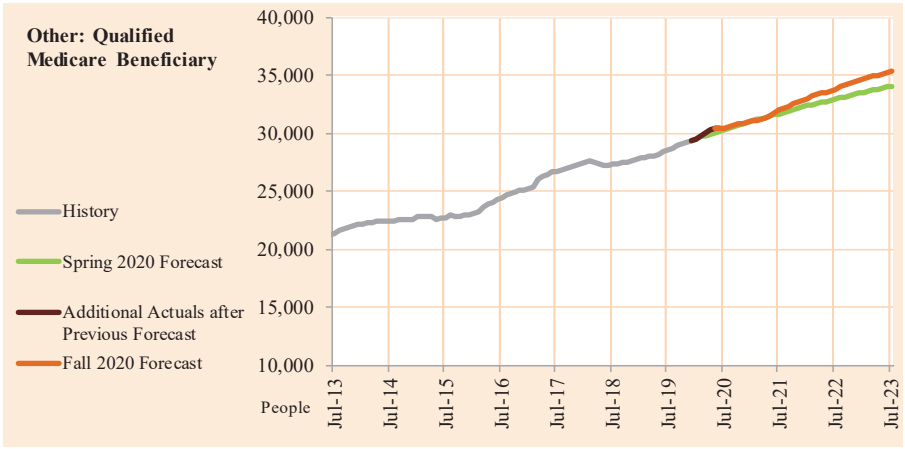
Citizen-Alien Waived Emergent Medical - Prenatal (CAWEMP) – The prenatal caseload experienced a level shift up with the inclusion of an additional 2 months of post-partum care starting in April 2018. The number of clients being served did not change significantly, but the additional length of care caused a 35% growth in the caseload. Since the start of the Public Health Emergency, this caseload has grown dramatically, showing the largest relative growth of all the caseloads. This is because the suspension of closures and reductions in benefits means almost everyone entering this caseload stay on and will until the end of the emergency. The most recent preliminary estimate for July 2020 shows 2,573 clients on this caseload. The caseload is expected to be 2,211 by the end of the 2019-2021 biennium. CAWEMP is expected to decline by 18.4 percent comparing the 2019-21 biennium to 2021-23.

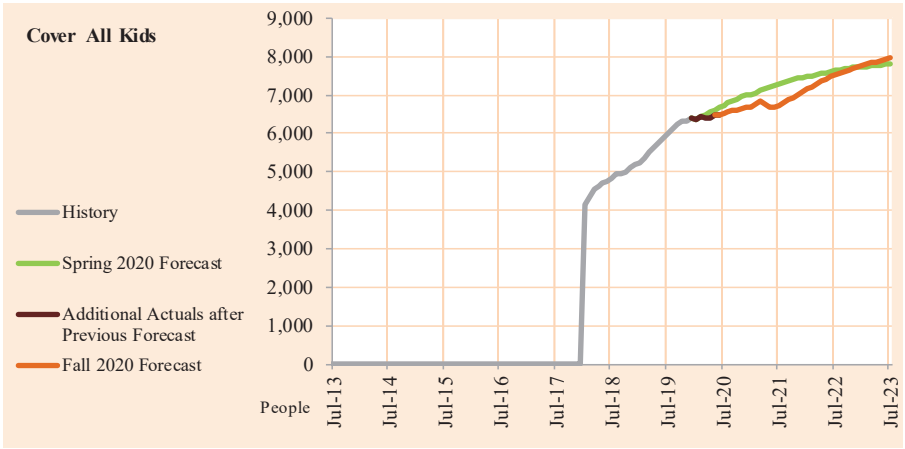


Qualified Medicare Beneficiary (QMB) – The most recent preliminary estimate for July 2020 shows 30,517 clients on this caseload. This caseload is expected to be 31,782 by the end of the 2019-2021 biennium and will account for about 2.7 percent of the Medicaid caseload. This caseload has grown consistently since January of 2009 and is expected to continue growing through the forecast horizon.

Cover All Kids (CAK) – This is a new state funded program that began January 1, 2018. It provides medical assistance like the Oregon Health Plan to all children in Oregon under the age of 19, who are under 300 percent of the Federal Poverty Level (FPL), and are otherwise eligible for Medicaid except for U.S. Residency/Citizenship status.

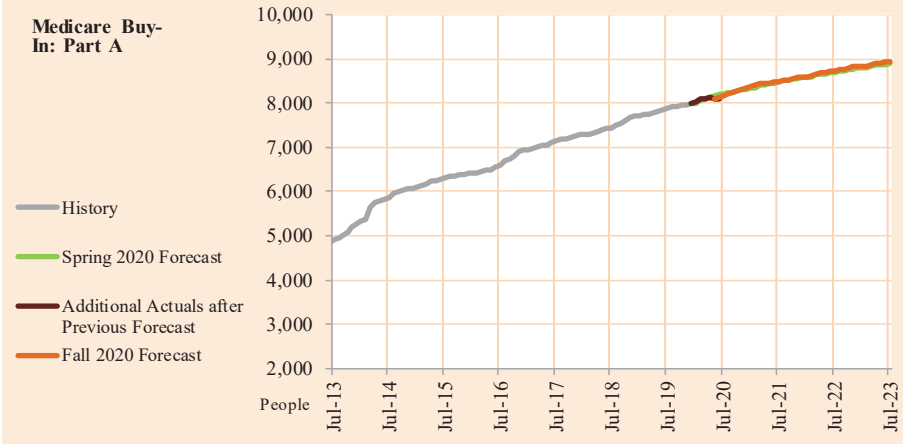
These clients are not counted in the Medicaid caseload even though they receive the same benefits as other Oregon Health Plan clients. For forecasting purposes, they are counted as part of Total Medical Assistance. The most recent preliminary estimate for July 2020 shows 6,511 clients on this caseload. This caseload is expected to grow to 6,671 by the end of 2019-2021 biennium, and is expected to grow through the 2021-23 biennium.



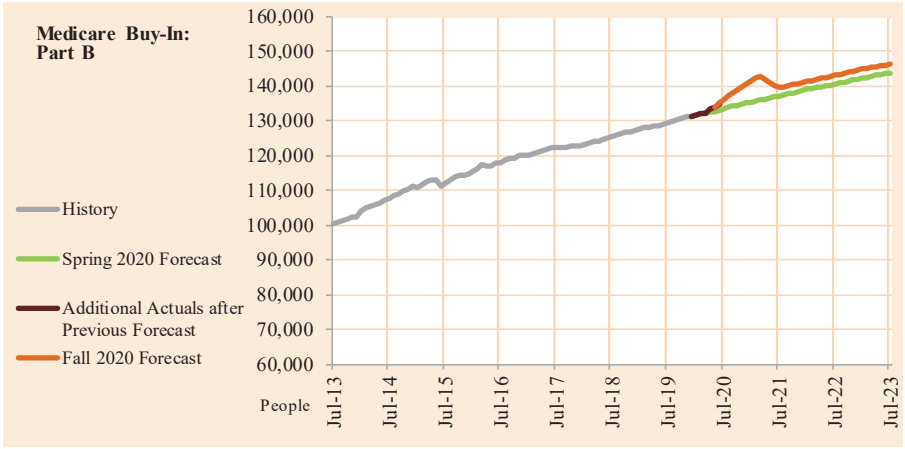


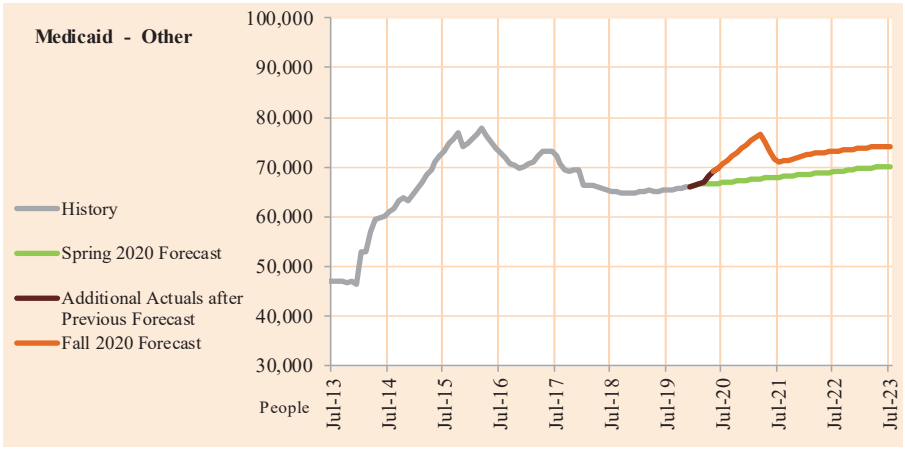
Medicare Part A/B Premium Assistance Programs

Medicare Part-A Premium Assistance – The most recent preliminary estimate for July 2020 shows 8,154 clients on this caseload. This caseload is expected to grow through the forecast horizon. It is expected to be 8,462 by the end of the 2019-2021 biennium, and increase steadily to 8,921 by the end of the 2021-23 biennium.



Medicare Part B Premium Assistance – The most recent preliminary estimate for July 2020 shows 135,900 clients on this caseload. This caseload is projected to continue growing steadily, like other age-related caseloads including OAA and QMB. It is expected to be 140,107 by the end of the 2019-2021 biennium and grow to 145,962 by the end of the 2021-23 biennium. Twenty-nine percent of those receiving Medicare Part-B assistance are in the OAA caseload; 23% are in the ABAD caseload; and 23% are in QMB. Most of the remaining 25% are in the Partial Dual eligible caseloads.





Risks to the Forecast Related to COVID-19

There are unusually large risks associated with this forecast. Obviously, any of the assumptions described in the previous section could prove to be incorrect. We spell out some of those specific risks here. The final length of the official Public Health Emergency is an open question (see the addendum to this publication for more information on the results of possible extensions). The length of time (4 months) to revert changes to the Eligibility System at the end of the emergency could be longer or shorter. The length of time to complete review of all the cases renewed during the emergency (another 4 months) could be shorter or longer. Resumption of normal behavior, such as visits to doctors and hospitals or in person schooling could cause variations in new enters to Medicaid. The timing of a vaccine or other treatment may change the forecast, particularly in relation to the economic impact, but also possibly by connecting potential clients to service. The length and rate of economic recovery could cause variation in the forecast. There is a risk that the number of people made Medicaid-eligible by the economic recession could be larger or smaller than estimated (143,000). The rate at which newly eligible people sign up for Medicaid is a large risk. They could enter Medicaid in larger or smaller numbers than anticipated, or the timing of their entry could be mistaken.

Other Risks to the Forecast

The Integrated Eligibility (IE) system is a general risk to almost all ODHS and OHA caseload forecasts, but it has some particular impacts on the Medicaid forecast. After the completion of the Fall 2020 forecast, but before the release of this document, there was a transfer of a few thousand clients from the ACA Adult and Children's Medicaid caseloads to the Aid to the Blind and Disabled (ABAD) caseload. This resulted from a cleanup related to the transfer of clients from the ONE system to IE. There is a chance that an undefined number of additional clients will be moved in further cleanups related to the final rollout of IE starting in November 2020 and finishing in February 2021. The ABAD caseload is already showing some variance to the forecast, and there is some risk that will increase in the coming months. Switching eligibility systems has the potential to cause problems or reveal problems that already existed, such as the placement of clients in the wrong category. However, other than the issues related to ABAD, we do not know of any other current concerns.

The Cover All Kids caseload was revised down slightly pre-COVID based on the decrease of new enters; post-COVID those numbers decreased further. We don't know if that decrease is temporary or permanent. We assume it is temporary, but if not, it is a risk to the forecast.

Finally, it has been more than two years since the implementation of Automated Renewals. We have also seen the impact of Automated Renewals on open enrollment. The greatest remaining risk is that Automated Renewals have unanticipated long-term impacts on new entries due to the reduction in churn, but that may be obscured by the even larger temporary reduction in churn associated with the suspension of closures.

There are also other risks associated with switching to automated renewals. Without the yearly verification of a known address, there is some risk of out of state clients not being detected. Changes in family circumstances might also go undetected, including additions or separations, although under the MAGI system, eligibility is determined by Tax Unit (those who file together) mitigating some of that risk. Clients are responsible for reporting any changes in their circumstances which could impact eligibility, but we would certainly not expect 100% compliance or for reported changes to always be timely.

Health Systems Medicaid Biennial Average Forecast Comparison

	2019-21 Biennium			% Change Between Forecasts	Fall 2020 Forecast			% Change Between Biennia
	Spring 20 Forecast	Fall 20 Forecast	Change		2019-21	2021-23	Change	
HEALTH SYSTEMS - MEDICAID								
OHP								
Children's Medicaid	292,997	310,609	17,612	6.0%	310,609	299,281	-11,328	-3.6%
Children's Health Insurance Program	91,842	91,474	-369	-0.4%	91,474	97,526	6,052	6.6%
Foster, Substitute and Adoption Care	19,734	19,642	-92	-0.5%	19,642	19,198	-444	-2.3%
Aid to the Blind and Disabled	84,620	84,700	79	0.1%	84,700	87,586	2,887	3.4%
Old Age Assistance	48,246	48,762	516	1.1%	48,762	50,713	1,951	4.0%
Pregnant Women	9,069	8,764	-305	-3.4%	8,764	9,225	461	5.3%
Parent, Caretaker Relative	86,433	89,610	3,176	3.7%	89,610	98,407	8,798	9.8%
ACA Adults	367,369	412,711	45,342	12.3%	412,711	432,393	19,682	4.8%
Total OHP	**1,000,311**	**1,066,271**	**65,960**	**6.6%**	**1,066,271**	**1,094,330**	**28,059**	**2.6%**
Other Medical Assistance								
Breast and Cervical Cancer Treatment Program	204	195	-9	-4.4%	195	210	15	7.6%
Citizen-Alien Waived Emergent Medical - Adult	34,284	37,111	2,826	8.2%	37,111	36,893	-217	-0.6%
Citizen-Alien Waived Emergent Medical - Prenatal	2,054	2,556	502	24.4%	2,556	2,087	-469	-18.4%
Qualified Medicare Beneficiary	30,231	30,309	78	0.3%	30,309	33,756	3,447	11.4%
Other Subtotal	**66,774**	**70,171**	**3,397**	**5.1%**	**70,171**	**72,946**	**2,776**	**4.0%**
Total Medicaid	**1,067,085**	**1,136,442**	**69,357**	**6.5%**	**1,136,442**	**1,167,276**	**30,835**	**2.7%**
Cover All Kids	6,688	6,497	-190	-2.8%	6,497	7,426	929	14.3%
TOTAL MEDICAL ASSISTANCE	**1,073,772**	**1,142,939**	**69,167**	**6.4%**	**1,142,939**	**1,174,702**	**31,763**	**2.8%**
Medicare Part A	8,173	8,173	0	0.0%	8,173	8,708	534	6.5%
Medicare Part B	133,231	135,746	2,516	1.9%	135,746	142,808	7,062	5.2%

Mental Health (MH)

This forecast includes adults who are receiving mental health services from the Oregon Health Authority. For budgeting purposes, the Mental Health caseload is divided between Mandated and Non-Mandated populations. Oregon law requires Mandated populations, including criminally and civilly committed patients, to receive mental health services. There are three Mandated populations: (1) Aid and Assist; (2) Psychiatric Security Review Board (PSRB); and (3) Civilly Committed. The Non-Mandated populations include two groups: (1) Previously Committed individuals; and (2) Never Committed individuals.

Mandated mental health services are provided through community programs, including residential care and the Oregon State Hospital system. Non-Mandated services are primarily provided in community outpatient settings. Community programs provide outpatient services including intervention, therapy, case management, crisis, and pre-commitment services. The State Hospitals provide 24-hour supervised care to people with the most severe mental health disorders, including people who have been found guilty except for insanity.

General Assumptions for the Mental Health Forecast

The COVID-19 emergency has led to disruptions in how ODHS and OHA services are being provided (see the Introduction for more information). The primary influence of COVID-19 on mental health services has been to increase the Aid and Assist capacity at the State Hospital and in the community. In addition, the State Hospital has had to set aside ward space to accommodate the possible quarantining of COVID-positive patients. These two modifications to service delivery have reduced capacity for Civil Commit cases.

The long lag before data in Mental Health are finalized means that COVID-related effects are still not apparent in the data. The effects of the COVID pandemic on the Mental Health caseload is considered primarily to be a unique risk to forecast accuracy.

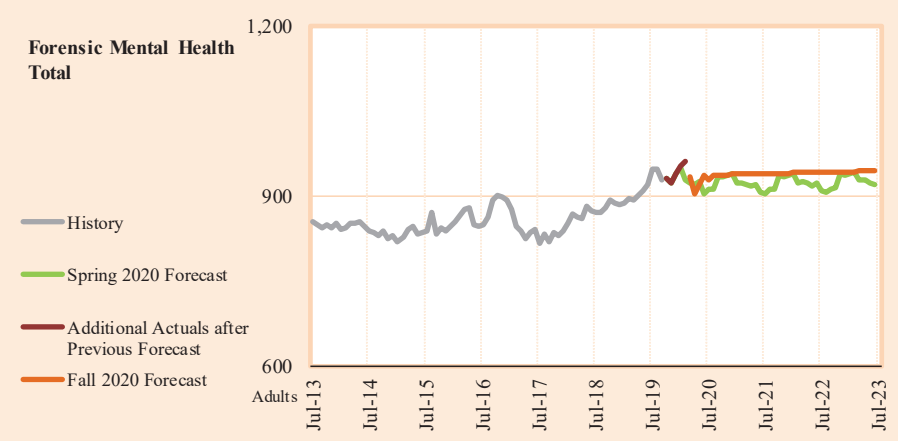
Total Mandated Mental Health Services

The mandated caseload encompasses the committed caseload (Aid and Assist, PSRB, and Civilly Committed clients). The 2019-21 biennial average forecast is 1,892 clients per month. The 2021-23 biennial average is expected to be 0.5 percent lower than the 2019-21 biennial average. As with all MH categories forecasted in this report, the Mandated population includes only adults.

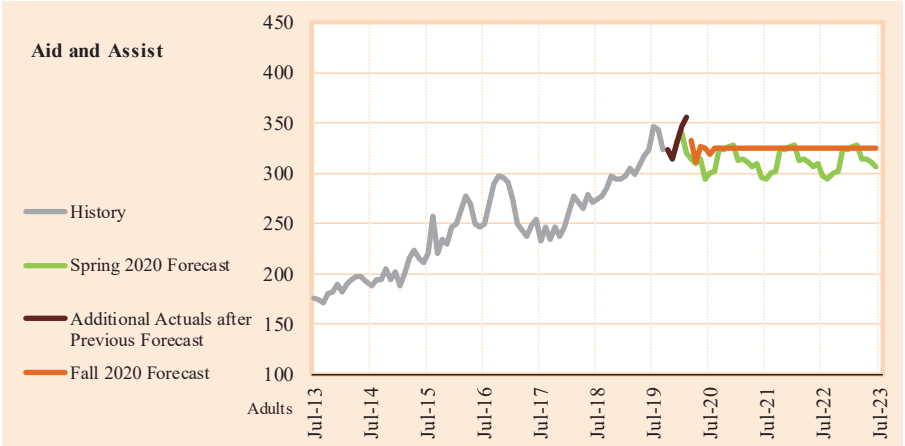
Total Forensic Mental Health Services

The forensic caseload encompasses the Aid and Assist and PSRB clients. The 2019-21 biennial average forecast is 937 clients per month. The 2021-23 biennial average is expected to be 0.6 percent higher than the 2019-21 biennial average.





Aid and Assist – This caseload has been growing since 2013. In 2017, there was a 22 percent decrease in the caseload from a high of about 300 clients in October 2016, down to around 235 cases each month during the second half of 2017. Throughout 2019 and 2020, the caseload has fluctuated between 300 and 350 clients per month. Aid and Assist currently counts only clients served at the State Hospital. The 2019-21 biennial average forecast is 328 clients per month. The 2021-23 biennial average is 0.9 percent lower than the 2019-21 biennial average forecast.



Psychiatric Security Review Board (PSRB) – These clients are under the jurisdiction of the Psychiatric Security Review Board. This caseload began to drop about 10 years ago, and since 2016 the caseload has hovered around 600 clients per month. In late 2019 the caseload started to slowly climb again, and in July 2020 the caseload was 610 clients. The 2019-21 biennial average forecast is 609 cases per month. The 2021-23 biennial average is 1.5 percent higher than the 2019-21 biennial average forecast.

Civil Commitments – The data for this caseload are subject to the interaction of reporting practices, data system changes, and data warehouse activities. There has been ongoing work to improve data accuracy. Coincident with the expansion of Medicaid, such that more people were eligible for health insurance, the caseload has been declining, almost continuously each month, from early 2014 up to the most recent month of finalized data. The 2019-21 biennial monthly average forecast is 955 clients per month. The 2021-23 biennial monthly average is 1.6 percent lower than the 2019-21 biennial average.

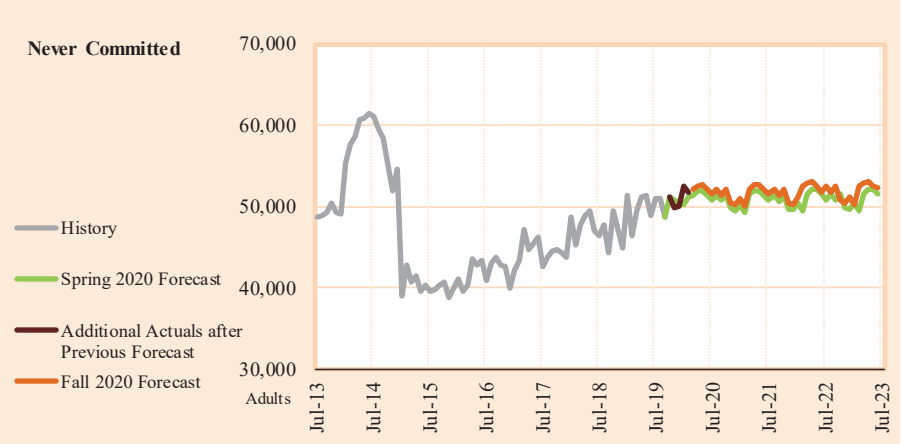


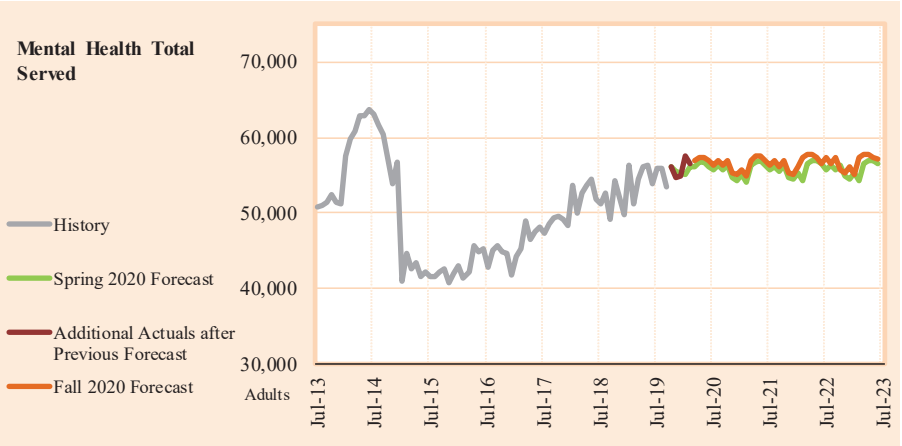


Previously Committed – This caseload captures clients receiving mental health services that had been civilly or criminally committed at some time since the year 2000. About 80 percent of these clients are served in non-residential settings, and the rest are served in residential settings, the State Hospital, or Acute Care hospital settings. The 2019-21 biennial average monthly caseload forecast is 2,949 clients. The 2021-23 biennial monthly average is essentially unchanged from the 2019-21 biennial average.

Never Committed – This caseload captures clients receiving mental health services that have not been civilly or criminally committed since the year 2000. More than 99 percent of these clients are served in non-residential settings. The 2019-21 biennial average caseload forecast is 51,425 clients. The 2021-23 biennial average is 0.8 percent higher than the 2019-21 biennial average.







Forecast Environment and Risks

To date, data for forecasting are only available for Aid and Assist clients served inside the State Hospital. Work on collection of Community Restoration Aid and Assist data (data on clients served outside of the State Hospital) is underway, and we hope that within the next two years forecasting this data element will possible. This is dependent upon complete data submission from the counties. The Aid and Assist caseload is also subject to variation at the county level. For example, differences in decision-making from one jurisdiction to another by law enforcement and the judiciary can affect who is referred to the Aid and Assist caseload.

The Psychiatric Security Review Board caseload is subject to review by the Board. When clients are released by the Board prior to their end of jurisdiction date, the caseload is driven down.

A major risk to the Civilly Committed caseload is related to the timeliness of reporting. Provider input delays, especially concerning civil commitment data, can lead to artificially low caseload numbers. This population, at the State Hospital, has been most affected by the pandemic. Only 4 to 5 patients were admitted between March 2020 and August 2020.

Mental Health Biennial Average Forecast Comparison

	2019-21 Biennium			% Change Between Forecasts	Fall 2020 Forecast			% Change Between Biennia
	Spring 20 Forecast	Fall 20 Forecast	Change		2019-21	2021-23	Change	
MENTAL HEALTH [1]								
Under Commitment								
Aid and Assist[2]	318	328	10	3.1%	328	325	-3	-0.9%
Psychiatric Security Review Board	610	609	-1	-0.2%	609	618	9	1.5%
Total Forensic Care	**928**	**937**	**9**	**1.0%**	**937**	**943**	**6**	**0.6%**
Civilly Committed	943	955	12	1.3%	955	940	-15	-1.6%
Total Mandated Mental Health Services	**1,871**	**1,892**	**21**	1.1%	**1,892**	**1,883**	**-9**	**-0.5%**
Previously Committed	2,987	2,949	-38	-1.3%	2,949	2,950	1	0.0%
Never Committed	50,894	51,425	531	1.0%	51,425	51,853	428	0.8%
Total Served	**55,752**	**56,266**	**514**	**0.9%**	**56,266**	**56,686**	**420**	**0.7%**

1. Numbers reported represent adults only.
2. State Hospital only.

Addendum to Health System Division – Medicaid Fall 2020 Caseload Forecast

Due to the changes to the Medicaid system attached to the State of Emergency declared by the Department of Health and Human Services, and the fact that the State of Emergency requires renewal every 90 days, an addendum to the official Fall forecast was created. This addendum details the effects of continuing the State of Emergency at various intervals through 2021. The official forecast detailed in the body of the report is based on current law and policy which assumes that the current State of Emergency will end in October 2020. This addendum creates three additional scenarios, each envisioning a later end to the state of emergency:

- Scenario A presents a single 90-day extension after the October end date, with a termination at the end of January,
- Scenario B assumes two 90-day extensions after the October end date (a 180 day extension), with a termination at the end of April, and
- Scenario C shows the effects of four 90-day extensions (a 360 day extension), with an end date of late October 2021.

Creating additional possible forecast products is not part of our usual operating procedure, however this is an extremely unusual situation. Unlike most policy changes, which are deliberate, transparent and have relatively well-bounded effects, the decision as to when to end the State of Emergency is subjective and has very expansive effects. The Health Systems/Medicaid caseload will be extremely different in 2021 depending upon when the state of emergency ends. Therefore, to aid budget-development and decision making, these additional scenarios were developed at the request of the Department of Administrative Services Chief Financial Office.

Introduction

This addendum looks at caseload estimates for Health Systems/Medicaid if the Public Health Emergency is extended for 90, 180, and 360 days from the original October 23, 2020 expiration date. These three scenarios are labeled A, B, and C respectively. These estimates differ from a standard caseload forecast in not providing a single estimate, but instead looking at the impact on Medicaid caseloads under three different scenarios for when the COVID-19 Public Health Emergency ends, and the normal eligibility process resumes.

Under the Families First Corona virus Response Act (FFRCA), the Centers for Medicare and Medicaid Service (CMS) has provided blanket waivers changing many rules regarding Medicaid eligibility during the emergency. When the State of Emergency ends the Medicaid eligibility system will have to revert to normal operation. CMS has not yet provided detailed guidance to the Oregon Health Authority on how this transition will be carried out. Based on consultation with Oregon Health Authority (OHA) operations staff, the Office of Forecasting Research and Analysis expects that ending the waiver system and reverting to normal operations may take up to four months. After the changes are made to the eligibility system, OHA expects that it will require a further two months to address the Emergency Continuing Eligibility population and 3 months for those determined eligible based on self-attestation. These assumptions create the following milestones for the 3 requested scenarios and the original Fall 2020 forecast (detailed in the body of this report):

Medicaid Eligibility Timing	Emergency Declaration Scheduled to End	Eligibility System Changes Assumed to be Completed	First New Exits Assumed to Occur
Fall 2020 Forecast	October 23, 2020	January 31, 2021	March 31, 2021
Scenario A (90-day ext.)	January 21, 2021	April 30, 2021	June 30, 2021
Scenario B (180-day ext.)	April 21, 2021	July 31, 2021	September 30, 2021
Scenario C (360-day ext.)	October 18, 2021	January 31, 2022	March 31, 2022

Estimation Environment and Risks

The estimates in this addendum take place a little more than one month after the Fall 2020 forecast. They face the same risks and uncertainties that are outlined in the main forecast document regarding the Medicaid forecast and utilize almost all the same assumptions.

They specifically assume that once the Public Health Emergency ends it will take four months to complete changes to the eligibility system and then once those changes are completed it will take an additional two months for clients to go through the new renewal process. It assumes that not all cases renewed during the Public Health Emergency will be reviewed at once, but due to the volume of cases those reviews will be spread out over four months. The important date from a modeling perspective is when the new exits start to occur. If changes to the eligibility system occur faster or take longer, then the peak in the Medicaid caseload will occur earlier or later.

Differences from Fall 2020 forecast

There are several new pieces of information available since the Fall 2020 forecast was completed. We have incorporated that new information in order to make the forecasts in this Addendum as timely and as accurate as possible. However, it means this forecast is not exactly an apples-to-apples comparison.

The forecasted scenarios start from a slightly different place, with an additional month of data. The Fall 2020 forecast contained final data from April and three additional months of preliminary data. The forecasts in this addendum contain finalized data from May 2020, as well as updated preliminary estimates for June, July and August.

A noteworthy change in that data was a sudden transfer of about 1,600 clients, mainly from ACA Adults and Children's Medicaid into the Aid to Blind and Disabled (ABAD) caseload. This caused a level shift up in the ABAD caseload since the Fall 2020 forecast. This was a result of a review of cases that took place when cases were moved from the old eligibility system to the new Integrated Eligibility (IE) system. This may happen again between November 2020 and February 2021 as the migration is completed. The forecasts contained in this Addendum incorporate additional spikes in transfers to ABAD, leading to level shifts up in the ABAD caseload in November and February. These were not present in the Fall 2020 forecast.

Also, since the Fall 2020 forecast was completed, the Oregon Office of Economic Analysis has released their third quarter 2020 Economic and Revenue Forecast. These scenarios will use the third quarter forecast, while the Fall 2020 forecast used the second quarter forecast. The main change in the third quarter forecast was the assumption that the economic recovery will occur slightly faster than was previously estimated. Using the third quarter forecast resulted in a modest downward revision to the number of expected new entries to the system.

Forecast Results

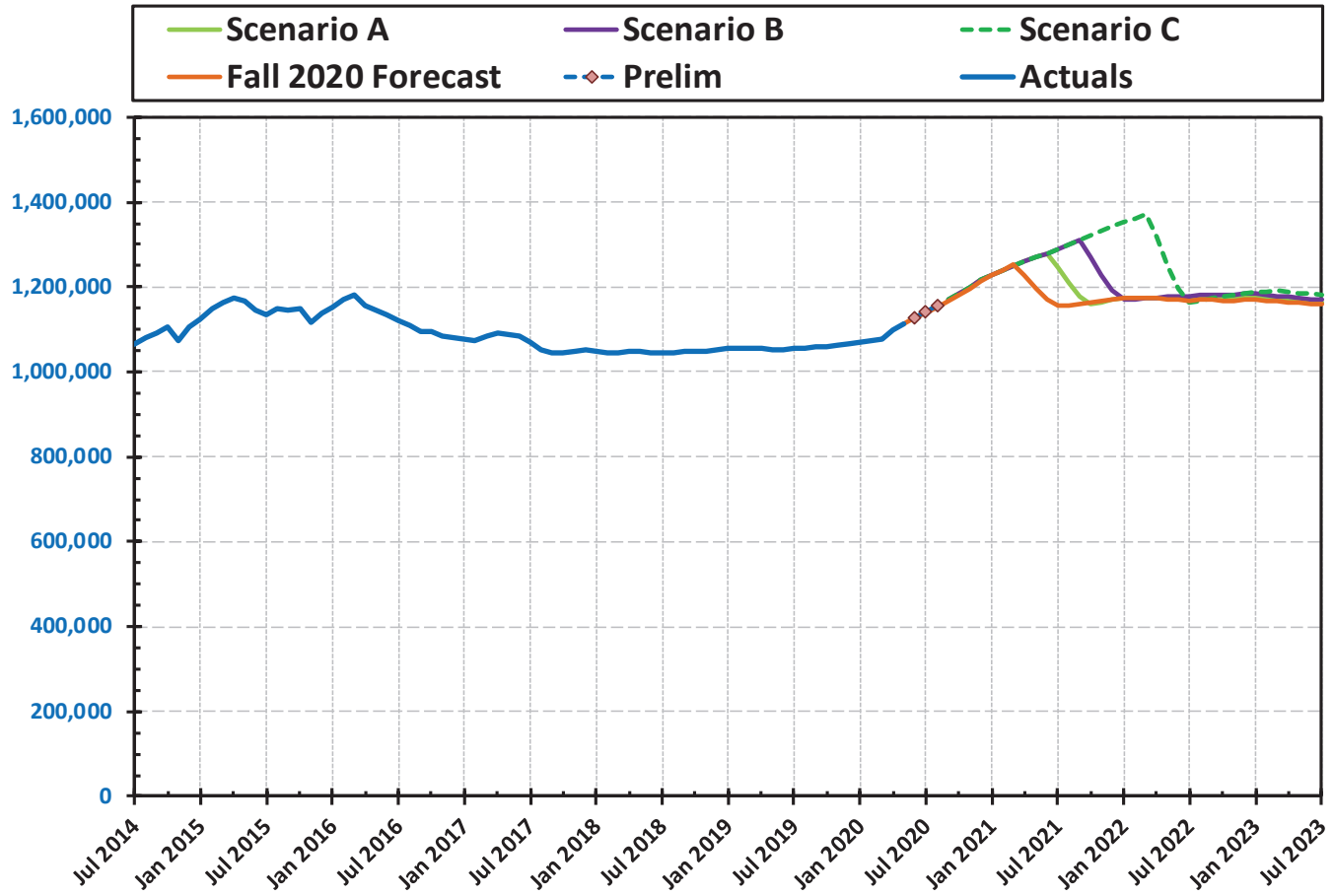
The results of these models indicate that the Medicaid caseload will grow sharply while Emergency Declaration is in place. Then starting six months after the emergency declaration ends, clients will exit in large numbers in months seven through ten. At this point caseloads will roughly level off, with different programs displaying different patterns and the overall level of the Medicaid caseload stabilizing at a significantly higher level than pre-COVID.

Under Scenario A, the Health Systems/Medicaid biennial average is estimated at 1,146,324 clients, which is 0.9 percent higher than the Fall 2020 forecast. The 2021-23 biennial average estimate is 1,177,031, which is 0.8 percent higher than the Fall 2020 forecast average.

Under Scenario B, the 2019-21 Health Systems/Medicaid biennial average is estimated at 1,146,324 clients, which is 0.9 percent higher than the Fall 2020 forecast. The 2021-23 biennial average estimate is 1,199,464 clients, which is 2.8 percent higher than the Fall 2020 forecast average.

Under Scenario C, the 2019-21 Health Systems Medicaid (HSM) biennial average is estimated at 1,146,324 clients, which is 0.9 percent higher than the Fall 2020 forecast. The 2021-23 biennial average estimate is 1,246,534 clients, which is 6.8 percent higher than the Fall 2020 forecast average.

Total Medicaid, Caseload



Scenario A, Emergency Ends January 21, 2021

	2019-21 Biennium			% Change Between Forecasts	October 2020 Scenario A			% Change Between Biennia
	Fall 2020 Forecast	October 2020 Scenario A	Change		2019-21	2021-23	Change	
HEALTH SYSTEMS - MEDICAID								
OHP								
Children's Medicaid	310,609	312,537	1,928	0.6%	312,537	300,895	-11,643	-3.7%
Children's Health Insurance Program	91,474	92,167	694	0.8%	92,167	99,177	7,009	7.6%
Foster, Substitute and Adoption Care	19,642	19,665	23	0.1%	19,665	19,234	-431	-2.2%
Aid to the Blind and Disabled	84,700	86,249	1,550	1.8%	86,249	91,041	4,791	5.6%
Old Age Assistance	48,762	49,104	342	0.7%	49,104	51,664	2,560	5.2%
Pregnant Women	8,764	8,850	86	1.0%	8,850	9,303	452	5.1%
Parent, Caretaker Relative	89,610	89,685	76	0.1%	89,685	97,272	7,587	8.5%
ACA Adults	412,711	417,350	4,639	1.1%	417,350	435,496	18,146	4.3%
Total OHP	**1,066,271**	**1,075,608**	**9,337**	**0.9%**	**1,075,608**	**1,104,080**	**28,472**	**2.6%**
Other Medical Assistance								
Breast and Cervical Cancer Treatment Program	195	203	7	3.8%	203	208	5	2.5%
Citizen-Alien Waived Emergent Medical - Adult	37,111	37,524	414	1.1%	37,524	37,292	-232	-0.6%
Citizen-Alien Waived Emergent Medical - Prenatal	2,556	2,822	267	10.4%	2,822	2,210	-612	-21.7%
Qualified Medicare Beneficiary	30,309	30,166	-143	-0.5%	30,166	33,240	3,074	10.2%
Other Subtotal	**70,171**	**70,716**	**545**	**0.8%**	**70,716**	**72,950**	**2,235**	**3.2%**
Total Medicaid	**1,136,442**	**1,146,324**	**9,882**	**0.9%**	**1,146,324**	**1,177,031**	**30,707**	**2.7%**
Cover All Kids	6,497	6,458	-40	-0.6%	6,458	7,202	744	11.5%
TOTAL MEDICAL ASSISTANCE	**1,142,939**	**1,152,782**	**9,843**	**0.9%**	**1,152,782**	**1,184,233**	**31,451**	**2.7%**
Medicare Part A	8,173	8,133	-40	-0.5%	8,133	8,620	488	6.0%
Medicare Part B	135,746	135,625	-121	-0.1%	135,625	142,839	7,214	5.3%

Scenario B, Emergency Ends April 21, 2021

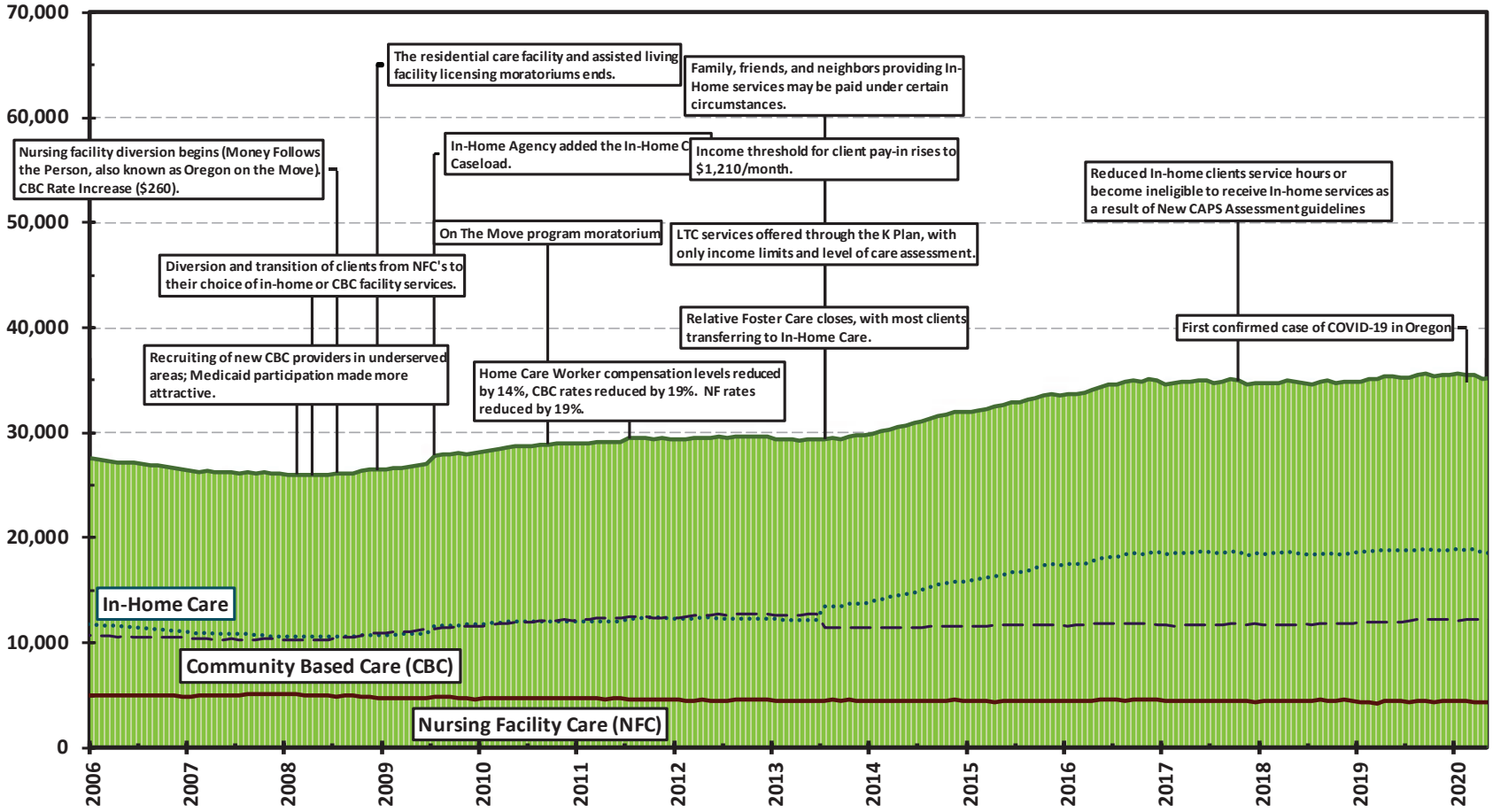
	2019-21 Biennium			*% Change Between Forecasts*	October 2020 Scenario B			*% Change Between Biennia*
	Fall 2020 Forecast	**October 2020 Scenario B**	**Change**		**2019-21**	**2021-23**	**Change**	
HEALTH SYSTEMS - MEDICAID								
OHP								
Children's Medicaid	310,609	312,537	1,928	0.6%	312,537	306,228	-6,310	-2.0%
Children's Health Insurance Program	91,474	92,167	694	0.8%	92,167	99,874	7,707	8.4%
Foster, Substitute and Adoption Care	19,642	19,665	23	0.1%	19,665	19,229	-436	-2.2%
Aid to the Blind and Disabled	84,700	86,249	1,550	1.8%	86,249	91,100	4,851	5.6%
Old Age Assistance	48,762	49,104	342	0.7%	49,104	52,044	2,940	6.0%
Pregnant Women	8,764	8,850	86	1.0%	8,850	9,289	439	5.0%
Parent, Caretaker Relative	89,610	89,685	76	0.1%	89,685	97,258	7,573	8.4%
ACA Adults	412,711	417,350	4,639	1.1%	417,350	450,518	33,168	7.9%
Total OHP	**1,066,271**	**1,075,608**	**9,337**	**0.9%**	**1,075,608**	**1,125,540**	**49,932**	**4.6%**
Other Medical Assistance								
Breast and Cervical Cancer Treatment Program	195	203	7	3.8%	203	210	7	3.4%
Citizen-Alien Waived Emergent Medical - Adult	37,111	37,524	414	1.1%	37,524	38,206	682	1.8%
Citizen-Alien Waived Emergent Medical - Prenatal	2,556	2,822	267	10.4%	2,822	2,555	-268	-9.5%
Qualified Medicare Beneficiary	30,309	30,166	-143	-0.5%	30,166	32,953	2,787	9.2%
Other Subtotal	**70,171**	**70,716**	**545**	**0.8%**	**70,716**	**73,924**	**3,208**	**4.5%**
Total Medicaid	**1,136,442**	**1,146,324**	**9,882**	**0.9%**	**1,146,324**	**1,199,464**	**53,140**	**4.6%**
Cover All Kids	6,497	6,458	-40	-0.6%	6,458	7,215	757	11.7%
TOTAL MEDICAL ASSISTANCE	**1,142,939**	**1,152,782**	**9,843**	**0.9%**	**1,152,782**	**1,206,679**	**53,897**	**4.7%**
Medicare Part A	8,173	8,133	-40	-0.5%	8,133	8,652	519	6.4%
Medicare Part B	135,746	135,625	-121	-0.1%	135,625	144,416	8,791	6.5%

Scenario C, Emergency Ends October 21, 2021

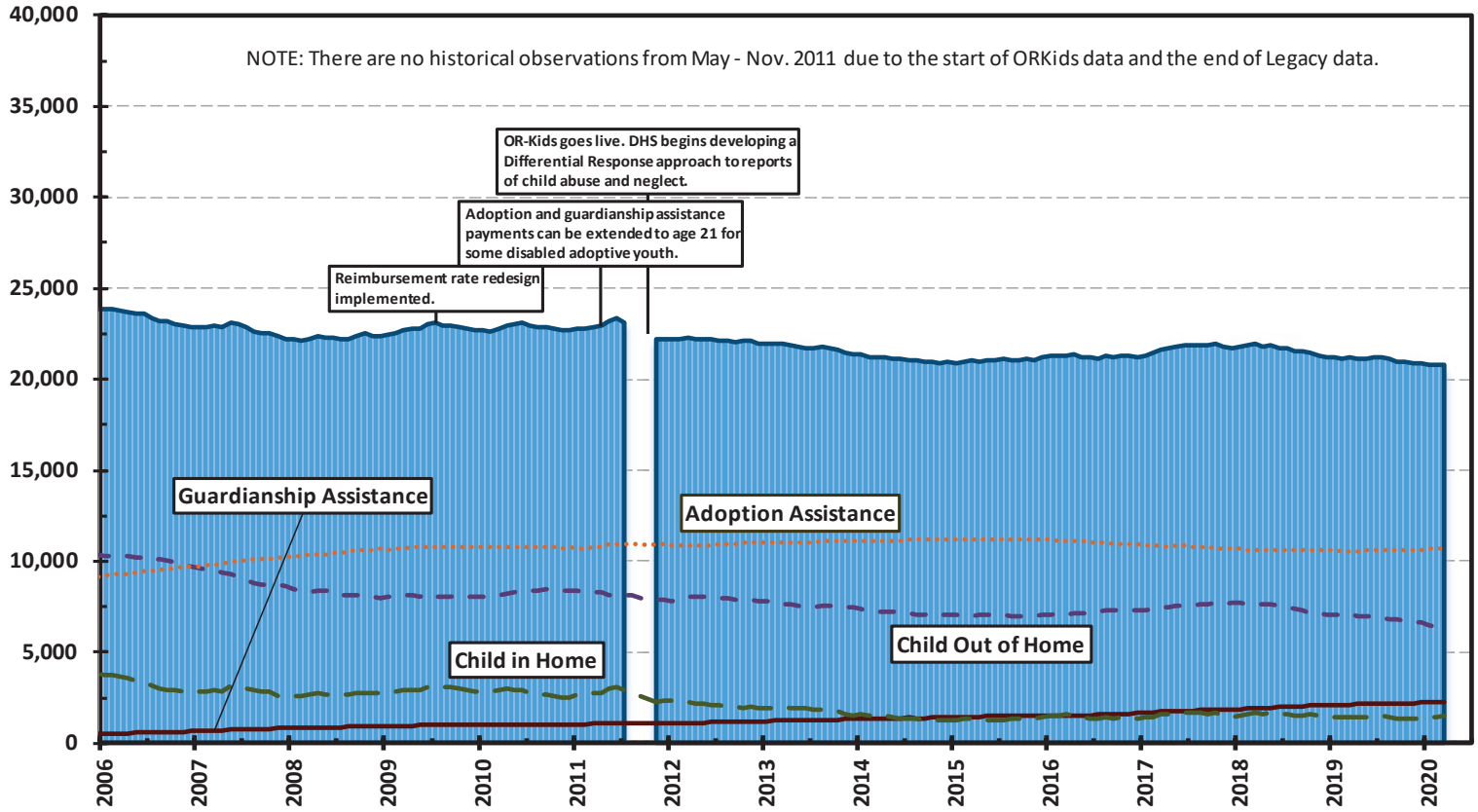
	2019-21 Biennium			% Change Between Forecasts	October 2020 Scenario C			% Change Between Biennia
	Fall 2020 Forecast	October 2020 Scenario C	Change		2019-21	2021-23	Change	
HEALTH SYSTEMS - MEDICAID								
OHP								
Children's Medicaid	310,609	312,537	1,928	0.6%	312,537	316,999	4,462	1.4%
Children's Health Insurance Program	91,474	92,167	694	0.8%	92,167	100,723	8,556	9.3%
Foster, Substitute and Adoption Care	19,642	19,665	23	0.1%	19,665	19,221	-444	-2.3%
Aid to the Blind and Disabled	84,700	86,249	1,550	1.8%	86,249	91,275	5,026	5.8%
Old Age Assistance	48,762	49,104	342	0.7%	49,104	52,852	3,748	7.6%
Pregnant Women	8,764	8,850	86	1.0%	8,850	9,292	442	5.0%
Parent, Caretaker Relative	89,610	89,685	76	0.1%	89,685	97,835	8,150	9.1%
ACA Adults	412,711	417,350	4,639	1.1%	417,350	482,289	64,938	15.6%
Total OHP	**1,066,271**	**1,075,608**	**9,337**	**0.9%**	**1,075,608**	**1,170,486**	**94,878**	**8.8%**
Other Medical Assistance								
Breast and Cervical Cancer Treatment Program	195	203	7	3.8%	203	218	15	7.6%
Citizen-Alien Waived Emergent Medical - Adult	37,111	37,524	414	1.1%	37,524	40,079	2,555	6.8%
Citizen-Alien Waived Emergent Medical - Prenatal	2,556	2,822	267	10.4%	2,822	3,359	537	19.0%
Qualified Medicare Beneficiary	30,309	30,166	-143	-0.5%	30,166	32,392	2,226	7.4%
Other Subtotal	**70,171**	**70,716**	**545**	**0.8%**	**70,716**	**76,048**	**5,332**	**7.5%**
Total Medicaid	**1,136,442**	**1,146,324**	**9,882**	**0.9%**	**1,146,324**	**1,246,534**	**100,211**	**8.7%**
Cover All Kids	6,497	6,458	-40	-0.6%	6,458	7,264	806	12.5%
TOTAL MEDICAL ASSISTANCE	**1,142,939**	**1,152,782**	**9,843**	**0.9%**	**1,152,782**	**1,253,798**	**101,016**	**8.8%**
Medicare Part A	8,173	8,133	-40	-0.5%	8,133	8,721	588	7.2%
Medicare Part B	135,746	135,625	-121	-0.1%	135,625	147,871	12,246	9.0%

Appendix I
DHS Caseload History & Definitions

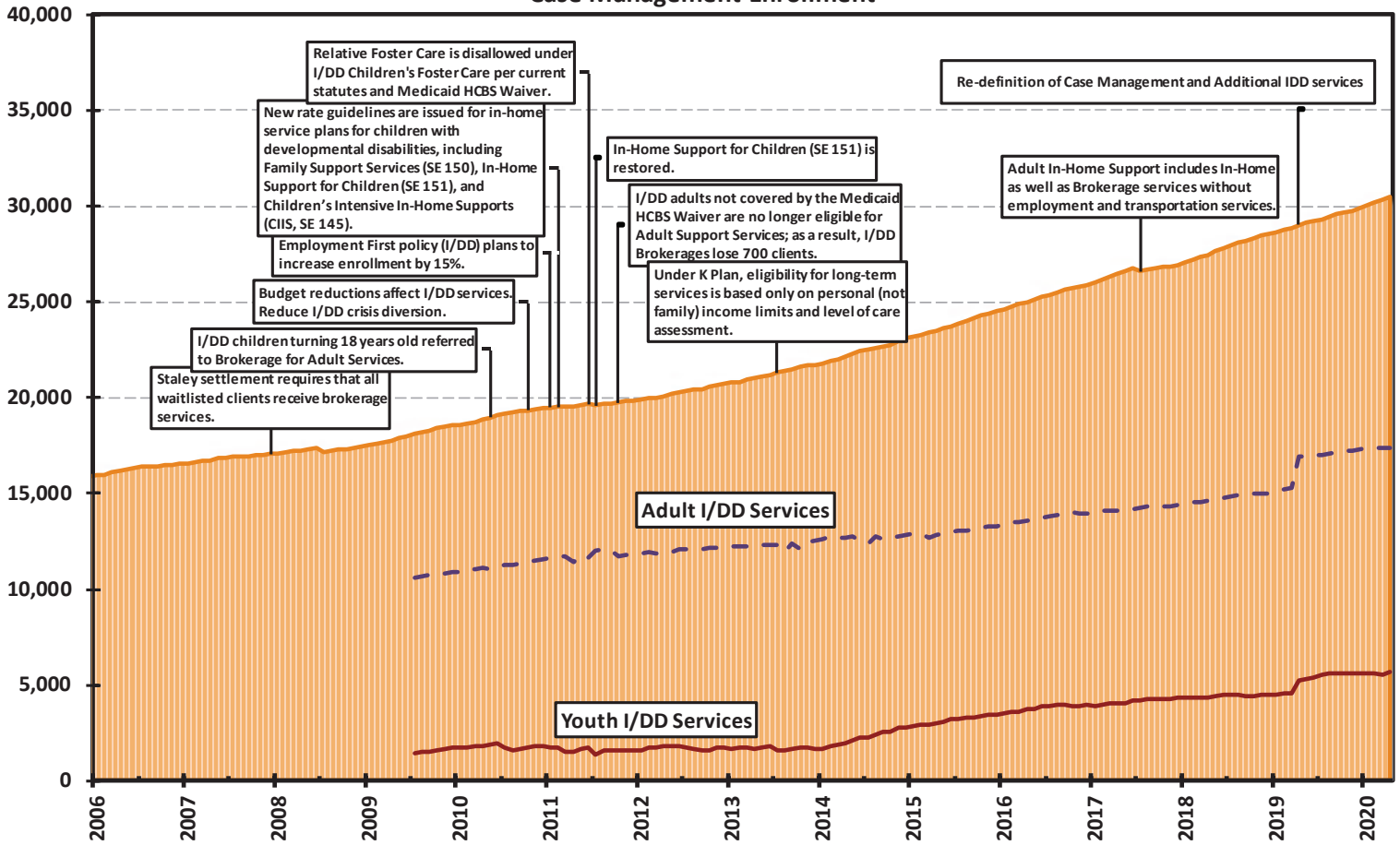
Aging and People with Disabilities (APD) Caseload



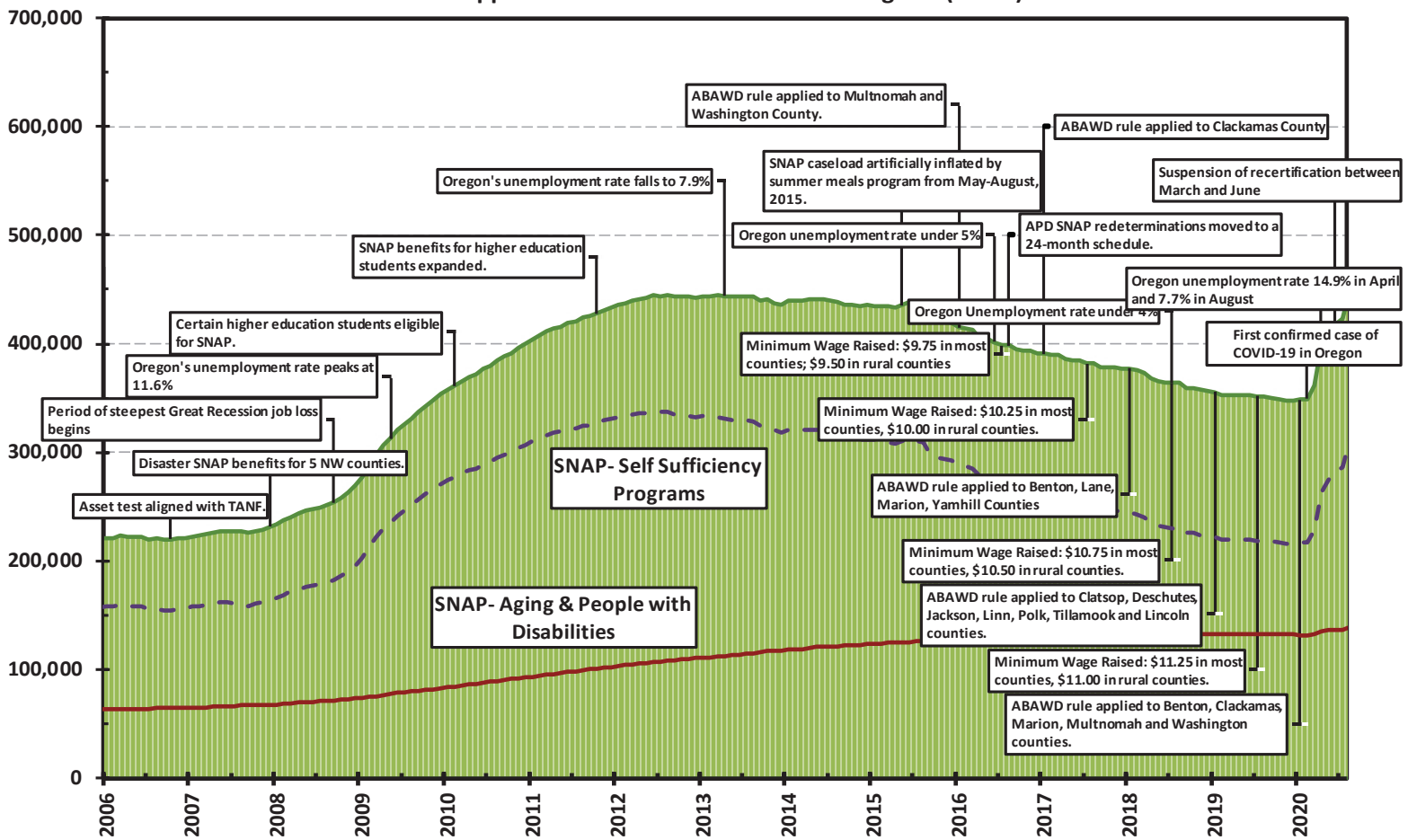
Child Welfare (CW) Caseload



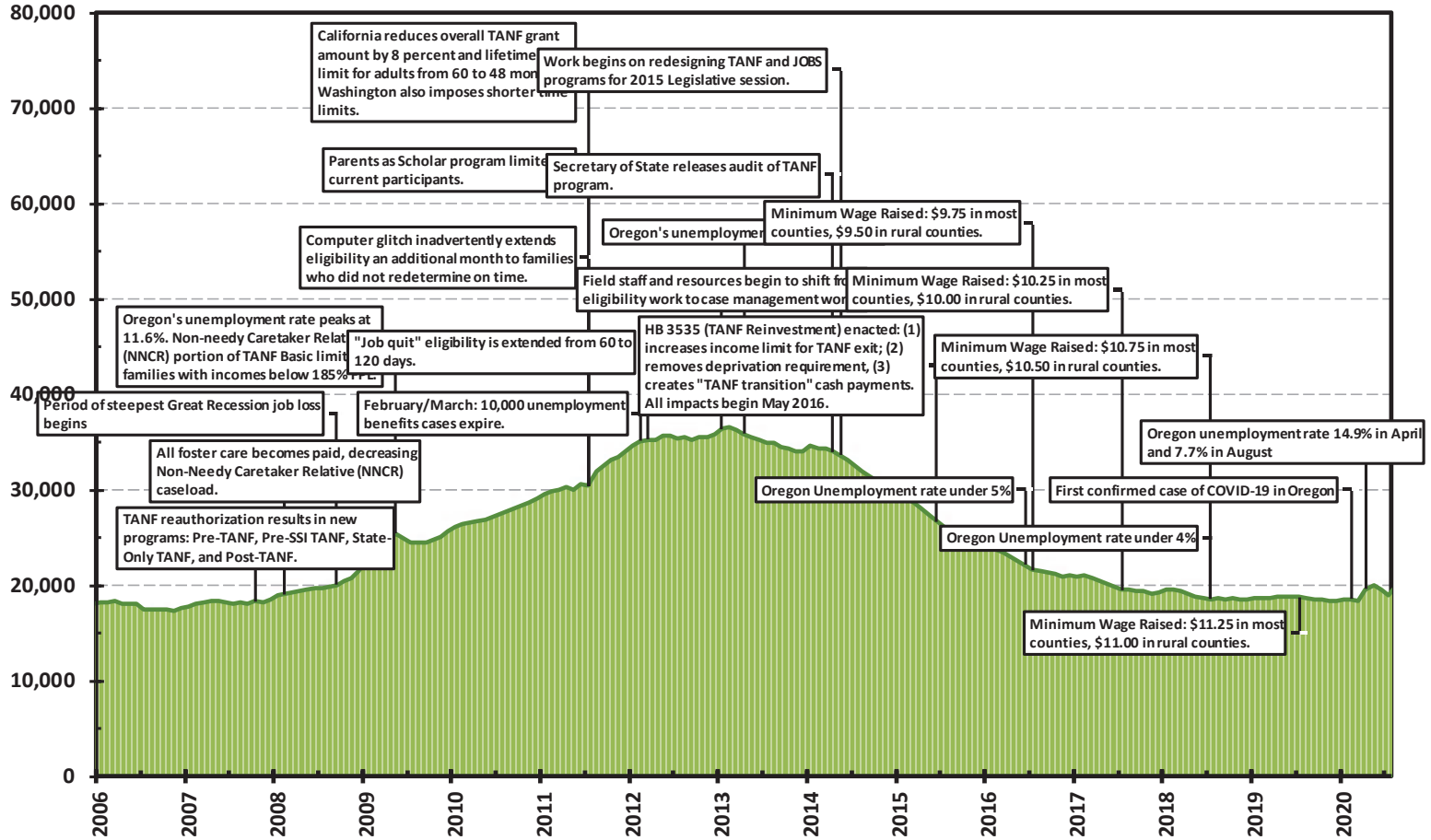
Intellectual & Developmental Disabilities (I/DD): Case Management Enrollment



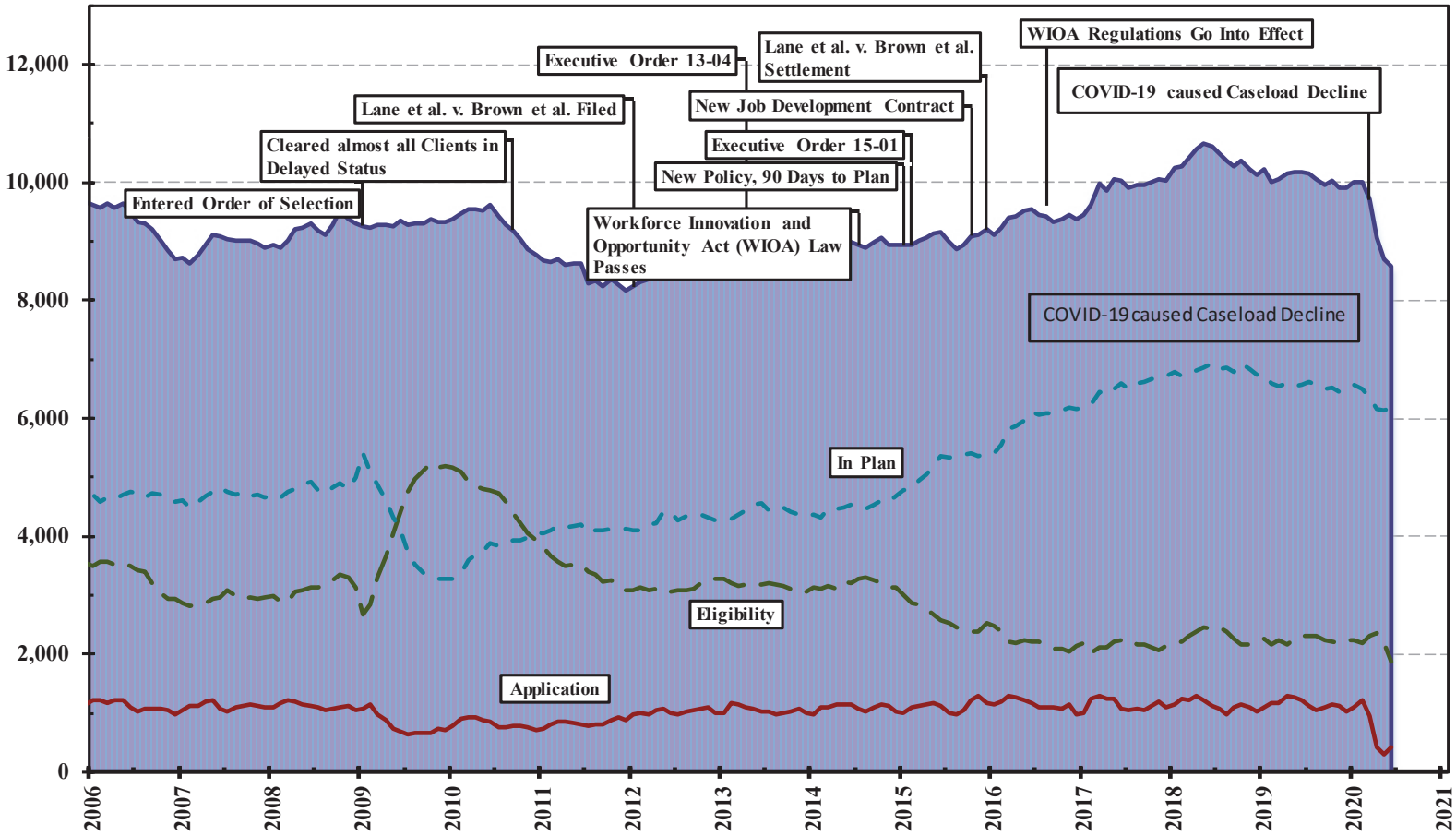
Self Sufficiency Programs (SSP):
Supplemental Nutrition Assistance Program (SNAP) Caseload



Self Sufficiency Programs:
Temporary Assistance for Needy Families (TANF) Caseload



Vocational Rehabilitation



DHS Caseload Definitions

Federal Poverty Level (FPL)

"The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs, such as Medicaid in the U.S., define eligibility income limits as some percentage of FPL[3]."

Persons in Household	2020 Poverty Guidelines (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	$12,760	$16,971	$17,609	$19,140	$25,520	$38,280	$51,040
2	$17,240	$22,929	$23,791	$25,860	$34,480	$51,720	$68,960
3	$21,720	$28,888	$29,974	$32,580	$43,440	$65,160	$86,880
4	$26,200	$34,846	$36,156	$39,300	$52,400	$78,600	$104,800
5	$30,680	$40,804	$42,338	$46,020	$61,360	$92,040	$122,720
6	$35,160	$46,763	$48,521	$52,740	$70,320	$105,480	$140,640
7	$39,640	$52,721	$54,703	$59,460	$79,280	$118,920	$158,560
8	$44,120	$58,680	$60,886	$66,180	$88,240	$132,360	$176,480

Add $4,480 for each person over 8

3. Source: Annual Update of the HHS Poverty Guidelines; HHS Notice on February 17, 2020, 85 FR 3060. See: https://www.federalregister.gov/documents/2020/01/17/2020-00858/annual-update-of-the-hhs-poverty-guidelines.

Aging and People with Disabilities (APD)

Aging and People with Disabilities programs provide Long-Term Care (LTC) services to qualifying people who, due to their age or disabilities, need help with their activities of daily living (ADL), including eating, dressing/grooming, bathing/personal hygiene, mobility, bowel and bladder management, and cognition.

Area Agencies on Aging (AAA) and DHS staff help clients find the appropriate care settings to meet their needs and determine financial eligibility. To qualify, clients must meet financial and non-financial requirements which vary depending on whether the individual will be covered under K Plan or the HCBS Waiver.

Historically, Oregon's LTC services were provided under the authority of a Medicaid 1915 (c) Home and Community-Based Services (HCBS) Waiver (under the Omnibus Budget Reconciliation Act of 1981), which allows the State to provide home and community-based care alternatives to institutional care such as nursing facilities.

Starting in July 2013, using a new option available under the Patient Protection and Affordable Care Act of 2010 (ACA), Oregon began offering services primarily through the Social Security Act's 1915 (k) Community First Choice Option (referred to as K Plan).

The LTC caseloads are grouped into three major categories: In-Home, Community-Based Care, and Nursing Facilities.

In-Home Programs

In-Home programs provide personal services that help people stay in their homes when they need assistance with Activities of Daily Living (ADL).

In-Home Hourly caseload includes clients who hire hourly workers to assist them in meeting their ADL needs and other common household tasks.

In-Home Agency is an alternative way to purchase in-home care. Under this program, clients contract with an agency for the services they need, and those services are delivered in the client's own home by an employee of the agency. Screening and scheduling are often simpler when working with an agency.

Live-In caseload includes clients who hire a live-in home care worker to provide 24-hour care. This service is closed as of October 2017.

Spousal Pay caseload includes clients who choose to have their paid care provided by their spouse. Spouses are paid for the services they provide.

Independent Choices allows clients more control in the way they receive their in-home services. Under this program, clients decide for themselves which services they will purchase, but are also required to keep financial records of the services they have purchased.

Specialized Living provides care in a home-like setting for clients with specialized needs (such as quadriplegics or clients with acquired brain injuries). These clients are eligible for a live-in attendant, but because of their special needs, cannot live independently or be served in other Community-Based Care facilities.

State Plan Personal Care (Non-K Plan Medicaid Services) are available to people who are eligible for Medicaid, but not eligible for waivered services. Services supplement the individual's own personal abilities and resources but are limited to assistance with Activities of Daily Living and Instrumental Activities of Daily Living.

Community-Based Care (CBC)

Community-Based Care caseload includes clients receiving services in licensed, community-based residential settings. Services include assistance with ADL, medication oversight, and social activities. Services can also include nursing and behavioral supports to meet complex needs.

Assisted Living Facilities are licensed 24-hour care settings serving six or more residents that provide private apartments and focus on resident independence and choice.

Adult Foster Care provides long-term care in home-like settings licensed for five or fewer unrelated people. These facilities are open to clients who are not related to the care provider.

Residential Care Facilities are licensed 24-hour care settings serving six or more residents. These facilities range in size from six beds to over 100. "Contract" facilities are licensed to provide specialized Alzheimer care.

Program of All-Inclusive Care for the Elderly (PACE) is a capitated Medicare/Medicaid program providing all-inclusive care. Seniors served in this program live in a variety of care settings. PACE is responsible for coordinating their clients' acute health and long-term care needs.

Nursing Facilities (NF)

Nursing Facilities provide institutional services for seniors and people with disabilities in facilities licensed and regulated by DHS. Nursing facilities provide clients with skilled nursing services, housing, related services and ongoing assistance with activities of daily living.

Basic Care clients need comprehensive, 24-hour care for assistance with ADL and ongoing nursing care due to either age or physical disability.

Complex Medical Add-On clients have medical conditions that require additional nursing services and staff assistance beyond Basic Care.

Enhanced Care clients have difficulty managing behavioral issues such as self-endangering behaviors, physical aggression, intrusiveness, intractable psychiatric symptoms, or problematic medication needs that require special care in Nursing Facilities. Some of these clients are also served in community-based care facilities.

Pediatric Care clients are children under 21 who receive nursing care in pediatric nursing facility units.

Child Welfare (CW)

Child Welfare programs oversee the safety of children who have been abused or neglected. The Child Protective Services (CPS) program investigates reports of child abuse or neglect. If abuse or neglect is founded, caseworkers prepare an action plan and provide case management to ensure safety for the child using the strengths of the family.

The Child Welfare caseload is an unduplicated count of children served in the various programs listed below. A child can be counted only once during a month, and if there is participation in more than one of the programs listed below, they are counted in only one group. The groups are listed below in order of this counting priority.

Adoption Assistance coordinates and supervises adoption for children in foster care who cannot return safely to the care of their biological parents. Adoption Assistance services can include financial and/or medical help with the costs associated with the adoptive child's needs.

Guardianship Assistance helps remove financial barriers for individuals who provide a permanent home for children who would otherwise be in Foster Care. Guardianship allows an alternative plan to adoption. Guardianship Assistance services can include financial support for costs associated with the needs of the child (similar to a Foster Care payment).

Out of Home Care programs provide a safe, temporary home for abused or neglected children who cannot remain safely in their homes. Children in the program are placed with relatives, foster families, or in residential treatment care settings. The program aims to reunite children with their parents. Out of Home Care services can include financial support and/or medical help for costs associated with the child's needs.

Child In-Home Services provide support and safety monitoring services to prevent placement of children in Foster Care and to support reunification with the parents after Foster Care. Caseworkers oversee services and monitor in-home safety plans for children. In-Home Services can include financial support for costs associated with the safety, permanence, and well-being of children.

Intellectual and Developmental Disabilities (I/DD)

Intellectual and Developmental Disabilities programs provide support to qualified adults and children with intellectual and developmental disabilities through a combination of case management and services. Intellectual and Developmental Disabilities include intellectual disabilities, cerebral palsy, Down's syndrome, autism and other impairments of the brain that occur during childhood. Some people with developmental disabilities also have significant medical or mental health needs.

Adults with developmental disabilities may be eligible for services ranging from supports to help individuals live in their own homes to 24-hour comprehensive services. Twenty-four-hour services are provided in a variety of settings including group homes and foster homes. Children with developmental disabilities may be eligible for services ranging from family support to out-of-home placements. Placements include foster homes or residential group home settings.

The forecasted Intellectual and Developmental Disabilities programs are counts of individual clients receiving a program's services within the month. Clients can receive services from more than one program in the same month (for example, from both a residential and a support program).

Case Management Enrollment

Case Management Enrollment provides entry-level eligibility evaluation and coordination services. The other caseloads are grouped into three broad categories: adult services, children services, and other services.

Adult Services Include:

Brokerage Enrollment provides planning and coordination of services that allow clients to live in their own home or in their family's home.

24-Hour Residential Care provides 24-hour supervised care, training and support services delivered in neighborhood homes.

Supported Living provides individualized support services to clients in their own home based on their Individual Support Plan.

Adult In-Home Services help individuals aged 18 years or older with intellectual and developmental disabilities to continue to live in their homes. In-Home services can be accessed through CDDP or Brokerages.

I/DD Foster Care provides 24-hour care, supervision, provision of room and board, and assistance with activities of daily living for both adults and children (approximately 88 percent and 12 percent respectively).

Stabilization and Crisis Unit (previously called State Operated Community Programs) offers safety net services and support to the most vulnerable, intensive, medically and behaviorally challenged I/DD clients when no other community-based option is available to them. The program serves both adults and children (approximately 83 percent and 17 percent respectively).

Children's Services Include:

In-Home Support for Children (also called Long-Term Support) provides services to individuals under the age of 18 in the family home.

Children Intensive In-Home Services cares for children with intensive medical or behavioral needs in their own homes. This caseload is composed of three distinct groups: Medically Fragile Children Services, Intensive Behavior Program, and Medically Involved Programs.

Children Residential Care provides 24-hour care, supervision, training, and support services to individuals under the age of 18 in neighborhood homes other than the family home or foster care.

Other I/DD Services Include:

Employment and Day Support Activities (previously known as Employment and Attendant Care) has been redefined and given a new title. Employment and Day Support Activities are out-of-home employment or community training services and related supports provided to individuals 14 or older, to improve the individual's productivity, independence, and integration in the community. Examples of services covered within this caseload include: discovery, employment path services, initial and on-going job coaching, individual and small group employment support, and certain types of employment related day support activities.

Transportation services have been redefined to include all non-medical transportation services including services provided under Plan of Care (e.g. transit passes and non-medical community transportation).

Self-Sufficiency Programs (SSP)

Self-Sufficiency programs aids with low-income families to help them become healthy, safe, and economically independent. Except for SNAP, self-sufficiency program caseloads count the number of families receiving program benefits within the month. In the SNAP program, caseloads count the number of households receiving the benefit within the month.

Supplemental Nutrition Assistance Program (SNAP)

SNAP benefits improve the health and well-being of low-income individuals by providing them a means to meet their nutritional needs. Recipients use SNAP benefits to buy food.

To be eligible for SNAP benefits, applicants provide proof of household composition (living in same dwelling, purchase food and prepare meals together) and have assets and income within program limits. The maximum gross income limit is 130 percent of Federal Poverty (FPL). The Broad-Based Categorical Eligibility (BBCE) enables states to raise income and asset limits to quality certain low-income households such as households/families receiving TANF, SSI, or other general assistance. Also, BBCE permits states adopt less restrictive asset tests for households including elderly (60+) or disabled persons. By applying the policy, households less below 185 percent of FPL qualify for SNAP.

The SNAP forecast includes two caseloads – APD and SSP. Households entering the program through the Self-Sufficiency Programs (SSP) are classified as SSP households, while those entering the program through Aging and People with Disabilities (APD) are classified as APD households. The two caseloads share eligibility guidelines and benefits amounts.

Temporary Assistance for Needy Families (TANF) program provides case management and cash assistance to very poor families with minor children. The goal of the program is to reduce the number of families living in poverty through employment services and community resources.

Recipients must meet basic TANF asset requirements (including a $2,500 - $10,000 resource limit and income less than 40 percent of FPL) to be eligible for the program. They must also meet non-financial eligibility requirements including dependent children in the case, Oregon residence, citizenship status, parental school attendance, pursuing assets, and pursuing treatment for drug abuse or mental health as needed. Proof of deprivation (death, absence, incapacity, or unemployment of a parent) will no longer be a requirement of TANF enrollment.

The TANF Basic program has been renamed “TANF One-Parent.” In the past, TANF Basic included one-parent families and two-parent families where at least one parent is disabled and unable to care for children. TANF One-Parent now contains only one-parent families.

The TANF UN program has been renamed “TANF Two-Parent.” It now includes families where both parents can care for their children, or one parent is able to care for the children and the other is disabled.

TANF Employment Payments (EP) are available to those families exiting TANF due to employment. These payments are for three months only. TANF EP was re-authorized for the 2017-19 biennium.

State Family Pre-SSI (SFPSS) program provides cash assistance, case management, and professional level support to TANF eligible adults and their family in pursuing Supplemental Security Income (SSI) and Supplemental Security Disability Income (SSDI). To be eligible for Pre-SSI, the adult must be found eligible for a TANF grant and must have a severe physical or mental impairment(s) that has been assessed and determined to meet the program impairment criteria by the program's disability analyst.

Temporary Assistance to Domestic Violence Survivors (TA-DVS) program supports domestic violence survivors by providing temporary financial assistance to flee domestic violence. TA-DVS payments can be issued to meet the family's needs for shelter, food, medical care, relocation, stabilization, or to promote safety or independence from the abuser.

To be eligible for TA-DVS, a survivor must have a current or future risk of domestic violence; be a pregnant woman or a parent or relative caring for a minor child; and must have income not exceeding TANF limits (40 percent of FPL; TA-DVS only considers income on hand that is available to meet emergency needs).

Vocational Rehabilitation (VR)

Vocational Rehabilitation assesses, plans, and coordinates services for people who have physical or mental disabilities and need assistance to obtain and retain employment that matches their skills, potential, and interest. VR Services are provided through local VR offices across the state. VR partners with community resources and local providers to deliver a wide range of services: counseling, training, job placement, assistive technology, and extended services and supports.

Total Vocational Rehabilitation

Count of all clients who had an active VR episode at any time in the given month. It is the sum of clients In Application, In Eligibility, In Plan, and Post-Employment Services.

In Application is a count of clients who were in application stage on the last day of the month or exited VR during the given month without advancing to the next stage. VR case is initiated by client submitting his/her application to VR. In this stage, the application is reviewed, and eligibility is assessed.

In Eligibility is a count of clients who were in eligibility stage on the last day of the month or exited VR during the given month without advancing to the next stage. Typically, clients in this stage are either waiting for the final eligibility determination or are in the process of plan developing.

In Plan is a count of clients who had an active plan at any time in a given month. After employment, and if all is going well, a case is normally closed after 90 days.

Post-Employment Services clients can receive Post-Employment Services after their VR case has been closed if they need help keeping their job or advancing within it. These services are intended for short periods of 2-3 months.

Cognitive Impairments caseload includes individuals who are in Application, Eligibility, or In Plan stage and have one of the following primary disability impairments: Cognitive Impairments. Except if counted in I/DD in Prior 12 Months caseload.

Psychosocial & Other Mental Impairments caseload includes individuals who are in Application, Eligibility, or In Plan stage and have one of the following primary disability impairments: psychosocial impairments and other mental impairments. Except if counted in I/DD in Prior 12 Months caseload.

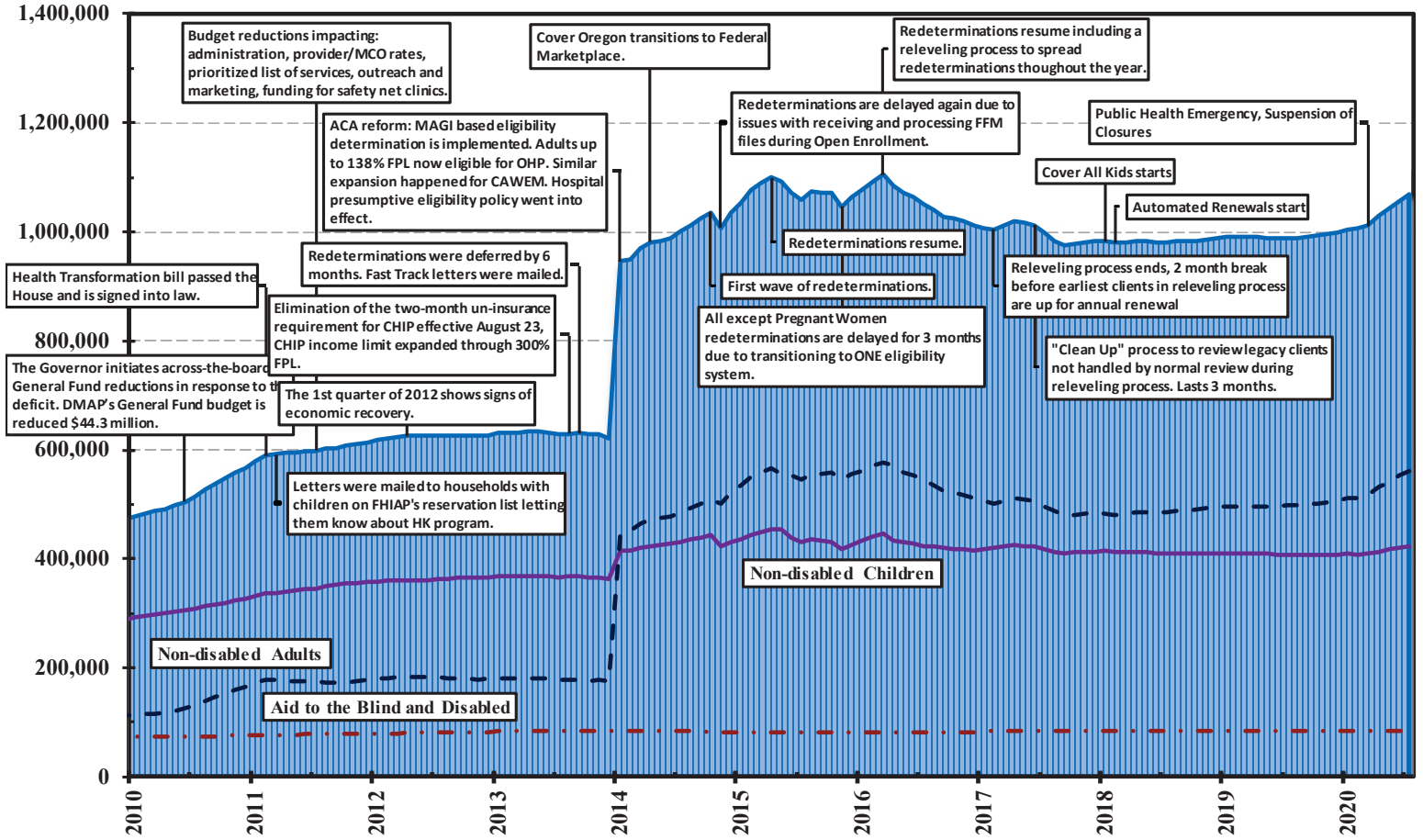
I/DD in Prior 12 Months caseload includes those who had an I/DD record in the 12 months prior to applying for VR services, identified by matching VR clients to I/DD eligibility and enrollment records.

Deafness/Blindness caseload includes individuals who are in Application, Eligibility, or In Plan stage and have one of the following primary disability impairments: blindness; other visual impairments; deafness, communication visual; deafness, communication auditory; hearing loss, communication visual; hearing loss, communication auditory; other hearing impairments; deaf-blindness; and communicative impairments. Except if counted in I/DD in Prior 12 Months caseload.

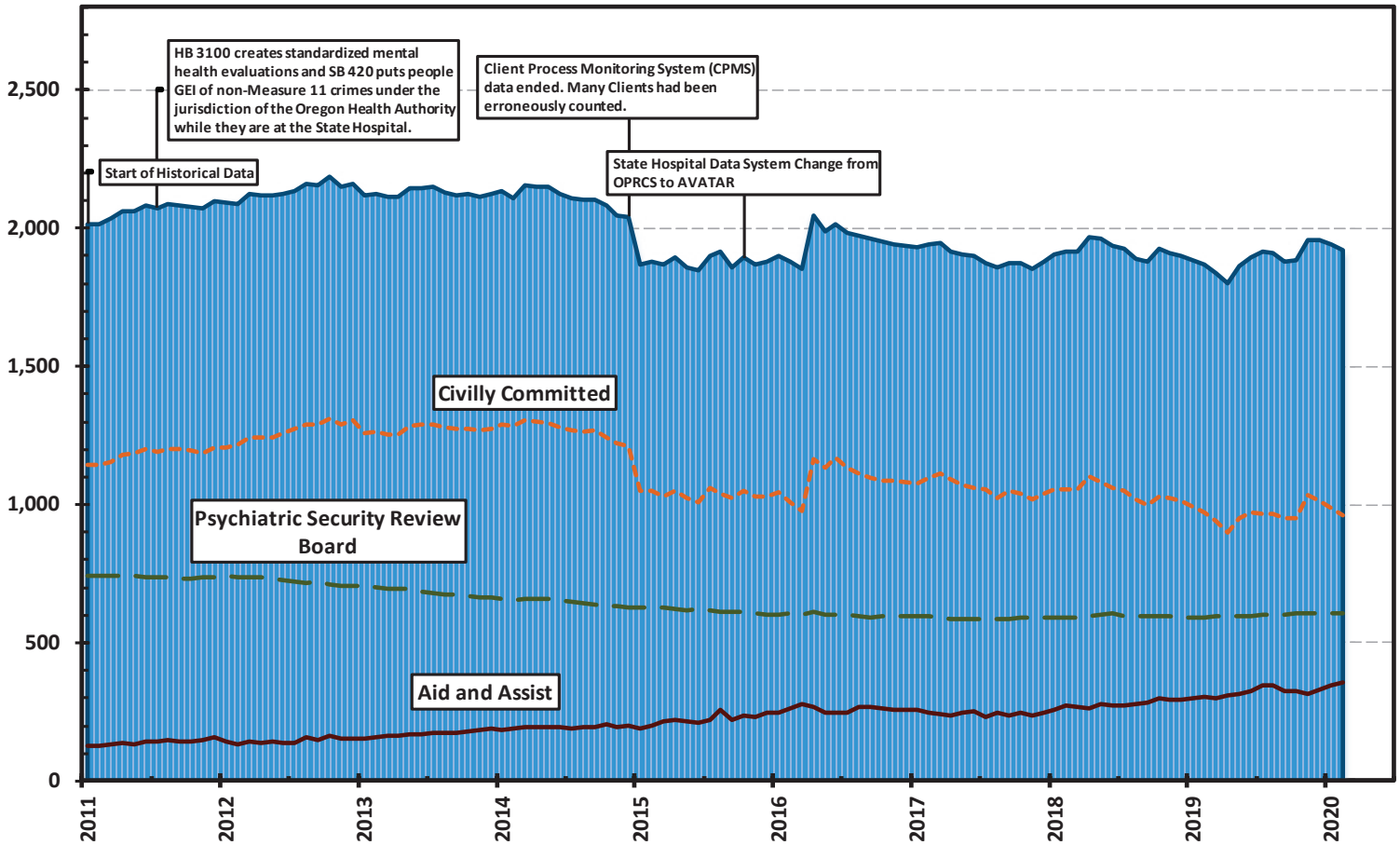
Physical Impairments caseload includes individuals who are in Application, Eligibility, or In Plan stage and have one of the following primary disability impairments: mobility; manipulation; mobility and manipulation; other orthopedic impairments; respiratory impairments; general physical debilitation; other physical impairments not listed elsewhere; dexterity orthopedic/neurological impairments; and other (no impairment or missing impairment field). Except if counted in I/DD in Prior 12 Months caseload.

Appendix II
OHA Caseload History & Definitions

Health Systems - Medicaid, Total Oregon Health Plan



Mental Health (MH):
Total Mandated Mental Health Caseload (Adults)



OHA Caseload Definitions

Federal Poverty Level (FPL)

"The set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs, such as Medicaid in the U.S., define eligibility income limits as some percentage of FPL[4]."

Persons in Household	2020 Poverty Guidelines (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	$12,760	$16,971	$17,609	$19,140	$25,520	$38,280	$51,040
2	$17,240	$22,929	$23,791	$25,860	$34,480	$51,720	$68,960
3	$21,720	$28,888	$29,974	$32,580	$43,440	$65,160	$86,880
4	$26,200	$34,846	$36,156	$39,300	$52,400	$78,600	$104,800
5	$30,680	$40,804	$42,338	$46,020	$61,360	$92,040	$122,720
6	$35,160	$46,763	$48,521	$52,740	$70,320	$105,480	$140,640
7	$39,640	$52,721	$54,703	$59,460	$79,280	$118,920	$158,560
8	$44,120	$58,680	$60,886	$66,180	$88,240	$132,360	$176,480

Add $4,480 for each person over 8

4. Source: Annual Update of the HHS Poverty Guidelines; HHS Notice on February 17, 2020, 85 FR 3060. See: https://www.federalregister.gov/documents/2020/01/17/2020-00858/annual-update-of-the-hhs-poverty-guidelines.

Health Systems - Medicaid (HSM)

The Health Systems Division coordinates physical, oral, and behavioral health services funded by Medicaid.

Historically, pre-ACA, Medicaid programs were divided into three major categories based on benefit packages:

• Oregon Health Plan Plus (OHP Plus) – a basic benefit package.

• Oregon Health Plan Standard (OHP Standard) – a reduced set of benefits with additional premiums and co-payments for coverage.

• Other Medicaid – programs that provide medical benefits but are not considered part of OHP.

Since January 2014, there are only two major categories since OHP Standard was discontinued. At that time, all OHP Standard clients were moved to the new ACA Adults caseload group, where they became eligible for OHP benefits (what was previously called OHP Plus).

OHP Benefit Package

The OHP package offers comprehensive health care services to adults and children who are eligible under Medicaid and CHIP, or children otherwise eligible for Medicaid except U.S. Citizenship/Residency requirements under the Cover All Kids program. It was formerly known as OHP Plus to distinguish it from OHP standard.

Modified Adjusted Gross Income (MAGI) is an IRS based method for determining income eligibility for most Medicaid Caseloads, including Children's Medicaid, CHIP, Pregnant Women, PCR, and ACA Adult. It does not apply to those who are categorically eligible, such as due to age, disability, or placement in foster care. Oregon transitioned to MAGI eligibility determination a few months before the 2014 ACA expansion.

Temporary Assistance for Needy Families (TANF) caseload has been replaced, with the clients transferred to two other caseloads. Adults are now included in the Parent, Other Caretaker, Relative caseload; and children are now included in the Children's Medicaid caseload.

Children's Medicaid offers OHP medical coverage to children from birth through age 18 living in households with income from 0 to 133 percent of Federal Poverty Level (FPL). A potential five percent disregard makes the maximum upper limit 138% of FPL for qualifying children. This caseload is comprised of children who would previously have been included in three other older caseloads: children from the Poverty Level Medical Children caseload (PLMC), children from the TANF Medical caseloads (TANF-RM, TANF-EX), and children from lower income CHIP households.

Poverty Level Medical Children (PLMC) caseload has been renamed to Children's Medicaid and the income rules were widened to include children previously included in other caseloads.

Children's Health Insurance Program (CHIP) caseload covers uninsured children from birth through age 18 living in households with income from 134 to 300 percent of FPL. Previously, this caseload covered children from households with income from 100 to 200 percent of FPL.

Foster, Substitute Care and Adoption Assistance provides medical coverage through Medicaid for children in foster or substitute care and children whose adoptive families are receiving adoption assistance services. Clients are served up to age 21, with the possibility of extending coverage to age 26 depending on client eligibility.

Aid to the Blind and Disabled Program (ABAD) provides medical coverage through Medicaid to individuals who are blind or disabled and eligible for federal Supplemental Security Income (SSI). The income limit is 100 percent of the SSI level (roughly 75 percent of FPL), unless the client also meets long-term care criteria, in which case the income limit rises to 300 percent of SSI (roughly 225 percent of FPL).

Old Age Assistance (OAA) provides medical coverage through Medicaid for individuals who are age 65 or over and eligible for federal SSI.

Pregnant Women (formerly known as Poverty Level Medical Women (PLMW)) program provides medical coverage to pregnant women with income levels up to 185 percent of the FPL. Coverage is extended for 60 days after childbirth.

Parent, Other Caretaker, Relative (PCR) caseload is comprised of adults who would previously have been included in the Temporary Assistance for Needy Families caseloads (TANF Related Medical and TANF Extended). Parent/Caretaker Relative offers OHP medical coverage to adults with children who have incomes not exceeding approximately 42 percent of Federal Poverty Level (FPL).

ACA Adults caseload represented the expansion of Medicaid under the United States Federal Patient Protection and Affordable Care Act of 2010 (ACA). This caseload includes citizens 18 to 64 years old with incomes up to 138 percent of FPL, who are not pregnant or disabled.

Other Medicaid (Non-OHP Benefit Packages)

Breast and Cervical Cancer Treatment Program (BCCTP) historically provided medical benefits for women diagnosed with breast or cervical cancer through the Breast and Cervical Cancer Program administered by Public Health through county health departments and tribal health clinics. Since January 1, 2012, women have not needed to be enrolled for screening through the Breast and Cervical Cancer Program to access BCCTP. After determining eligibility, the client receives full OHP benefits. Clients are eligible until either reaching the age of 65, obtaining other coverage, or ending treatment. This program is available for both citizens and non-citizens/aliens. Many women who would have been formerly enrolled in this program are not enrolled directly into ACA Adults.

Citizen/Alien Waived Emergent Medical (CAWEM) is a program that covers emergent medical care for individuals who would qualify for Medicaid if they met the U.S. Citizenship/Residency requirements. The program has two subcategories:

• Adult (CAWEMA) which provides only emergency medical care. This was formerly CAWEM – Regular, however the children under age 19 will leave this category and transfer to Non-Medicaid Covered Children and Teens in January 2018.

• Prenatal (CAWEMP) which also covers all pre-natal medical services (plus up to 2 months post-partum).

Up until January 1, 2018, children under the age of 19 were also enrolled in this program, but after that date all eligible children are now enrolled in the Cover All Kids program, which provides full OHP benefits.

Qualified Medicare Beneficiary (QMB) clients meet the criteria for both Medicare and Medicaid participation. Clients in this caseload have incomes from 100 percent of SSI (roughly 75 percent of FPL) to 100 percent of FPL, and do not meet the criteria for medical covered long-term care services. OHA pays for any Medicare Part A and Part B premiums as well as any applicable Medicare coinsurance and/or deductible not exceeding the Department's fee schedule.

Cover All Kids (CAK) is a new state funded program that began on January 1, 2018. It is not Medicaid, but it provides medical assistance like the Oregon Health Plan to all children in Oregon under the age of 19, who are under 300% of the Federal Poverty Level (FPL) and are otherwise eligible for Medicaid except for U.S. Residency/Citizenship status.

Medicare Part A/B Premium Assistance Programs[5]

Medicare Part-A Premium Assistance coverage is for Inpatient services. This coverage is free for most Medicare eligible individuals, except for those who don't have sufficient work history. Medicare Part-A Premium Assistance program is designed to help low-income individuals (under 100 percent of FPL) pay for the premiums when they do not have sufficient work history to qualify for free coverage.

Medicare Part B Premium Assistance coverage is for Outpatient services. Medicare eligible individuals have an option to subscribe, but they are required to pay a premium. Medicare Part B Premium Assistance program is designed to help low-income individuals (under 133 percent of FPL) pay the premium.

5. Part A and Part B caseloads are not mutually exclusive. For the most part, those who receive Part A premium assistance also receive Part B premium assistance. Likewise, Medicare Part A/Part B caseloads are not grouped under OHP or Other caseloads, because most of the individuals with Part A/Part B premium assistance have already been counted in one of our traditional Medicaid caseloads (OAA, ABAD, and QMB). There is a segment that is not in the traditional Medicaid caseloads. They are in Specified Low Income Medicare Beneficiary (SLMB) or Qualified Individual (QI) groups that we track but do not formally forecast. Lastly, there is a slight discrepancy in counts between people on the Medicaid caseload who have Medicare, and those who receive premium assistance.

Mental Health (MH)

The Mental Health program provides prevention and treatment options for clients with mental illnesses. The MH caseload forecast is the total number of adult clients receiving government paid mental health services per month. MH provides both Mandated and Non-Mandated mental health services, some of which are residential.

Total Mandated Population caseloads include both criminal commitment and civil commitment caseloads. Mandated populations are required to receive mental health services by Oregon law through community settings and State Hospitals. The State Hospitals provide 24-hour supervised care to people with the most severe mental health disorders, many of whom have been committed because they are a danger to themselves or others, including people who have been found guilty except for insanity.

Criminal Aid and Assist - State Hospital (or "Fitness to Proceed") caseload serves clients who have been charged with a crime and are placed in the Oregon State Hospital for psychiatric assessment and treatment until they are fit to stand trial. “Fitness to Proceed” means that the client is able to understand and assist the attorney and stand trial.

Psychiatric Security Review Board (PSRB) includes clients who are under the jurisdiction of the Psychiatric Security Review Board. Clients in PSRB caseloads have been found “guilty except for insanity” of a crime by a court. OHA is required by Oregon law to provide treatment and supervision for these individuals, either in the community or in a State Hospital. Clients in this caseload receive a full range of counseling, medication, skills training, and supports to assist their progress toward recovery.

Civil Commitment caseload includes individuals currently under commitment (although a proxy rule is used to estimate the end date for clients’ mandated service). The Civilly Committed caseload includes people who are found through a civil court process to be dangerous to themselves and/or others or are unable to care for themselves as a result of mental illness, with the court mandating treatment for the individual. They may be served at the State Hospital or in the community.

Previously Committed caseload includes people who were previously either civilly or criminally committed but whose commitment period has ended. These clients continue to receive individual services, counseling, training, and/or living supports. About 80 percent of these clients are served in non-residential settings.

Never Committed caseload includes people who have never been either civilly or criminally committed but who are receiving mental health services either in the community or in a residential setting. About 99 percent of these clients are served in non-residential settings. Clients in the State Hospital are of a voluntary or voluntary by guardian status.





This document can be provided upon request in alternate formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, contact Office of Forecasting Research and Analysis at 503-947-5185 or 503-378-2897 for TTY.

FALL 2020 DHS/OHA REGIONAL FORECASTS BY DISTRICT

Budget, Planning and Analysis
Office of Forecasting, Research and Analysis

DECEMBER 2020

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Fall 2020 DHS/OHA Regional Caseload Forecast

Introduction

The Regional Forecast is designed to increase the Statewide Caseload Forecast's use as a tool for regional and local policy decisions by breaking down the Statewide Caseload Forecast into smaller geographic units. By developing a regional focus on caseloads and causal factors, we hope to support a wide range of local and community partners as they, in turn, support the diverse needs of Oregonians.

This forecast presents county biennial averages for each DHS service district, as well as district totals. The result is a forecast for all 36 Oregon counties for 14 different caseloads within the Oregon Department of Human Services and the Oregon Health Authority.

Care must be taken in interpreting some of this forecast's results. Because county-by-county values are presented, small numerical values are forecast and published. As the number of cases in a caseload shrinks, the possibility of forecasting error grows. In general, the forecasts presented here are designed to illustrate the general magnitude of caseloads and trends for each county. This is especially true for counties with small populations where a modest increase in caseload represents a major percentage increase.

COVID-19 Pandemic

The spread of the novel corona virus (SARS-CoV-2) and the orders to limit physical distancing to mitigate its spread have had effects on the nation and the state that are notable for their speed and severity. There have been impacts measured in every area we forecast, from major changes to caseload counts to indirect effects which may reduce forecast accuracy. These impacts have required the forecasting team to rely on important assumptions about public policy, operations, and the economy. Although there are always assumptions built into any forecast, they are notable this time because of the sizeable impact they have on caseload projections. We have attempted at every step to be clear about our assumptions, both in this document and to the stakeholders who make budgetary and operational decisions based on our work. The likelihood that one or more of these assumptions proves to be wrong is fairly high, but that is unavoidable in this unstable period in which we find ourselves. For a full discussion of these impacts, see the *Fall 2020 ODHS/OHA Statewide Caseload Forecast.*[1]

Regional Forecast Methodology

Each forecast was developed using time series models; however, different methods were used for different programs based on goodness-of-fit. For the current forecast, several programs used the Statewide Forecast as an independent variable. This controlled for the inability of local time series models to detect the variation caused by the recession and recovery. However, it also means that, in the future, counties that do not follow the statewide trend could be distorted to match the expected statewide pattern. As patterns at the county level are better understood, forecasts will become more accurate.

Goodness-of-fit was determined for each program's forecast by summing the total county values and comparing the result to the official Statewide Forecast. Generally, if the Regional Forecast was within five percent of the Statewide Forecast, it was accepted as valid. There will be some inherent error because regional values used for the analysis will never total the exact amount of the statewide historic values. In addition, statewide forecasts use different forecast methods not available to the regional forecasts.

To avoid internal discrepancies, each forecast is apportioned to the official Statewide Forecast. Thus, the critical information from the regional forecast becomes the forecast direction of caseload change, and the magnitude of change in comparison to the state as a whole.

Data from multiple sources were used in order to interpret the forecast for each county and provide basic demographic and economic information. Information was included from:

- The U.S. Census Bureau, "American Community Survey" 5 year (2015-2019) estimates, https://data.census.gov/cedsci/?intcmp=aff_cedsci_banner;
- The Oregon Employment Department's "Oregon Labor Market Information System," "Current Employment Statistics" and "Labor Force and Unemployment by Area" data, November 2020, https://www.qualityinfo.org/.

1. https://www.oregon.gov/dhs/BUSINESS-SERVICES/OFRA/ofradocuments/Fall%202020%20Caseload%20Forecast.pdf

Special Section: Community Resilience in Oregon's Underserved Populations

In terms of an impact on Oregon's workers, the coronavirus can be seen as a natural disaster. Like the expected Cascadia Subduction tsunami or a wildfire event, people have been displaced from their work and businesses have shut down in a way that is irrespective of how the overall economy was functioning. When viewed through this lens, an important question is how well positioned different communities are with respect to being able to recover from such a disaster. The Community Resilience Estimates (CRE)[2] is a resilience measure that identifies a community's ability to endure, respond, and recover from the impact of disasters. Individuals with three or more risk factors – from health and income to age and living conditions – are considered high risk. Likewise, whole communities are high risk if at least 30 percent of their population has three or more risk factors. The risk factors include:

- aged 65 and above;
- low-income household;
- single or no caregiver household;
- household communication barrier;
- employment status;
- disability status;
- physical crowding;
- lack of health insurance;
- respiratory disease;
- heart disease; and
- diabetes

In this analysis, we examine this resilience measure by census tract for the state of Oregon. In addition, this analysis looks at the percentage of residents who are members of historically underserved communities of color.

The concept of underserved communities is used by the National Institutes of Health (NIH) to help understand health disparities among different communities that have a long history of being underserved by the American health-care system.

These communities are at greater risk of a natural disaster that attacks public health, as the coronavirus disaster has.

People of color are also likely to have other economic-related recovery issues. Seasonally adjusted unemployment in the U.S. rose from 4.4 percent in March 2020 to 14.7 in April. For the Black or African American population, unemployment went from 6.7 percent in March to 16.7 in April. Unemployment for the Hispanic or Latino population went from 6.0 percent in March to 18.9 in April.[3]

This analysis will show community resilience by census tract, placing it against a backdrop of what percentage of an area's population is represented by underserved races or ethnicities. The National Institutes of Health (NIH) term "underserved" refers to anyone who identifies as:

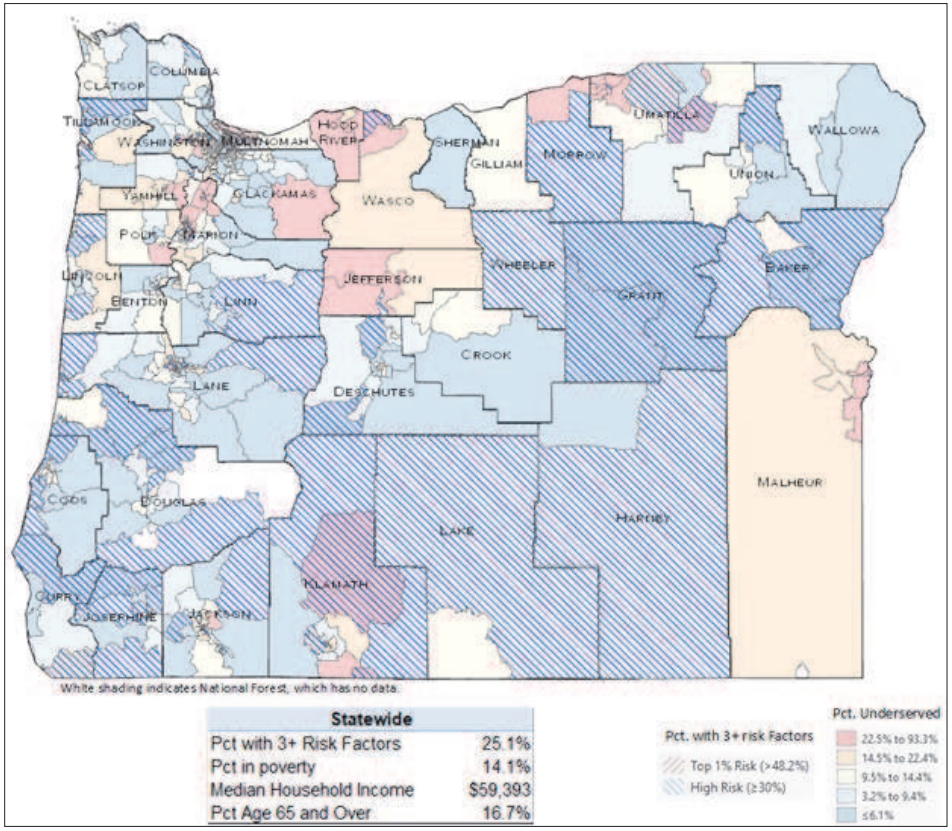
- Hispanic or Latino;
- Black or African American;
- American Indian or Alaska Native; or
- Native Hawaiian or Other Pacific Islander.[4]

Figure 1 provides a statewide picture of community resilience, highlighting areas where 30 percent or more of the population has 3 or more risk factors, which is the standard for designating a community as being "high risk." The legend lists two levels of risk the first representing census tracts at or above 30 percent but excluding the top one percent indicated by blue hatching, and the other representing the top one percent in terms of risk, indicated by red hatching. All census tracts contain roughly the same number of persons. Therefore, census tracts are necessarily large in rural areas, and very small in urban areas. The red hatching in the most urbanized part of Oregon is not visible from the statewide view because of how small the tracts are (generally in the area from Portland to Salem, and in areas of Eugene).

These areas will be shown on individual maps to follow. In addition to the cross-hatching, tracts are given a solid color showing the percentage of the population that are members of underserved races and ethnicities. Areas visible from this level where high risk intersects a high proportion of underserved groups include the central portion of Umatilla County, central Klamath County, and the northwest corner of Wasco County. The table accompanying the graph shows key statistics from the five-year American Community Survey for 2018.[5]

2. U.S. Census Bureau, https://www.census.gov/library/stories/2020/06/how-resilient-are-communities-to-disasters.html
3. U.S. Bureau of Labor Statistics, https://www.bls.gov/
4. National Institutes of Health, https://www.nih.gov/news-events/news-releases/nih-expands-research-improve-covid-19-testing-among-underserved-vulnerable-populations
5. U.S. Census Bureau, https://data.census.gov/

Figure 1. Community Resilience and Underserved Percentage - Statewide



In order to view urbanized census tracts that fall into the top one percent for risk, we have to drill down to a more magnified level. Figure 2 shows that in the areas of Downtown and West Portland, two particular census tracts stand out.

Census tract 41051010600, in Multnomah County, encompasses the area of Downtown Portland bordered by W Burnside Street on the north, SW Jefferson Street on the south, SW 12th Street on the west, and the Willamette River on the east.

It includes a number of homeless shelters, which greatly influences the demographics within its borders. These include: The Salvation Army Female Emergency Center; the Access and Assessment Center; and New Avenues for Youth.

This section of Downtown Portland has 48.4 percent of its population in the high-risk category, compared to 25.1 percent statewide. Its 45.8 percent poverty rate is considerably higher than the statewide rate (which is 14.1 percent). At $14,017, median income is substantially below the statewide median of $50,393. The percentage of the population aged 65 and over is only slightly higher than the statewide average. This census tract is quite diverse, with 5.4 percent identifying as American Indian or Alaska Native, 4.8 percent Asian, 10.4 percent Black or African American, and 7.7 percent Hispanic or Latino (these categories are not mutually exclusive). The overall percentage in underserved categories is 18.1 percent.

Figure 2. Community Resilience and Underserved Percentage - Downtown and West Portland

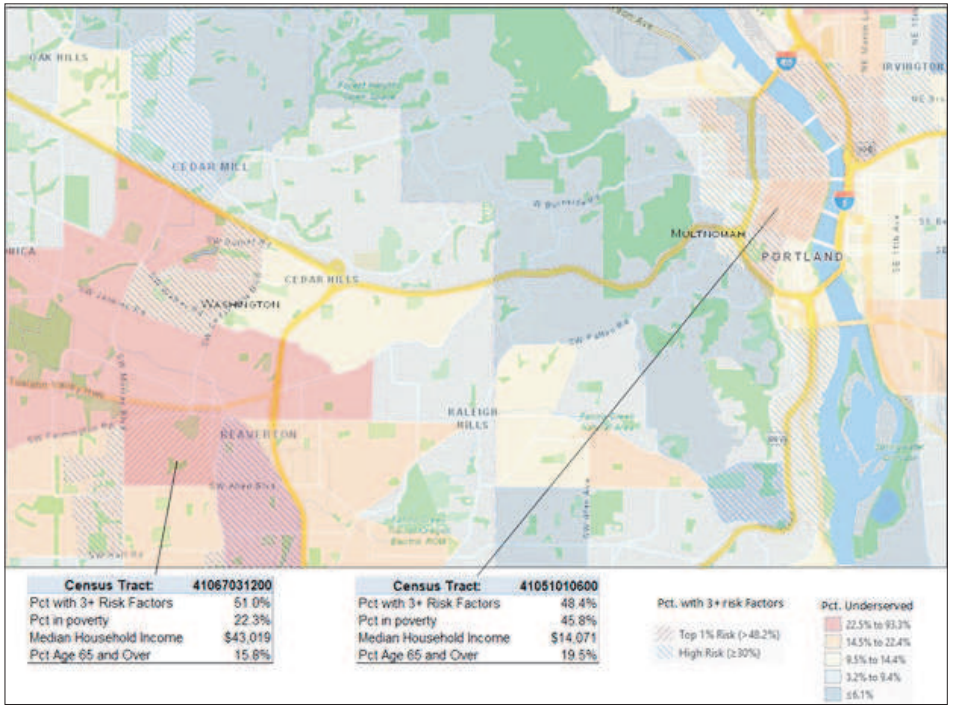
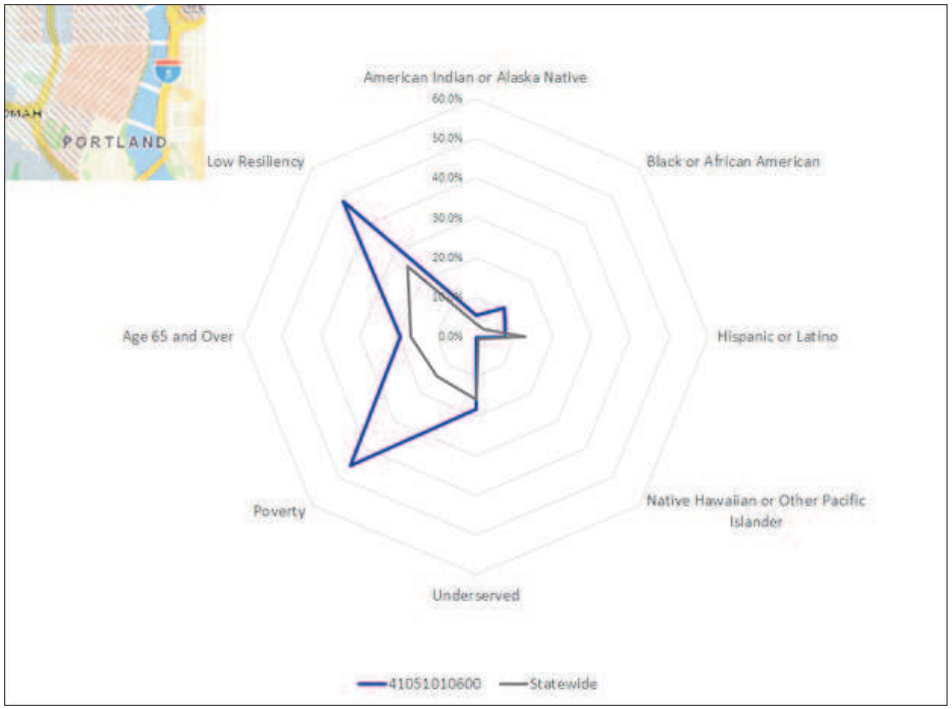


Figure 3 shows a "spider graph" or "radar graph" of this locale, with the local area's percentage of residents who are considered "low resiliency" as well as demographic characteristics. The percentage of people in a community with low resiliency scores are less likely to endure, respond, and recover from the impact of disasters, so a higher value is worse. The radar graph plots the values for eight variables, including a plot of the statewide values for comparison. The four categories of race and ethnicity shown in the chart are the ones used to define the underserved population. As mentioned previously, these categories are not mutually exclusive, so an individual may appear in multiple categories.

Figure 3. Census tract 41051010600 Resiliency and Demographic Profile



The other census tract displayed in Figure 1 shows a census tract in Washington County, on the west side of Beaverton. Census tract 41067031200 is bounded on the north by Highway 8, on the south by SW Allen Boulevard, on the east SW Hall Boulevard, and on the west by SW Murray Boulevard, along with a small section north of Highway 10 that extends out to SW 148th Avenue. It contains a variety of properties, including houses, a large number of apartment buildings, city parks, a high school, and a large car dealership.

This part of Beaverton has 51.0 percent identified as high risk. The poverty rate of 22.3 percent is much higher than the statewide rate, and its median income of $43,019 is somewhat lower than median income statewide. The percentage of people 65 and over is slightly lower than the statewide average.

A visual profile of this area appears in figure 4. Compared to the rest of the state, it has a much higher percentage of Hispanic of Latino residents.

Figure 4. Census tract 41067031200 Resiliency and Demographic Profile

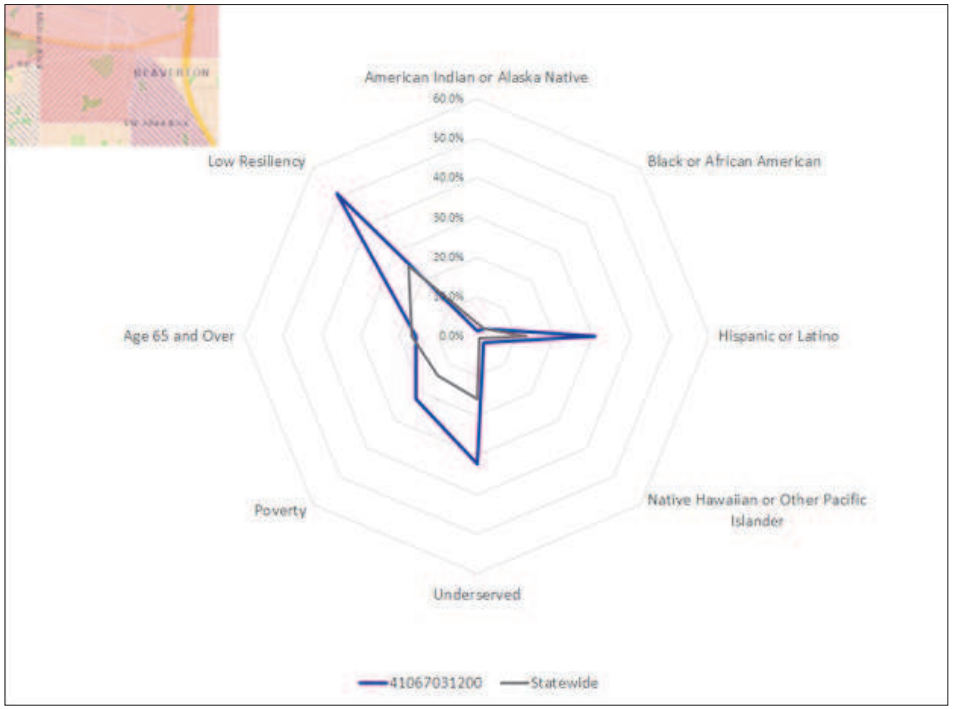
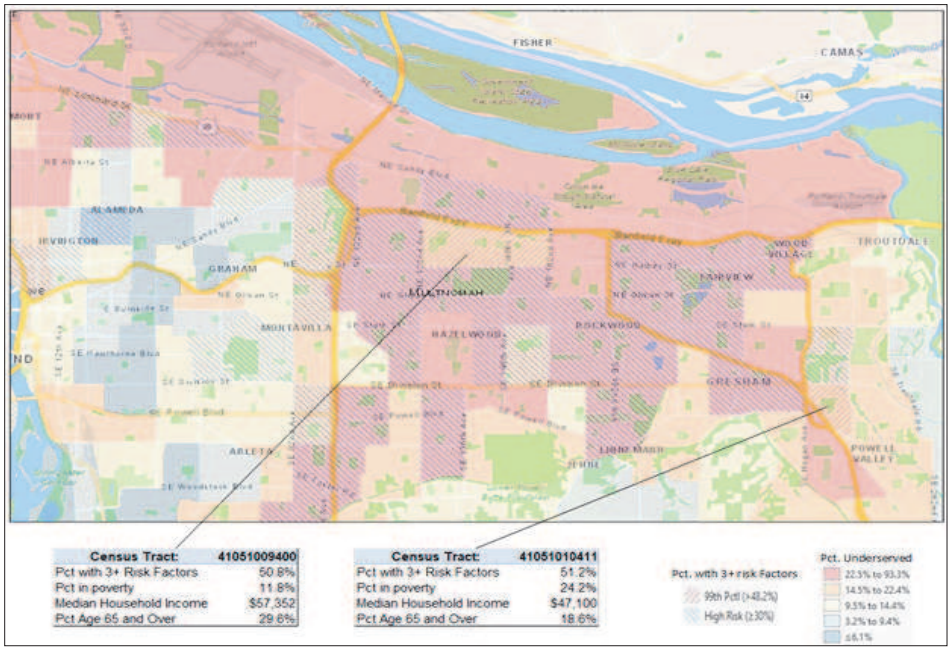


Figure 5 shows an area of east Portland, with two census tracts of interest.

Census tract 41051009400 is bounded by Interstate 84 on the north, NE Halsey Street on the south, NE 122nd Avenue on the west, and NE 162nd Avenue on the east. It is heavily residential, with schools, churches, and a city park.

Figure 5. Community Resilience and Underserved Percentage - East Portland

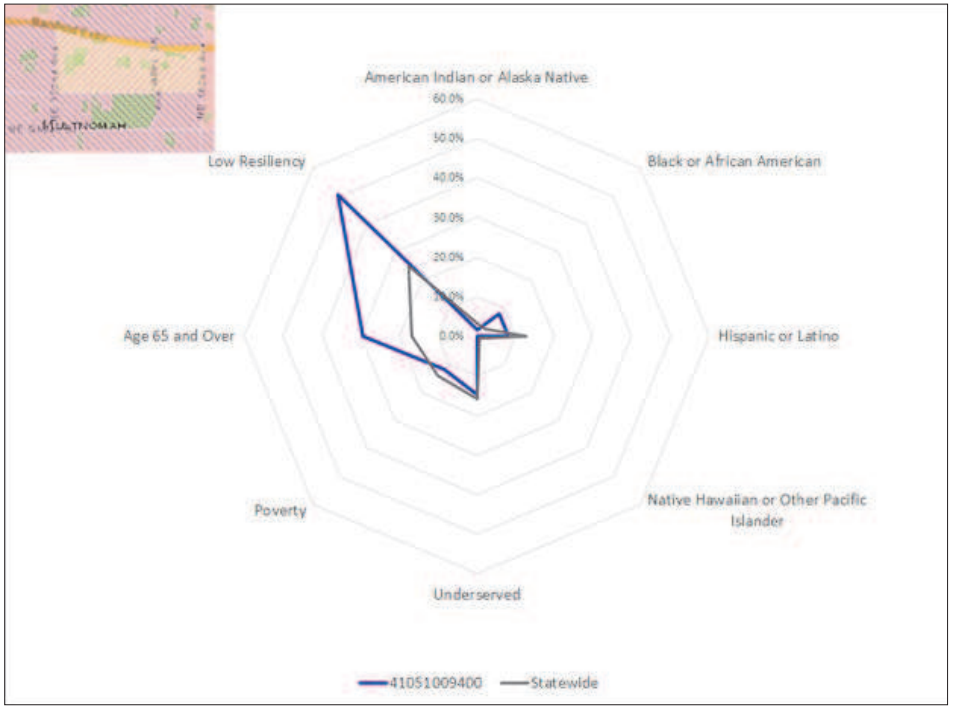


This locale has 50.8 percent of its population with three or more risk factors. Surprisingly, its poverty rate of 11.8 percent is somewhat lower than the statewide rate of 14.1, and median income is just slightly lower than the statewide median. The major difference from the statewide statistics is the percentage of people 65 and over. At 29.6 percent, this is much higher than the 16.7 percent statewide average. Since part of the CRE calculation involves the percentage of individuals 65 and over, it makes sense that this tract would be identified as high risk despite it being fairly well off financially. The population here is quite diverse, with 11.1 percent Asian, 8.1 percent Black or African American, 8.1 percent Hispanic or Latino, and 14.1 percent underserved overall. A visualization of this profile appears in figure 6.

Another high-risk area on the east side of Portland, within the city limits of Gresham, is census tract 41051010411. It is bordered by NE Division Street to the north, SE Powell Valley Road to the south, NE Hogan Road and NE Burnside Road to the west, and NE Kane Drive/ SE Kane Drive to the east. It contains a mixture of residential and business properties, a retirement center, and apartment buildings as well as single-family houses.

In this region of Gresham, 51.2 percent are considered high-risk. With a poverty rate of 24.2 percent and median income at $47,100, this area is not as well off financially as the state as a whole. At 22.5 percent, it has a very large percentage of people in underserved populations. This includes a very large Hispanic or Latino population, which accounts for 19.1 percent. The Black or African American population accounts for 8.5 percent, while those of Asian background make up 7.2 percent. Figure 7 displays a visualization of this census tract's profile.

Figure 6. Census tract 41051009400 Resiliency and Demographic Profile



Another high-risk area on the east side of Portland, within the city limits of Gresham, is census tract 41051010411. It is bordered by NE Division Street to the north, SE Powell Valley Road to the south, NE Hogan Road and NE Burnside Road to the west, and NE Kane Drive/ SE Kane Drive to the east. It contains a mixture of residential and business properties, a retirement center, and apartment buildings as well as single-family houses.

In this region of Gresham, 51.2 percent are considered high-risk. With a poverty rate of 24.2 percent and median income at $47,100, this area is not as well off financially as the state as a whole. At 22.5 percent, it has a very large percentage of people in underserved populations. This includes a very large Hispanic or Latino population, which accounts for 19.1 percent. The Black or African American population accounts for 8.5 percent, while those of Asian background make up 7.2 percent. Figure 7 displays a visualization of this census tract's profile.

Figure 7. Census tract 41051010411 Resiliency and Demographic Profile

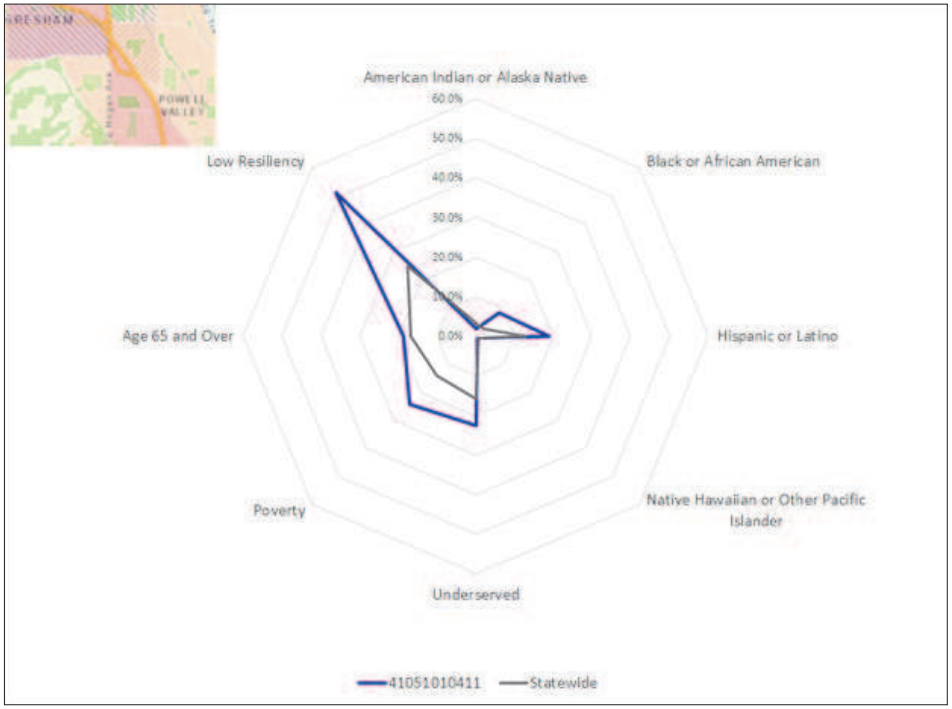
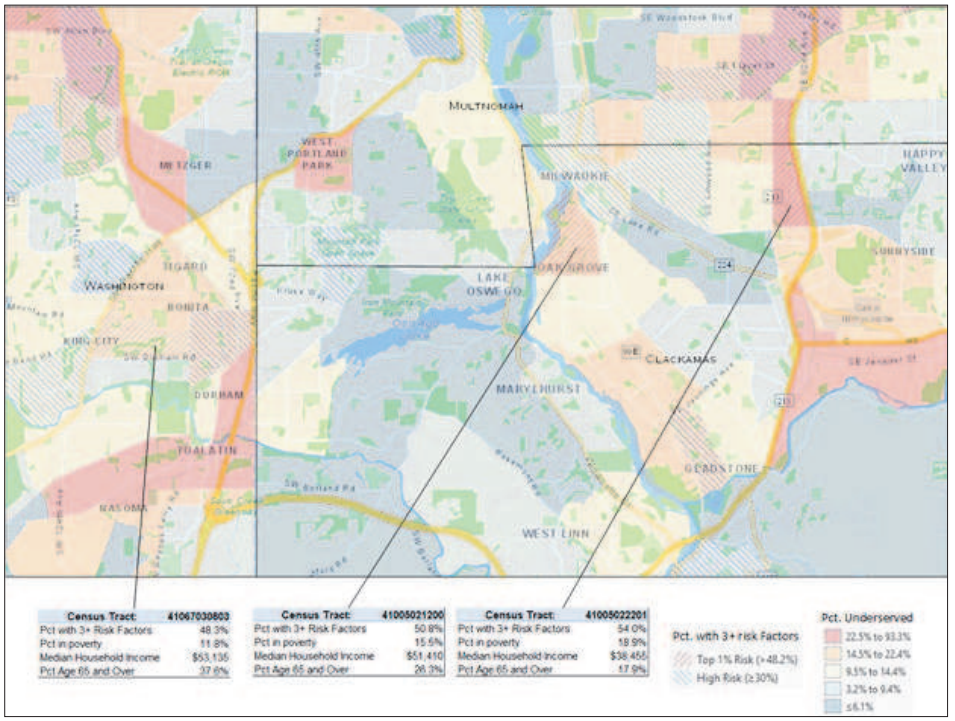


Figure 8 displays high-risk areas in the southern Portland Metro Area. Census tract 41005022201, which straddles both Multnomah and Clackamas counties, is in the suburb of Harmony Point, just west of Happy Valley. This area is bordered on the north by SE Clatsop Street, on the south by SE Sunnyside Road, on the west by Highway 213, and on the east by Interstate 205. It is dominated by Clackamas Town Center in the southern portion, with residential neighborhoods to the north, including mobile home parks.

Figure 8. Community Resilience and Underserved Percentage - South Portland



With 54.0 percent falling into the high-risk category, this neighborhood has relatively high poverty at 18.9 percent and low median income at $38,455. The underserved percentage is quite high at 32.8 percent, with 27.7 percent Hispanic or Latino, 10.4 percent Asian, 6.0 percent American Indian or Alaska Native, and 5.6 percent Black or African American. A visual profile for this locale appears in figure 9.

Figure 9. Census tract 41005022201 Resiliency and Demographic Profile

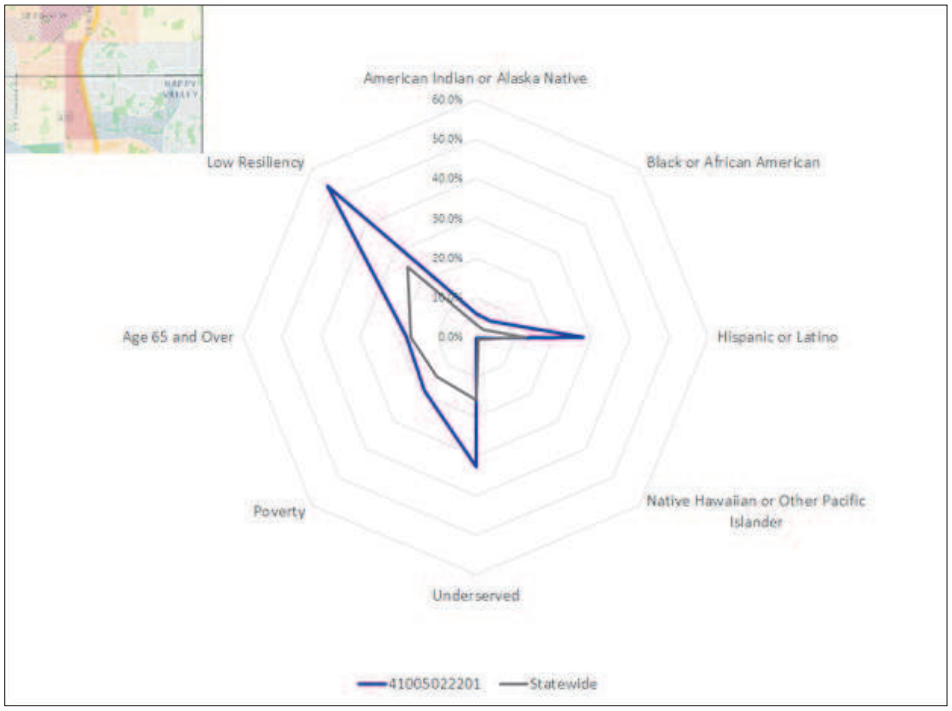
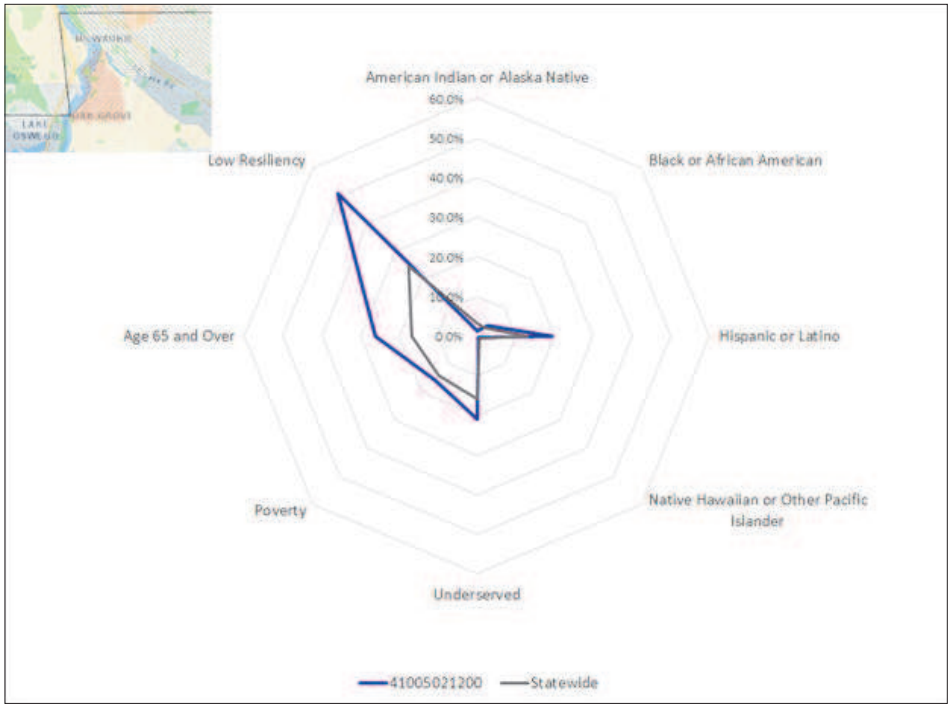


Figure 8 also shows census tract 41005021200, which covers part of the city of Milwaukie in the north and the unincorporated community of Oak Grove in the south. The northeastern section extends out to Kellogg Creek (also called Kellogg Lake) north of Robert Kronberg Park; the section just south of that is bordered on the east by SE McLoughlin Boulevard. The Willamette River lies to the west (with Elk Rock Island included in the tract). SE Courtney Avenue forms the southern border, with a small triangular section cut out by SE Bluff Road and SE Maloy Lane.

Wooded areas in the Spring Park Natural Area and Elk Rock Park cover a large section in the northwest, while businesses dominate the area facing SE McLoughlin Boulevard in the southeast. The upper section contains the Kellogg Water Resource Recovery Facility, while the remaining area is primarily residential, with a number of apartment complexes and the Rose Villa retirement community.

This locale has 50.8 percent at high risk. The percentage aged 65 and over is relatively high, at 26.3 percent, which helps account for the high-risk rating even though the poverty rate of 15.5 percent is not too far out of alignment with the statewide figure. At $51,410, median income is relatively low. The percent underserved is 21.1, with 19.5 percent Hispanic or Latino, 5.9 percent Asian, and 3.7 percent Black or African American. This area's visual profile is displayed in figure 10.

Figure 10. Census tract 41005021200 Resiliency and Demographic Profile



The third census tract shown on Figure 8 is census tract 41067030803, in Washington County. It lies fully within the city limits of Tigard. It is bordered on the west by Highway 99W, on the east by SW Hall Boulevard, and on the south by SW Durham Road. The northern border is somewhat irregular, running eastward along SW Canterbury Lane at first, redirecting a number of times, then finishing its eastward path along SW Sattler Street until it reaches SW Hall Boulevard. The area is primarily residential, with a number of apartment complexes and condominiums.

This portion of Tigard has 48.3 percent at high risk. The poverty rate of 11.8 percent is relatively low and median income is just slightly lower than the statewide figure. As with census tracts 41005021200 and 41051009400, a high percentage of people 65 and over contributes to the high-risk rating. At 11.9 percent, the percentage in underserved populations is not as great as in other metro areas. However, this tract does have a relatively high percentage—2.1 percent—in the Native Hawaiian or Other Pacific Islander category. Asians account for 8.7 percent, Hispanic of Latino 7.6 percent, and Black or African American 4.3 percent. Figure 11 provides a visual display of this profile.

Figure 11. Census tract 41067030803 Resiliency and Demographic Profile

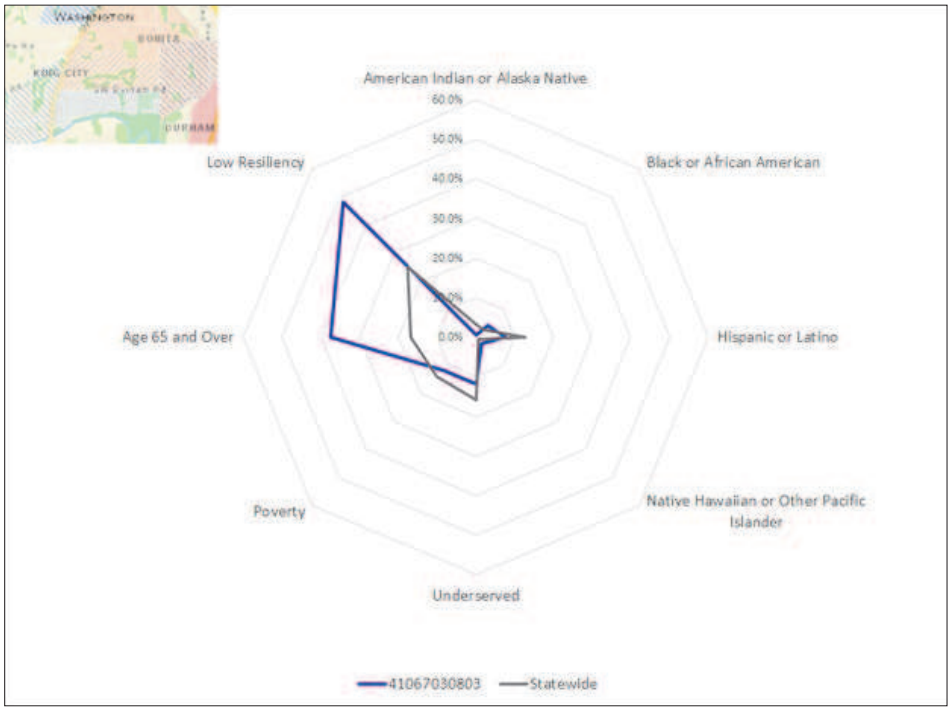


Figure 12 shows the north part of Eugene in Lane County., Census tract 41039002902 is bounded by the Belt Line Highway on the north, Cal Young Road on the south, Norkenzie Road on the west, and Coburg Road on the east. It is primarily residential and includes the Springs at Greet Gardens retirement community.

This area has a high-risk percentage of 49.7 percent. Median income is only slightly lower than the statewide figure, although a poverty rate of 18.9 percentage is quite a bit higher than the statewide average. With 20.6 percent of the population 65 or older, this area has slightly more people in this age category than the state as a whole. The underserved proportion is just 9.3 percent, but it includes a lot of mixed racial and ethnic categories, with 8.6 percent reporting as American Indian or Alaska Native, 7.4 percent Asian, 6.4 percent Hispanic or Latino, and 5.6 percent Black or African American. A visual profile appears in figure 13.

Figure 12. Community Resilience and Underserved Percentage - Eugene

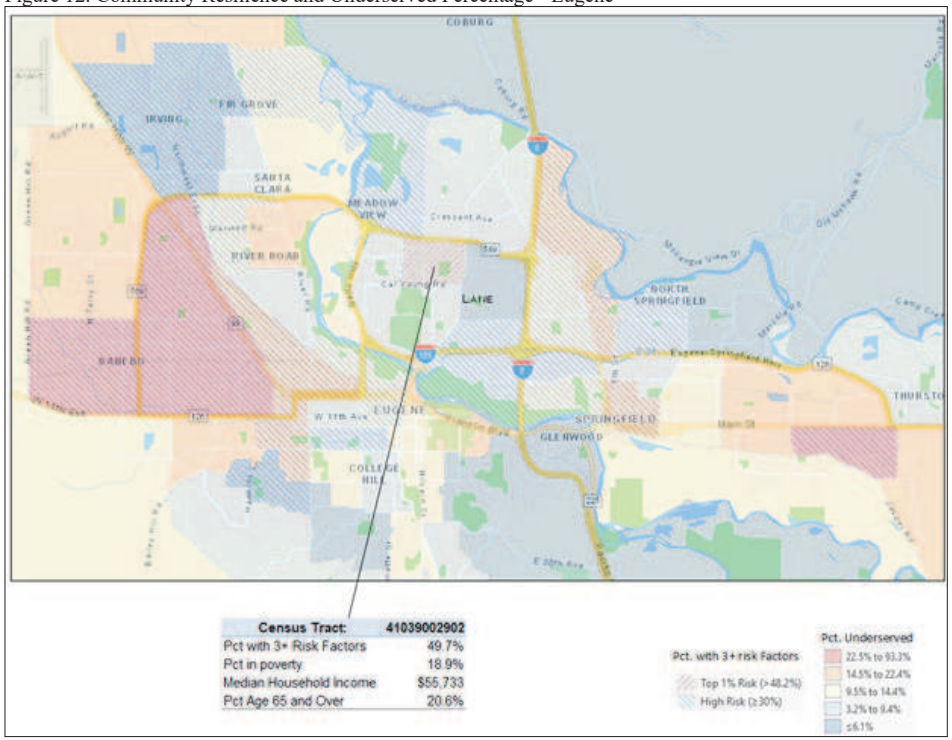
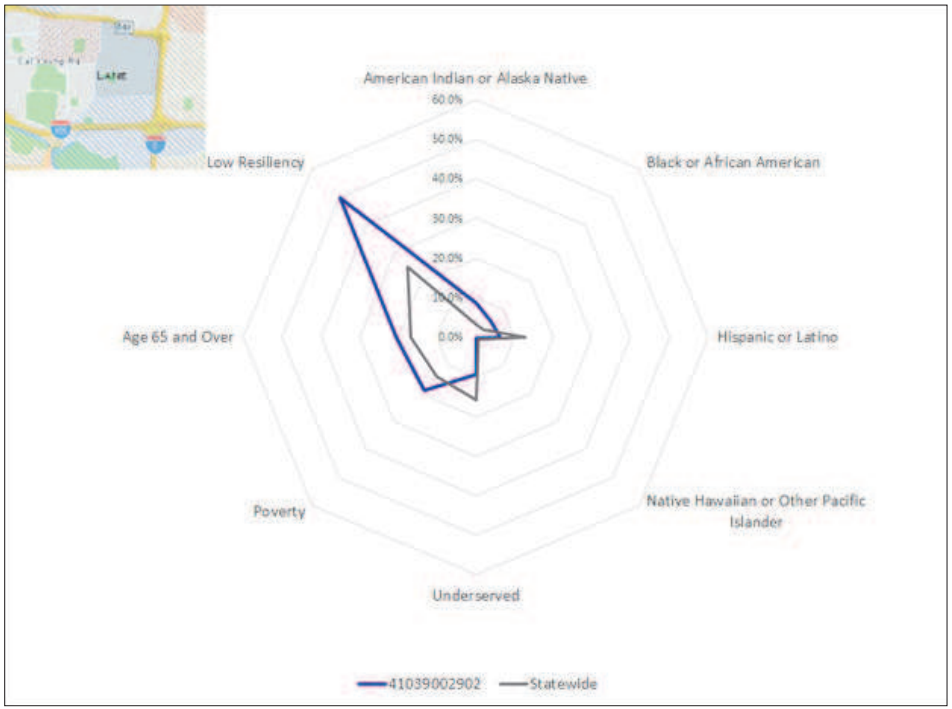


Figure 13. Census tract 41039002902 Resiliency and Demographic Profile



Census tract 41029001601 is shown in Figure 14. It occupies a narrow strip along Interstate 5 between Medford and Phoenix in Jackson County. Highway 99 forms the border opposite Interstate 5; E Stewart Avenue and E Barnett Road border it on the north; and on the south it has an irregular border partially defined by Anderson Creek. Understandably, it includes a large number of businesses servicing travelers along Interstate 5. It also includes the planned manufactured home community of San George Estates and the mobile home park of Bear Lake Estates.

At 52.7 percent, the high-risk percentage is quite elevated for this census tract. Poverty is high at 20.8 percent, and median income is quite low at $34,498. The population here consists of 25.7 percent 65 or older, which contributes to the high-risk rating.

In terms of diversity, this tract has 21.3 percent in underserved groups, with 20.3 percent Hispanic or Latino and 4.4 percent American Indian or Alaska Native. Figure 15 shows a visualization of this census tract's profile.

As seen in tthese maps and charts, the Census Bureau's Community Resilience Estimates (CRE) measure provides a useful means for evaluating how well-equipped local communities are for dealing with the challenges of a natural disaster. This is particularly relevant in the current environment given the devasting impact of the COVID-19 pandemic. When overlaid with the prevalence of underserved communities of color, it illuminates areas where those hardest hit by the pandemic also face the greatest obstacles to dealing with the crisis.

Figure 14. Community Resilience and Underserved Percentage – Medford

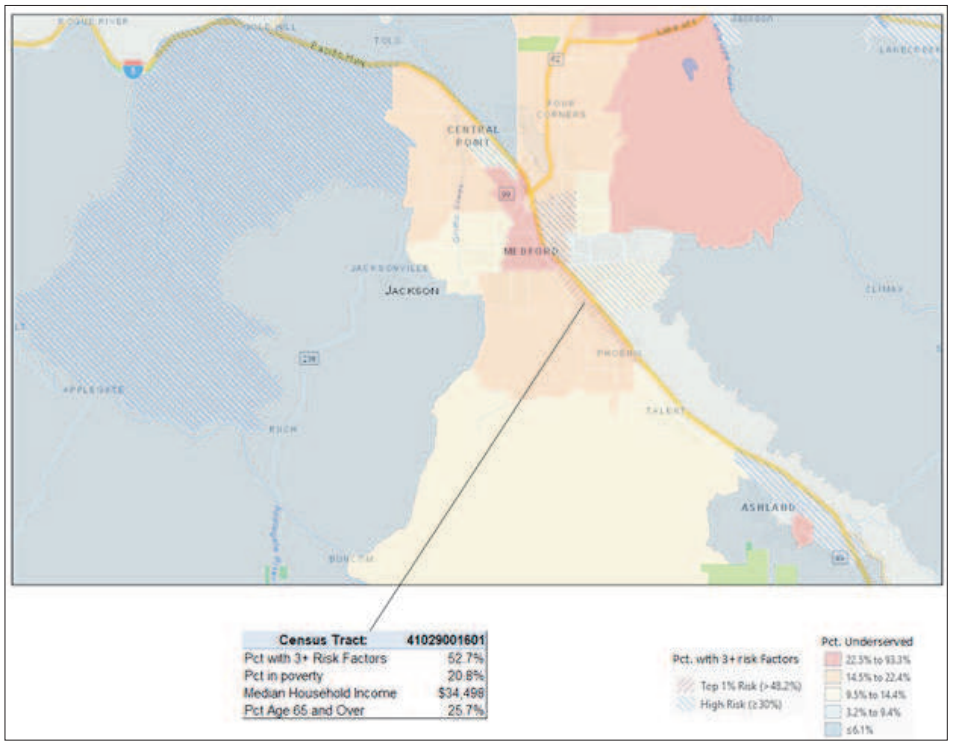
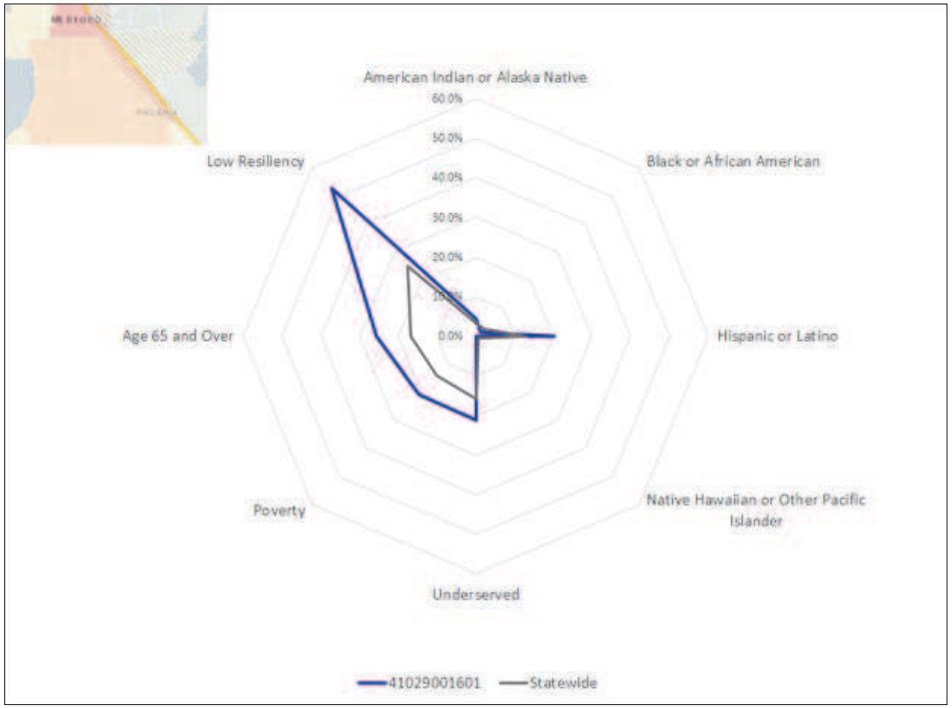


Figure 15. Census tract 41029001601 Resiliency and Demographic Profile



Total Department of Human Services Biennial Average Forecast comparison

	2019-21 Biennium			*% Change Between Forecasts*	Fall 2020 Forecast			*% Change Between Biennia*
	Spring 20 Forecast	**Fall 20 Forecast**	**Change**		**2019-21**	**2021-23**	**Change**	
Aging & People with Disabilities								
Long-Term Care: In Home	19,077	18,800	-277	-1.5%	18,800	19,199	399	2.1%
Long-Term Care: Community Based	12,319	12,274	-45	-0.4%	12,274	12,664	390	3.2%
Long-Term Care: Nursing Facilities	4,444	4,427	-17	-0.4%	4,427	4,459	32	0.7%
Child Welfare (children served)								
Adoption Assistance	10,690	10,698	8	0.1%	10,698	10,764	66	0.6%
Guardianship Assistance	2,264	2,267	3	0.1%	2,267	2,389	122	5.4%
Out of Home Care[1]	6,549	6,308	-241	-3.7%	6,308	5,939	-369	-5.8%
Child In-Home	1,436	1,472	36	2.5%	1,472	1,452	-20	-1.4%
Intellectual and Developmental Disabilities								
Total Case Management Enrollment[2]	30,524	30,782	258	0.8%	30,782	33,102	2,320	7.5%
Total I/DD Services	20,542	19,965	-577	-2.8%	19,965	21,107	1,142	5.7%
Self Sufficiency								
Supplemental Nutrition Assistance Program (Households)	350,236	409,205	58,969	16.8%	409,205	453,834	44,629	10.9%
Temporary Assistance for Needy Families (Families: Cash/Grants)	18,489	19,806	1,317	7.1%	19,806	21,777	1,971	10.0%
Vocational Rehabilitation	10,181	9,284	-897	-8.8%	9,284	10,110	826	8.9%

1. Includes residential and foster care.

2. Some clients enrolled in Case Management do not receive any additional I/DD services.

Total Oregon Health Authority Biennial Average Forecast comparison

	2019-21 Biennium			*% Change Between Forecasts*	Fall 2020 Forecast			*% Change Between Biennia*
	Spring 20 Forecast	**Fall 20 Forecast**	**Change**		**2019-21**	**2021-23**	**Change**	
Health Systems - Medicaid								
OHP								
Children's Medicaid	292,997	310,609	17,612	6.0%	310,609	299,281	-11,328	-3.6%
Children's Health Insurance Program	91,842	91,474	-369	-0.4%	91,474	97,526	6,052	6.6%
Foster, Substitute and Adoption Care	19,734	19,642	-92	-0.5%	19,642	19,198	-444	-2.3%
Aid to the Blind and Disabled	84,620	84,700	79	0.1%	84,700	87,586	2,887	3.4%
Old Age Assistance	48,246	48,762	516	1.1%	48,762	50,713	1,951	4.0%
Pregnant Women	9,069	8,764	-305	-3.4%	8,764	9,225	461	5.3%
Parent, Caretaker Relative	86,433	89,610	3,176	3.7%	89,610	98,407	8,798	9.8%
ACA Adults	367,369	412,711	45,342	12.3%	412,711	432,393	19,682	4.8%
Total OHP	**1,000,311**	**1,066,271**	**65,960**	**6.6%**	**1,066,271**	**1,094,330**	**28,059**	**2.6%**
Other Medical Assistance Total	66,774	70,171	3,397	5.1%	70,171	72,946	2,776	4.0%
Cover All Kids	6,688	6,497	-190	-2.8%	6,497	7,426	929	14.3%
Total Medical Assistance	**1,073,772**	**1,142,939**	**69,167**	**6.4%**	**1,142,939**	**1,174,702**	**31,763**	**2.8%**
Mental Health [1]								
Under Commitment								
Total Forensic Care	928	937	9	1.0%	937	943	6	0.6%
Civilly Committed	943	955	12	1.3%	955	940	-15	-1.6%
Previously Committed	2,987	2,949	-38	-1.3%	2,949	2,950	1	0.0%
Never Committed	50,894	51,425	531	1.0%	51,425	51,853	428	0.8%
Total Served	55,752	56,266	514	0.9%	56,266	56,686	420	0.7%

1. Numbers reported represent adults only.

Forecasted Biennial Average Totals by County

	SNAP Total			TANF			Long Term Care Total			Oregon Health Plan Total		
Counties	Fall 2020 Forecast 2019-21	Fall 2020 Forecast 2021-23	% change between biennia	Fall 2020 Forecast 2019-21	Fall 2020 Forecast 2021-23	% change between biennia	Fall 2020 Forecast 2019-21	Fall 2020 Forecast 2021-23	% change between biennia	Fall 2020 Forecast 2019-21	Fall 2020 Forecast 2021-23	% change between biennia
Baker	1,976	2,037	3.1%	119	130	9.2%	115	111	-3.5%	4,958	5,098	2.8%
Benton	5,968	6,402	7.3%	271	291	7.4%	372	381	2.4%	16,053	16,733	4.2%
Clackamas	25,575	28,419	11.1%	1,194	1,321	10.6%	2,855	2,915	2.1%	75,446	78,444	4.0%
Clatsop	4,495	5,044	12.2%	112	122	8.9%	326	327	0.3%	11,144	11,627	4.3%
Columbia	5,128	5,552	8.3%	229	246	7.4%	362	365	0.8%	11,935	12,285	2.9%
Coos	10,217	10,938	7.1%	335	347	3.6%	902	879	-2.5%	22,067	22,589	2.4%
Crook	2,769	2,989	7.9%	112	123	9.8%	193	200	3.6%	7,299	7,570	3.7%
Curry	3,012	3,221	6.9%	67	71	6.0%	272	291	7.0%	6,796	6,971	2.6%
Deschutes	14,854	16,636	12.0%	310	358	15.5%	994	1,047	5.3%	44,209	45,083	2.0%
Douglas	15,681	16,569	5.7%	789	858	8.7%	1,109	1,145	3.2%	36,617	37,238	1.7%
Gilliam	156	166	6.4%	8	6	-25.0%	12	11	-8.3%	420	438	4.3%
Grant	712	754	5.9%	22	22	0.0%	63	62	-1.6%	1,754	1,791	2.1%
Harney	863	924	7.1%	27	29	7.4%	53	53	0.0%	2,417	2,505	3.6%
Hood River	1,414	1,546	9.3%	62	73	17.7%	114	115	0.9%	6,075	6,106	0.5%
Jackson	27,133	29,461	8.6%	1,273	1,302	2.3%	1,690	1,703	0.8%	70,215	72,405	3.1%
Jefferson	3,690	3,856	4.5%	285	316	10.9%	186	195	4.8%	9,561	9,785	2.3%
Josephine	14,147	14,987	5.9%	804	863	7.3%	932	943	1.2%	33,106	33,777	2.0%

Forecasted Biennial Average Totals by County (continued)

	SNAP Total			TANF			Long Term Care Total			Oregon Health Plan Total		
Counties	Fall 2020 Forecast 2019-21	Fall 2020 Forecast 2021-23	% change between biennia	Fall 2020 Forecast 2019-21	Fall 2020 Forecast 2021-23	% change between biennia	Fall 2020 Forecast 2019-21	Fall 2020 Forecast 2021-23	% change between biennia	Fall 2020 Forecast 2019-21	Fall 2020 Forecast 2021-23	% change between biennia
Klamath	11,218	12,510	11.5%	603	658	9.1%	637	648	1.7%	24,917	25,411	2.0%
Lake	904	922	2.0%	28	32	14.3%	51	53	3.9%	2,161	2,191	1.4%
Lane	45,533	50,374	10.6%	1,801	1,992	10.6%	3,769	3,869	2.7%	104,481	107,645	3.0%
Lincoln	6,588	7,093	7.7%	258	280	8.5%	572	588	2.8%	15,471	16,014	3.5%
Linn	14,756	15,828	7.3%	660	683	3.5%	1,359	1,386	2.0%	37,729	38,651	2.4%
Malheur	4,384	4,638	5.8%	320	327	2.2%	320	332	3.8%	12,465	12,695	1.8%
Marion	33,724	36,900	9.4%	2,037	2,257	10.8%	3,070	3,161	3.0%	100,344	101,928	1.6%
Morrow	995	1,044	4.9%	60	68	13.3%	50	54	8.0%	3,350	3,411	1.8%
Multnomah	88,080	102,934	16.9%	4,603	5,263	14.3%	8,683	8,856	2.0%	204,952	210,879	2.9%
Polk	7,785	8,480	8.9%	534	582	9.0%	754	763	1.2%	21,444	22,082	3.0%
Sherman	171	184	7.6%	5	5	0.0%	14	14	0.0%	403	420	4.2%
Tillamook	2,858	3,252	13.8%	69	75	8.7%	221	225	1.8%	7,425	7,587	2.2%
Umatilla	8,351	8,925	6.9%	479	484	1.0%	648	656	1.2%	23,413	23,965	2.4%
Union	2,963	3,240	9.3%	206	223	8.3%	222	227	2.3%	7,555	7,654	1.3%
Wallowa	621	649	4.5%	34	36	5.9%	74	74	0.0%	1,979	1,998	1.0%
Wasco	3,031	3,331	9.9%	114	132	15.8%	302	307	1.7%	8,115	8,245	1.6%
Washington	30,417	34,110	12.1%	1,475	1,639	11.1%	3,206	3,319	3.5%	103,901	106,391	2.4%
Wheeler	121	121	0.0%	3	2	-33.3%	15	15	0.0%	340	345	1.5%
Yamhill	8,914	9,797	9.9%	500	558	11.6%	986	1,033	4.8%	25,758	26,372	2.4%
Statewide	409,204	453,833	10.9%	19,808	21,774	9.9%	35,503	36,323	2.3%	1,066,275	1,094,329	2.6%

Regional Forecasts by District

District 1 Regional Forecast

Comparing July 2020 employment with July 2019, the pandemic appears to have hit Clatsop, Columbia, and Tillamook counties quite hard. These losses were primarily in leisure and hospitality as well as accommodations and food services. These sectors, which tend to employ social services clients, accounted for 39 percent of this district's total nonfarm employment in July 2019. The rise in unemployment is similar to what happened statewide, although Clatsop is a bit higher.

Comparing the 2021-23 biennium to the 2019-21 biennium for the Fall 2020 Regional Forecast, APD In-Home and Community Based Care exhibit very slight increases compared to the overall increase in the statewide forecast. The forecast for Nursing Facilities shows a slight decrease, compared to a slight increase statewide.

DISTRICT 1	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Clatsop	38,562	19.5%	20.8%	$52,583	10.5%	3.8%	12.3%
Columbia	50,851	21.8%	17.9%	$59,714	12.1%	4.5%	10.3%
Tillamook	26,076	19.0%	24.4%	$47,500	15.0%	3.9%	11.0%



District 1 Regional Forecast, Oregon Department of Human Services

Counties served: Clatsop, Columbia and Tillamook

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Clatsop	1,996	2,700	35.3%	2,700	3,169	17.4%
Columbia	2,683	3,180	18.5%	3,180	3,503	10.2%
Tillamook	1,407	1,718	22.1%	1,718	2,000	16.4%
District 1 Total	**6,086**	**7,598**	**24.8%**	**7,598**	**8,672**	**14.1%**
SNAP - Aid to People with Disabilities						
Clatsop	1,741	1,795	3.1%	1,795	1,875	4.5%
Columbia	1,897	1,948	2.7%	1,948	2,049	5.2%
Tillamook	1,104	1,140	3.3%	1,140	1,252	9.8%
District 1 Total	**4,742**	**4,883**	**3.0%**	**4,883**	**5,176**	**6.0%**
TANF						
Clatsop	111	112	0.9%	112	122	8.9%
Columbia	214	229	7.0%	229	246	7.4%
Tillamook	68	69	1.5%	69	75	8.7%
District 1 Total	**393**	**410**	**4.3%**	**410**	**443**	**8.0%**



District 1 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Clatsop, Columbia and Tillamook

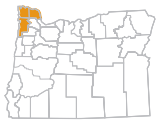
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Clatsop	143	135	-5.6%	135	135	0.0%
Columbia	179	190	6.1%	190	191	0.5%
Tillamook	113	108	-4.4%	108	110	1.9%
District 1 Total	**435**	**433**	**-0.5%**	**433**	**436**	**0.7%**
Community-Based Care						
Clatsop	164	163	-0.6%	163	165	1.2%
Columbia	117	121	3.4%	121	123	1.7%
Tillamook	91	91	0.0%	91	93	2.2%
District 1 Total	**372**	**375**	**0.8%**	**375**	**381**	**1.6%**
Nursing Care						
Clatsop	31	28	-9.7%	28	27	-3.6%
Columbia	55	51	-7.3%	51	51	0.0%
Tillamook	21	22	4.8%	22	22	0.0%



District 1 Regional Forecast, Oregon Health Authority

Counties served: Clatsop, Columbia and Tillamook

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Clatsop	833	873	4.8%	873	1,001	14.7%
Columbia	1,158	1,194	3.1%	1,194	1,322	10.7%
Tillamook	614	646	5.2%	646	701	8.5%
District 1 Total	**2,605**	**2,713**	**4.1%**	**2,713**	**3,024**	**11.5%**
Children's Medicaid Program						
Clatsop	2,835	3,015	6.3%	3,015	2,946	-2.3%
Columbia	3,165	3,297	4.2%	3,297	3,202	-2.9%
Tillamook	2,144	2,214	3.3%	2,214	2,123	-4.1%
District 1 Total	**8,144**	**8,526**	**4.7%**	**8,526**	**8,271**	**-3.0%**
Children's Health Insurance Program (CHIP)						
Clatsop	1,004	993	-1.1%	993	1,064	7.2%
Columbia	914	896	-2.0%	896	955	6.6%
Tillamook	581	584	0.5%	584	615	5.3%
District 1 Total	**2,499**	**2,473**	**-1.0%**	**2,473**	**2,634**	**6.5%**
Pregnant Women Program						
Clatsop	86	87	1.2%	87	94	8.0%
Columbia	86	84	-2.3%	84	91	8.3%
Tillamook	61	59	-3.3%	59	64	8.5%
District 1 Total	**233**	**230**	**-1.3%**	**230**	**249**	**8.3%**



District 1 Regional Forecast, Oregon Health Authority (continued)

Counties served: Clatsop, Columbia and Tillamook

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Foster Care & Adoption Services						
Clatsop	212	214	0.9%	214	216	0.9%
Columbia	329	318	-3.3%	318	310	-2.5%
Tillamook	107	104	-2.8%	104	102	-1.9%
District 1 Total	**648**	**636**	**-1.9%**	**636**	**628**	**-1.3%**
Aid to the Blind/Disabled						
Clatsop	899	899	0.0%	899	923	2.7%
Columbia	1,120	1,123	0.3%	1,123	1,162	3.5%
Tillamook	621	620	-0.2%	620	640	3.2%
District 1 Total	**2,640**	**2,642**	**0.1%**	**2,642**	**2,725**	**3.1%**
Old Age Assistance						
Clatsop	488	498	2.0%	498	520	4.4%
Columbia	464	486	4.7%	486	515	6.0%
Tillamook	296	300	1.4%	300	312	4.0%
District 1 Total	**1,248**	**1,284**	**2.9%**	**1,284**	**1,347**	**4.9%**
ACA Adults						
Clatsop	4,170	4,566	9.5%	4,566	4,863	6.5%
Columbia	4,119	4,538	10.2%	4,538	4,727	4.2%
Tillamook	2,620	2,898	10.6%	2,898	3,030	4.6%
District 1 Total	**10,909**	**12,002**	**10.0%**	**12,002**	**12,620**	**5.1%**

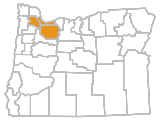
Portland Area – Districts 2, 15, and 16

The Portland Metro area experienced a large drop in employment from July 2019 to July 2020, driven primarily by the pandemic. As with the state as a whole, these job losses related chiefly to leisure and hospitality along with accommodation and food services.

Comparing July 2020 to July 2019, unemployment in Washington County increased less than the state as a whole, while for Multnomah County it increased more than the statewide average.

The forecasted increase in Multnomah County's SSP SNAP caseload from 2019-21 to 2021-13 is substantially greater than the statewide average. Looking at the jump in SSP SNAP caseload from March to April 2020, Multnomah County's increase of 22.3 percent was considerably higher than the 15.1 increase statewide.

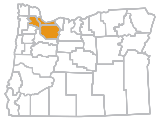
Portland Area	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Clackamas (District 15)	405,788	21.9%	17.0%	$76,597	8.5%	3.4%	10.0%
Multnomah (District 2)	798,647	19.3%	12.6%	$64,337	15.1%	3.3%	12.3%
Washington (District 16)	581,821	23.6%	12.6%	$78,010	9.6%	3.1%	9.2%



Portland Area Regional Forecast, Department of Human Services

Counties served: Multnomah (District 2), Clackamas (District 15) and Washington (District 16)

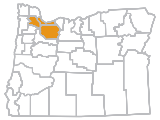
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Multnomah (District 2)	**42,383**	**59,029**	**39.3%**	**59,029**	**72,707**	**23.2%**
Clackamas (District 15)	**13,132**	**17,010**	**29.5%**	**17,010**	**19,405**	**14.1%**
Washington (District 16)	**16,415**	**21,108**	**28.6%**	**21,108**	**24,114**	**14.2%**
SNAP - Aid to People with Disabilities						
Multnomah (District 2)	**28,266**	**29,050**	**2.8%**	**29,050**	**30,227**	**4.1%**
Clackamas (District 15)	**8,327**	**8,565**	**2.9%**	**8,565**	**9,014**	**5.2%**
Washington (District 16)	**8,985**	**9,309**	**3.6%**	**9,309**	**9,996**	**7.4%**
TANF						
Multnomah (District 2)	**4,200**	**4,603**	**9.6%**	**4,603**	**5,263**	**14.3%**
Clackamas (District 15)	**1,117**	**1,194**	**6.9%**	**1,194**	**1,321**	**10.6%**
Washington (District 16)	**1,320**	**1,475**	**11.7%**	**1,475**	**1,639**	**11.1%**



Portland Area Regional Forecast, Department of Human Services (continued)

Counties served: Multnomah (District 2), Clackamas (District 15) and Washington (District 16)

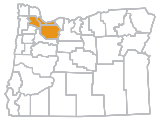
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Multnomah (District 2)	**4,772**	**4,717**	**-1.2%**	**4,717**	**4,769**	**1.1%**
Clackamas (District 15)	**1,429**	**1,399**	**-2.1%**	**1,399**	**1,413**	**1.0%**
Washington (District 16)	**1,518**	**1,506**	**-0.8%**	**1,506**	**1,579**	**4.8%**
Community-Based Care						
Multnomah (District 2)	**2,783**	**2,759**	**-0.9%**	**2,759**	**2,878**	**4.3%**
Clackamas (District 15)	**1,091**	**1,090**	**-0.1%**	**1,090**	**1,125**	**3.2%**
Washington (District 16)	**1,304**	**1,299**	**-0.4%**	**1,299**	**1,335**	**2.8%**
Nursing Care						
Multnomah (District 2)	**1,234**	**1,208**	**-2.1%**	**1,208**	**1,208**	**0.0%**
Clackamas (District 15)	**346**	**366**	**5.8%**	**366**	**378**	**3.3%**
Washington (District 16)	**393**	**402**	**2.3%**	**402**	**405**	**0.7%**



Portland Area Regional Forecast, Oregon Health Authority

Counties served: Multnomah (District 2), Clackamas (District 15) and Washington (District 16)

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Multnomah (District 2)	**14,039**	**14,597**	**4.0%**	**14,597**	**15,431**	**5.7%**
Clackamas (District 15)	**6,384**	**6,679**	**4.6%**	**6,679**	**7,476**	**11.9%**
Washington (District 16)	**7,485**	**7,961**	**6.4%**	**7,961**	**8,636**	**8.5%**
Children's Medicaid Program						
Multnomah (District 2)	**48,515**	**52,254**	**7.7%**	**52,254**	**49,268**	**-5.7%**
Clackamas (District 15)	**19,015**	**20,744**	**9.1%**	**20,744**	**20,332**	**-2.0%**
Washington (District 16)	**29,655**	**32,291**	**8.9%**	**32,291**	**30,830**	**-4.5%**
Children's Health Insurance Program (CHIP)						
Multnomah (District 2)	**14,438**	**14,301**	**-0.9%**	**14,301**	**15,327**	**7.2%**
Clackamas (District 15)	**7,302**	**7,308**	**0.1%**	**7,308**	**7,757**	**6.1%**
Washington (District 16)	**12,606**	**12,490**	**-0.9%**	**12,490**	**13,257**	**6.1%**
Pregnant Women Program						
Multnomah (District 2)	**1,500**	**1,508**	**0.5%**	**1,508**	**1,600**	**6.1%**
Clackamas (District 15)	**632**	**632**	**0.0%**	**632**	**688**	**8.9%**
Washington (District 16)	**827**	**802**	**-3.0%**	**802**	**877**	**9.4%**



Portland Area Regional Forecast, Oregon Health Authority (continued)

Counties served: Multnomah (District 2), Clackamas (District 15) and Washington (District 16)

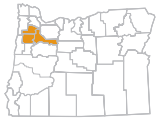
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Foster Care & Adoption Services						
Multnomah (District 2)	**3,011**	**2,986**	**-0.8%**	**2,986**	**2,894**	**-3.1%**
Clackamas (District 15)	**1,416**	**1,429**	**0.9%**	**1,429**	**1,416**	**-0.9%**
Washington (District 16)	**1,559**	**1,538**	**-1.3%**	**1,538**	**1,492**	**-3.0%**
Aid to the Blind/Disabled						
Multnomah (District 2)	**17,744**	**17,749**	**0.0%**	**17,749**	**18,129**	**2.1%**
Clackamas (District 15)	**5,777**	**5,814**	**0.6%**	**5,814**	**6,037**	**3.8%**
Washington (District 16)	**6,723**	**6,741**	**0.3%**	**6,741**	**7,090**	**5.2%**
Old Age Assistance						
Multnomah (District 2)	**12,286**	**12,317**	**0.3%**	**12,317**	**12,822**	**4.1%**
Clackamas (District 15)	**3,612**	**3,689**	**2.1%**	**3,689**	**3,872**	**5.0%**
Washington (District 16)	**5,139**	**5,179**	**0.8%**	**5,179**	**5,321**	**2.7%**
ACA Adults						
Multnomah (District 2)	**77,696**	**89,241**	**14.9%**	**89,241**	**95,410**	**6.9%**
Clackamas (District 15)	**25,500**	**29,152**	**14.3%**	**29,152**	**30,867**	**5.9%**
Washington (District 16)	**32,135**	**36,898**	**14.8%**	**36,898**	**38,888**	**5.4%**

District 3 Regional Forecast

The employment data for Marion and Polk counties are represented by the numbers for the Salem Metropolitan Statistical Area (MSA). Salem MSA experienced a substantial decrease in employment from July 2019 to July 2020, both overall and in leisure and hospitality and accommodation and food services. It also saw substantial losses in manufacturing, retail trade, and professional and business services. Yamhill County, which constitutes the other portion of District 3, also experienced a large decrease in overall employment and in the leisure and hospitality sector, as well as manufacturing. All three counties in this district saw increases in unemployment that were less than that experienced statewide.

The forecast has the APD In-Home Care caseload increasing from 2019-21 to 2021-23 substantially more for Yamhill County than the statewide average. The increase for Marion is also higher, but not to the same degree.

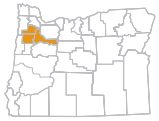
DISTRICT 3	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Marion	335,553	25.1%	15.0%	$56,097	15.2%	4.0%	9.2%
Polk	81,427	23.1%	17.2%	$58,344	14.1%	4.2%	8.8%
Yamhill	103,820	22.8%	16.3%	$59,484	13.7%	3.5%	9.1%



District 3 Regional Forecast, Oregon Department of Human Services

Counties served: Marion, Polk and Yamhill

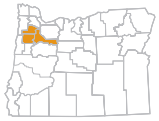
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Marion	19,798	23,775	20.1%	23,775	26,518	11.5%
Polk	4,480	5,472	22.1%	5,472	6,065	10.8%
Yamhill	4,991	6,127	22.8%	6,127	6,894	12.5%
District 3 Total	**29,269**	**35,374**	**20.9%**	**35,374**	**39,477**	**11.6%**
SNAP - Aid to People with Disabilities	0					
Marion	9,681	9,948	2.8%	9,948	10,383	4.4%
Polk	2,271	2,313	1.8%	2,313	2,415	4.4%
Yamhill	2,718	2,787	2.5%	2,787	2,904	4.2%
District 3 Total	**14,670**	**15,048**	**2.6%**	**15,048**	**15,702**	**4.3%**
TANF	0					
Marion	1,852	2,037	10.0%	2,037	2,257	10.8%
Polk	505	534	5.7%	534	582	9.0%
Yamhill	460	500	8.7%	500	558	11.6%
District 3 Total	**2,817**	**3,071**	**9.0%**	**3,071**	**3,397**	**10.6%**



District 3 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Marion, Polk and Yamhill

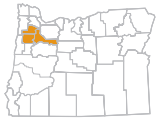
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Marion	1,826	1,795	-1.7%	1,795	1,868	4.1%
Polk	423	402	-5.0%	402	404	0.5%
Yamhill	443	445	0.5%	445	483	8.5%
District 3 Total	**2,692**	**2,642**	**-1.9%**	**2,642**	**2,755**	**4.3%**
Community-Based Care						
Marion	936	924	-1.3%	924	939	1.6%
Polk	239	254	6.3%	254	262	3.1%
Yamhill	413	412	-0.2%	412	419	1.7%
District 3 Total	**1,588**	**1,590**	**0.1%**	**1,590**	**1,620**	**1.9%**
Nursing Care						
Marion	354	351	-0.8%	351	354	0.9%
Polk	104	97	-6.7%	97	97	0.0%
Yamhill	127	129	1.6%	129	131	1.6%
District 3 Total	**585**	**577**	**-1.4%**	**577**	**582**	**0.9%**



District 3 Regional Forecast, Oregon Health Authority

Counties served: Marion, Polk and Yamhill

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Marion	7,748	8,089	4.4%	8,089	8,985	11.1%
Polk	1,955	2,030	3.8%	2,030	2,200	8.4%
Yamhill	2,176	2,246	3.2%	2,246	2,502	11.4%
District 3 Total	**11,879**	**12,365**	**4.1%**	**12,365**	**13,687**	**10.7%**
Children's Medicaid Program						
Marion	34,433	35,791	3.9%	35,791	34,143	-4.6%
Polk	6,382	6,809	6.7%	6,809	6,614	-2.9%
Yamhill	7,585	8,157	7.5%	8,157	7,903	-3.1%
District 3 Total	**48,400**	**50,757**	**4.9%**	**50,757**	**48,660**	**-4.1%**
Children's Health Insurance Program (CHIP)						
Marion	10,866	10,833	-0.3%	10,833	11,586	7.0%
Polk	1,966	1,990	1.2%	1,990	2,107	5.9%
Yamhill	2,812	2,816	0.1%	2,816	3,026	7.5%
District 3 Total	**15,644**	**15,639**	**0.0%**	**15,639**	**16,719**	**6.9%**
Pregnant Women Program						
Marion	899	832	-7.5%	832	886	6.5%
Polk	162	169	4.3%	169	181	7.1%
Yamhill	212	207	-2.4%	207	220	6.3%
District 3 Total	**1,273**	**1,208**	**-5.1%**	**1,208**	**1,287**	**6.5%**



District 3 Regional Forecast, Oregon Health Authority (continued)

Counties served: Marion, Polk and Yamhill

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Foster Care & Adoption Services						
Marion	1,665	1,632	-2.0%	1,632	1,586	-2.8%
Polk	403	408	1.2%	408	397	-2.7%
Yamhill	368	367	-0.3%	367	354	-3.5%
District 3 Total	**2,436**	**2,407**	**-1.2%**	**2,407**	**2,337**	**-2.9%**
Aid to the Blind/Disabled						
Marion	7,409	7,405	-0.1%	7,405	7,652	3.3%
Polk	1,780	1,768	-0.7%	1,768	1,868	5.7%
Yamhill	1,847	1,844	-0.2%	1,844	1,908	3.5%
District 3 Total	**11,036**	**11,017**	**-0.2%**	**11,017**	**11,428**	**3.7%**
Old Age Assistance						
Marion	4,004	4,063	1.5%	4,063	4,222	3.9%
Polk	862	872	1.2%	872	917	5.2%
Yamhill	1,130	1,148	1.6%	1,148	1,195	4.1%
District 3 Total	**5,996**	**6,083**	**1.5%**	**6,083**	**6,334**	**4.1%**
ACA Adults						
Marion	28,422	31,699	11.5%	31,699	32,868	3.7%
Polk	6,538	7,398	13.2%	7,398	7,797	5.4%
Yamhill	8,034	8,973	11.7%	8,973	9,264	3.2%
District 3 Total	**42,994**	**48,070**	**11.8%**	**48,070**	**49,929**	**3.9%**

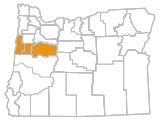
District 4 Regional Forecast

District 4 is the most economically diverse region in this report, with coastal tourism dominating Lincoln County, agriculture and manufacturing in Linn County, and university employment key in Benton County. While this diversity has tempered the overall decrease in employment from July 2019 to July 2020, the district experienced substantial losses in leisure and hospitality as well as accommodation and food services, which are industries heavily associated with clients receiving social services. Benton County also experienced a decrease in local government employment.

Lincoln County saw a substantial increase in unemployment from July 2019 to July 2020 compared to the increase in the statewide average. Benton County experienced a much lower increase in unemployment.

For TANF, the increase from 2019-21 to 2021-23 for Linn County is only about a third of that for the statewide average. Since the increase in SSP SNAP for Linn County was much closer to the statewide figure, this suggests that while Linn County families suffered economically from the shelter in place order, they were not driven into extreme poverty to quite the same extent.

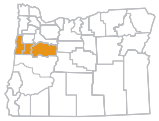
DISTRICT 4	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Benton	89,780	16.5%	15.1%	$58,655	19.4%	3.0%	7.7%
Lincoln	47,881	17.1%	27.1%	$46,061	16.7%	4.4%	15.5%
Linn	122,870	22.9%	17.9%	$52,097	14.4%	4.3%	10.0%



District 4 Regional Forecast, Oregon Department of Human Services

Counties served: Benton, Lincoln and Linn

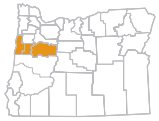
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Benton	3,654	4,450	21.8%	4,450	4,792	7.7%
Lincoln	3,337	4,172	25.0%	4,172	4,584	9.9%
Linn	8,486	9,862	16.2%	9,862	10,671	8.2%
District 4 Total	**15,477**	**18,484**	**19.4%**	**18,484**	**20,047**	**8.5%**
SNAP - Aid to People with Disabilities						
Benton	1,452	1,518	4.5%	1,518	1,610	6.1%
Lincoln	2,240	2,416	7.9%	2,416	2,509	3.8%
Linn	4,665	4,894	4.9%	4,894	5,158	5.4%
District 4 Total	**8,357**	**8,828**	**5.6%**	**8,828**	**9,277**	**5.1%**
TANF						
Benton	268	271	1.1%	271	291	7.4%
Lincoln	226	258	14.2%	258	280	8.5%
Linn	650	660	1.5%	660	683	3.5%
District 4 Total	**1,144**	**1,189**	**3.9%**	**1,189**	**1,254**	**5.5%**



District 4 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Benton, Lincoln and Linn

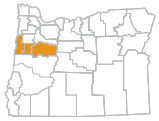
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Benton	198	190	-4.0%	190	189	-0.5%
Lincoln	398	395	-0.8%	395	403	2.0%
Linn	766	763	-0.4%	763	780	2.2%
District 4 Total	**1,362**	**1,348**	**-1.0%**	**1,348**	**1,372**	**1.8%**
Community-Based Care						
Benton	132	138	4.5%	138	148	7.2%
Lincoln	134	143	6.7%	143	151	5.6%
Linn	411	410	-0.2%	410	418	2.0%
District 4 Total	**677**	**691**	**2.1%**	**691**	**717**	**3.8%**
Nursing Care						
Benton	43	44	2.3%	44	44	0.0%
Lincoln	37	35	-5.4%	35	34	-2.9%
Linn	196	187	-4.6%	187	188	0.5%
District 4 Total	**276**	**266**	**-3.6%**	**266**	**266**	**0.0%**



District 4 Regional Forecast, Oregon Health Authority

Counties served: Benton, Lincoln and Linn

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Benton	1,180	1,201	1.8%	1,201	1,346	12.1%
Lincoln	1,283	1,357	5.8%	1,357	1,517	11.8%
Linn	3,421	3,542	3.5%	3,542	3,939	11.2%
District 4 Total	**5,884**	**6,100**	**3.7%**	**6,100**	**6,802**	**11.5%**
Children's Medicaid Program						
Benton	4,062	4,225	4.0%	4,225	4,230	0.1%
Lincoln	3,940	4,136	5.0%	4,136	3,988	-3.6%
Linn	10,908	11,468	5.1%	11,468	11,142	-2.8%
District 4 Total	**18,910**	**19,829**	**4.9%**	**19,829**	**19,360**	**-2.4%**
Children's Health Insurance Program (CHIP)						
Benton	1,199	1,188	-0.9%	1,188	1,202	1.2%
Lincoln	1,183	1,167	-1.4%	1,167	1,245	6.7%
Linn	3,096	3,131	1.1%	3,131	3,343	6.8%
District 4 Total	**5,478**	**5,486**	**0.1%**	**5,486**	**5,790**	**5.5%**
Pregnant Women Program						
Benton	130	114	-12.3%	114	112	-1.8%
Lincoln	128	123	-3.9%	123	131	6.5%
Linn	336	336	0.0%	336	363	8.0%
District 4 Total	**594**	**573**	**-3.5%**	**573**	**606**	**5.8%**



District 4 Regional Forecast, Oregon Health Authority (continued)

Counties served: Benton, Lincoln and Linn

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Foster Care & Adoption Services						
Benton	270	267	-1.1%	267	254	-4.9%
Lincoln	301	296	-1.7%	296	291	-1.7%
Linn	718	717	-0.1%	717	706	-1.5%
District 4 Total	**1,289**	**1,280**	**-0.7%**	**1,280**	**1,251**	**-2.3%**
Aid to the Blind/Disabled						
Benton	1,214	1,215	0.1%	1,215	1,248	2.7%
Lincoln	1,238	1,228	-0.8%	1,228	1,256	2.3%
Linn	3,414	3,438	0.7%	3,438	3,558	3.5%
District 4 Total	**5,866**	**5,881**	**0.3%**	**5,881**	**6,062**	**3.1%**
Old Age Assistance						
Benton	475	487	2.5%	487	514	5.5%
Lincoln	747	765	2.4%	765	808	5.6%
Linn	1,515	1,524	0.6%	1,524	1,573	3.2%
District 4 Total	**2,737**	**2,776**	**1.4%**	**2,776**	**2,895**	**4.3%**
ACA Adults						
Benton	6,542	7,355	12.4%	7,355	7,828	6.4%
Lincoln	5,801	6,399	10.3%	6,399	6,778	5.9%
Linn	12,275	13,573	10.6%	13,573	14,027	3.3%
District 4 Total	**24,618**	**27,327**	**11.0%**	**27,327**	**28,633**	**4.8%**

South-Central Oregon – Districts 5 and 6

Lane County is something of a microcosm of the state as a whole: some coastal/tourism employment, some agriculture, some manufacturing, and a large white-collar workforce in Eugene. Although Douglas County is generally associated with the wood products industry, government compromises 19 percent of the jobs there, compared to 7 percent for wood product manufacturing.

As with the rest of the state, this region suffered heavy employment losses comparing July 2019 to July 2020 in leisure and hospitality and accommodation and food service. Lane County was also hit particularly hard in local government and local education, while Douglas County had substantial losses in professional and business services. These two counties saw an increase in unemployment slightly higher than that of the state as a whole.

For Douglas County's SSP SNAP caseload, the Fall 2020 Regional Forecast projects an increase from 2019-21 to 2021-23 that is considerably less than the projected increase statewide. Lane County, in contrast, is more in line with the statewide trend.

South-Central Oregon	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Douglas (District 6)	108,323	19.4%	24.6%	$45,812	16.2%	5.0%	9.8%
Lane (District 5)	368,882	18.8%	18.3%	$49,958	18.5%	4.1%	10.3%



South-Central Oregon Regional Forecast, Department of Human Services

Counties served: Lane (District 5) and Douglas (District 6)

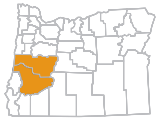
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Lane (District 5)	**23,540**	**29,188**	**24.0%**	**29,188**	**32,719**	**12.1%**
Douglas (District 6)	**8,510**	**9,671**	**13.6%**	**9,671**	**10,243**	**5.9%**
SNAP - Aid to People with Disabilities						
Lane (District 5)	**15,789**	**16,345**	**3.5%**	**16,345**	**17,655**	**8.0%**
Douglas (District 6)	**5,879**	**6,010**	**2.2%**	**6,010**	**6,326**	**5.3%**
TANF						
Lane (District 5)	**1,687**	**1,801**	**6.8%**	**1,801**	**1,992**	**10.6%**
Douglas (District 6)	**755**	**789**	**4.5%**	**789**	**858**	**8.7%**
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Lane (District 5)	**2,216**	**2,184**	**-1.4%**	**2,184**	**2,262**	**3.6%**
Douglas (District 6)	**610**	**604**	**-1.0%**	**604**	**619**	**2.5%**
Community-Based Care						
Lane (District 5)	**1,116**	**1,118**	**0.2%**	**1,118**	**1,138**	**1.8%**
Douglas (District 6)	**384**	**378**	**-1.6%**	**378**	**390**	**3.2%**
Nursing Care						
Lane (District 5)	**470**	**468**	**-0.4%**	**468**	**469**	**0.2%**
Douglas (District 6)	**116**	**127**	**9.5%**	**127**	**136**	**7.1%**



South-Central Oregon Regional Forecast, Oregon Health Authority

Counties served: Lane (District 5) and Douglas (District 6)

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Lane (District 5)	**8,670**	**8,865**	**2.2%**	**8,865**	**9,790**	**10.4%**
Douglas (District 6)	**3,454**	**3,530**	**2.2%**	**3,530**	**3,830**	**8.5%**
Children's Medicaid Program						
Lane (District 5)	**25,342**	**26,544**	**4.7%**	**26,544**	**25,617**	**-3.5%**
Douglas (District 6)	**10,189**	**10,550**	**3.5%**	**10,550**	**10,156**	**-3.7%**
Children's Health Insurance Program (CHIP)						
Lane (District 5)	**7,670**	**7,630**	**-0.5%**	**7,630**	**8,154**	**6.9%**
Douglas (District 6)	**2,042**	**2,047**	**0.2%**	**2,047**	**2,160**	**5.5%**
Pregnant Women Program						
Lane (District 5)	**882**	**864**	**-2.0%**	**864**	**867**	**0.3%**
Douglas (District 6)	**312**	**298**	**-4.5%**	**298**	**336**	**12.8%**
Foster Care & Adoption Services						
Lane (District 5)	**2,481**	**2,477**	**-0.2%**	**2,477**	**2,436**	**-1.7%**
Douglas (District 6)	**1,014**	**1,008**	**-0.6%**	**1,008**	**970**	**-3.8%**



South-Central Oregon Regional Forecast, Oregon Health Authority (continued)

Counties served: Lane (District 5) and Douglas (District 6)

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aid to the Blind/Disabled						
Lane (District 5)	**9,985**	**9,988**	**0.0%**	**9,988**	**10,304**	**3.2%**
Douglas (District 6)	**3,320**	**3,317**	**-0.1%**	**3,317**	**3,441**	**3.7%**
Old Age Assistance						
Lane (District 5)	**4,726**	**4,763**	**0.8%**	**4,763**	**4,958**	**4.1%**
Douglas (District 6)	**1,372**	**1,378**	**0.4%**	**1,378**	**1,426**	**3.5%**
ACA Adults						
Lane (District 5)	**38,744**	**43,351**	**11.9%**	**43,351**	**45,518**	**5.0%**
Douglas (District 6)	**13,303**	**14,487**	**8.9%**	**14,487**	**14,918**	**3.0%**

District 7 Regional Forecast

District 7 consists of two coastal counties: Coos and Curry. As with other counties across the state, as of July they saw sharp year over year decreases in employment for leisure and hospitality as well as accommodation and food services. Coos County also saw a substantial loss of jobs in local government, which comprised 20 percent of its nonfarm employment in July 2019. Both counties experienced an increase in unemployment similar to the statewide increase; however, starting from higher rates the prior year, they ended up at rates higher than statewide rate.

The forecasted increase in caseload from 2019-21 to 2021-23 for SSP SNAP is lower in percent change for these two counties compared to the statewide forecast. For APD In-Home Care, Coos County shows a slight decrease in caseload compared to the slight increase indicated by the statewide forecast. Actuals for this caseload were already displaying a downward trend in Coos County even before the pandemic.

DISTRICT 7	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Coos	63,308	18.6%	25.0%	$43,308	17.1%	5.0%	11.4%
Curry	22,507	14.7%	33.1%	$46,396	14.5%	5.2%	12.0%



District 7 Regional Forecast, Oregon Department of Human Services

Counties served: Coos and Curry

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Coos	5,138	6,029	17.3%	6,029	6,494	7.7%
Curry	1,335	1,585	18.7%	1,585	1,724	8.8%
District 7 Total	**6,473**	**7,614**	**17.6%**	**7,614**	**8,218**	**7.9%**
SNAP - Aid to People with Disabilities						
Coos	4,048	4,188	3.5%	4,188	4,444	6.1%
Curry	1,371	1,428	4.2%	1,428	1,497	4.8%
District 7 Total	**5,419**	**5,616**	**3.6%**	**5,616**	**5,941**	**5.8%**
TANF						
Coos	326	335	2.8%	335	347	3.6%
Curry	59	67	13.6%	67	71	6.0%
District 7 Total	**385**	**402**	**4.4%**	**402**	**418**	**4.0%**
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Coos	567	549	-3.2%	549	521	-5.1%
Curry	133	126	-5.3%	126	135	7.1%
District 7 Total	**700**	**675**	**-3.6%**	**675**	**656**	**-2.8%**
Community-Based Care						
Coos	271	264	-2.6%	264	267	1.1%
Curry	124	126	1.6%	126	138	9.5%
District 7 Total	**395**	**390**	**-1.3%**	**390**	**405**	**3.8%**
Nursing Care						
Coos	89	90	1.1%	90	91	1.1%
Curry	23	19	-17.4%	19	18	-5.3%
District 7 Total	**112**	**109**	**-2.7%**	**109**	**109**	**0.0%**



District 7 Regional Forecast, Oregon Health Authority

Counties served: Coos and Curry

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Coos	1,966	1,996	1.5%	1,996	2,149	7.7%
Curry	565	583	3.2%	583	659	13.0%
District 7 Total	**2,531**	**2,579**	**1.9%**	**2,579**	**2,808**	**8.9%**
Children's Medicaid Program						
Coos	5,576	5,884	5.5%	5,884	5,717	-2.8%
Curry	1,683	1,759	4.5%	1,759	1,699	-3.4%
District 7 Total	**7,259**	**7,643**	**5.3%**	**7,643**	**7,416**	**-3.0%**
Children's Health Insurance Program (CHIP)						
Coos	1,310	1,267	-3.3%	1,267	1,336	5.4%
Curry	337	335	-0.6%	335	361	7.8%
District 7 Total	**1,647**	**1,602**	**-2.7%**	**1,602**	**1,697**	**5.9%**
Pregnant Women Program						
Coos	173	168	-2.9%	168	184	9.5%
Curry	56	48	-14.3%	48	45	-6.3%
District 7 Total	**229**	**216**	**-5.7%**	**216**	**229**	**6.0%**



District 7 Regional Forecast, Oregon Health Authority (continued)

Counties served: Coos and Curry

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Foster Care & Adoption Services						
Coos	636	620	-2.5%	620	603	-2.7%
Curry	97	96	-1.0%	96	89	-7.3%
District 7 Total	**733**	**716**	**-2.3%**	**716**	**692**	**-3.4%**
Aid to the Blind/Disabled						
Coos	2,310	2,308	-0.1%	2,308	2,387	3.4%
Curry	574	565	-1.6%	565	571	1.1%
District 7 Total	**2,884**	**2,873**	**-0.4%**	**2,873**	**2,958**	**3.0%**
Old Age Assistance						
Coos	1,107	1,155	4.3%	1,155	1,221	5.7%
Curry	425	429	0.9%	429	443	3.3%
District 7 Total	**1,532**	**1,584**	**3.4%**	**1,584**	**1,664**	**5.1%**
ACA Adults						
Coos	7,935	8,669	9.3%	8,669	8,992	3.7%
Curry	2,757	2,980	8.1%	2,980	3,104	4.2%
District 7 Total	**10,692**	**11,649**	**9.0%**	**11,649**	**12,096**	**3.8%**

District 8 Regional Forecast

Both Jackson and Josephine counties experienced a large drop in employment from July 2019 to July 2020, primarily in for leisure and hospitality and accommodation and food services. Unemployment in this district had an increase similar to that experienced statewide.

Comparing the Fall 2020 and Spring 2020 forecasts, we see much higher numbers in the Fall 2020 Regional Forecast for SSP SNAP and Adults covered by the Medicaid expansion contained in the Affordable Care Act. These changes are understandable given that the Spring 2020 forecast did not include a forecasted reaction to the shelter in place order. Jackson County stands out in that its OHP Pregnant Women Program saw a marked decrease in caseload after the Spring 2020 forecast, causing the Fall 2020 forecast to be at a much lower level than the previous forecast.

Josephine County's forecast for SSP SNAP shows a much smaller increase from 2019-21 to 2021-23 compared to the statewide average. For Jackson County, the forecasted increase in TANF is much lower than the statewide forecast, while the forecast for APD In-Home Care indicates a decrease in caseload compared to an increase forecasted statewide.

DISTRICT 8	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Jackson	214,267	20.8%	21.0%	$50,851	16.3%	4.3%	10.4%
Josephine	85,481	19.6%	25.3%	$43,046	18.6%	4.9%	10.6%



District 8 Regional Forecast, Oregon Department of Human Services

Counties served: Jackson and Josephine

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Jackson	15,588	18,956	21.6%	18,956	21,125	11.4%
Josephine	8,389	9,714	15.8%	9,714	10,343	6.5%
District 8 Total	**23,977**	**28,670**	**19.6%**	**28,670**	**31,468**	**9.8%**
SNAP - Aid to People with Disabilities						
Jackson	7,899	8,177	3.5%	8,177	8,336	1.9%
Josephine	4,315	4,433	2.7%	4,433	4,644	4.8%
District 8 Total	**12,214**	**12,610**	**3.2%**	**12,610**	**12,980**	**2.9%**
TANF						
Jackson	1,227	1,273	3.7%	1,273	1,302	2.3%
Josephine	778	804	3.3%	804	863	7.3%
District 8 Total	**2,005**	**2,077**	**3.6%**	**2,077**	**2,165**	**4.2%**
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Jackson	854	818	-4.2%	818	797	-2.6%
Josephine	450	442	-1.8%	442	448	1.4%
District 8 Total	**1,304**	**1,260**	**-3.4%**	**1,260**	**1,245**	**-1.2%**
Community-Based Care						
Jackson	702	713	1.6%	713	746	4.6%
Josephine	344	331	-3.8%	331	336	1.5%
District 8 Total	**1,046**	**1,044**	**-0.2%**	**1,044**	**1,082**	**3.6%**
Nursing Care						
Jackson	162	159	-1.9%	159	160	0.6%
Josephine	159	159	0.0%	159	160	0.6%
District 8 Total	**321**	**318**	**-0.9%**	**318**	**320**	**0.6%**



District 8 Regional Forecast, Oregon Health Authority

Counties served: Jackson and Josephine

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Jackson	6,237	6,405	2.7%	6,405	7,088	10.7%
Josephine	3,108	3,170	2.0%	3,170	3,438	8.5%
District 8 Total	**9,345**	**9,575**	**2.5%**	**9,575**	**10,526**	**9.9%**
Children's Medicaid Program						
Jackson	19,652	20,668	5.2%	20,668	20,349	-1.5%
Josephine	8,761	9,105	3.9%	9,105	8,800	-3.3%
District 8 Total	**28,413**	**29,773**	**4.8%**	**29,773**	**29,149**	**-2.1%**
Children's Health Insurance Program (CHIP)						
Jackson	5,799	5,749	-0.9%	5,749	6,078	5.7%
Josephine	2,200	2,198	-0.1%	2,198	2,322	5.6%
District 8 Total	**7,999**	**7,947**	**-0.7%**	**7,947**	**8,400**	**5.7%**
Pregnant Women Program						
Jackson	649	590	-9.1%	590	574	-2.7%
Josephine	292	282	-3.4%	282	298	5.7%
District 8 Total	**941**	**872**	**-7.3%**	**872**	**872**	**0.0%**



District 8 Regional Forecast, Oregon Health Authority (continued)

Counties served: Jackson and Josephine

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Foster Care & Adoption Services						
Jackson	1,326	1,327	0.1%	1,327	1,299	-2.1%
Josephine	650	650	0.0%	650	643	-1.1%
District 8 Total	**1,976**	**1,977**	**0.1%**	**1,977**	**1,942**	**-1.8%**
Aid to the Blind/Disabled						
Jackson	4,732	4,737	0.1%	4,737	4,928	4.0%
Josephine	2,475	2,482	0.3%	2,482	2,560	3.1%
District 8 Total	**7,207**	**7,219**	**0.2%**	**7,219**	**7,488**	**3.7%**
Old Age Assistance						
Jackson	2,464	2,483	0.8%	2,483	2,561	3.1%
Josephine	1,405	1,428	1.6%	1,428	1,472	3.1%
District 8 Total	**3,869**	**3,911**	**1.1%**	**3,911**	**4,033**	**3.1%**
ACA Adults						
Jackson	25,240	28,255	11.9%	28,255	29,529	4.5%
Josephine	12,680	13,791	8.8%	13,791	14,243	3.3%
District 8 Total	**37,920**	**42,046**	**10.9%**	**42,046**	**43,772**	**4.1%**

District 9 Regional Forecast

District 9 has the largest number of counties of any district in the state but contains some of the least populated counties. It consists of three counties (Gilliam, Sherman, and Wheeler) that have a very limited, farm-based economy and two (Hood River and Wasco) that are relatively more populated and serve as the economic drivers for the region. Wasco County contains part of the Warm Springs Reservation. Median household income varies considerably among these counties, ranging from $62,935 in Hood River County and $33,456 in Wheeler County.

All of the counties in District 9 except Gilliam saw a sharp decrease in employment from July 2019 to July 2020, particularly in leisure and hospitality and in accommodation and food services. Other notable job losses include government in Sherman and Wasco counties, construction in Wasco County, and manufacturing in Hood River. Gilliam County, with total non-farm employment at just 970, saw no overall change.

For all of these counties, the rise in unemployment was somewhat less than the increase statewide. In particular, Wheeler County's unemployment barely changed at all from the prior year. This may be related to Wheeler's very high poverty rate of 20.0 percent, which could indicate that many in the county gave up looking for employment well before the pandemic. Also, Wheeler has a very high percentage of those 65 and over.

Given the small size of the caseloads in Gilliam, Sherman, and Wheeler, the percent changes for these counties are not all that meaningful. However, both Hood River and Wasco, which have relatively sizable caseloads, show an increase in forecasted TANF caseload that is much greater than that for the statewide forecast.

DISTRICT 9	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Gilliam	1,907	20.7%	25.4%	$42,976	10.7%	3.4%	8.1%
Hood River	23,131	24.7%	15.0%	$62,935	10.0%	2.8%	8.4%
Sherman	1,605	16.4%	25.7%	$48,056	13.1%	3.4%	7.8%
Wasco	25,866	22.5%	20.0%	$50,973	13.4%	4.1%	9.0%
Wheeler	1,426	15.5%	34.2%	$33,456	20.0%	4.5%	4.9%



District 9 Regional Forecast, Oregon Department of Human Services

Counties served: Gilliam, Hood River, Wasco and Wheeler

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Gilliam	66	77	16.7%	77	81	5.2%
Hood River	744	968	30.1%	968	1,063	9.8%
Sherman	77	89	15.6%	89	95	6.7%
Wasco	1,489	1,839	23.5%	1,839	2,050	11.5%
Wheeler	52	58	11.5%	58	57	-1.7%
District 9 Total	**2,428**	**3,031**	**24.8%**	**3,031**	**3,346**	**10.4%**
SNAP - Aid to People with Disabilities						
Gilliam	75	78	4.0%	78	85	9.0%
Hood River	421	446	5.9%	446	483	8.3%
Sherman	80	82	2.5%	82	89	8.5%
Wasco	1,150	1,192	3.7%	1,192	1,281	7.5%
Wheeler	64	63	-1.6%	63	64	1.6%
District 9 Total	**1,790**	**1,861**	**4.0%**	**1,861**	**2,002**	**7.6%**
TANF						
Gilliam	9	8	-11.1%	8	6	-25.0%
Hood River	48	62	29.2%	62	73	17.7%
Sherman	4	5	25.0%	5	5	0.0%
Wasco	96	114	18.8%	114	132	15.8%
Wheeler	5	3	-40.0%	3	2	-33.3%
District 9 Total	**162**	**192**	**18.5%**	**192**	**218**	**13.5%**



District 9 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Gilliam, Hood River, Wasco and Wheeler

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aging and People with Disabilities, Long Term Care (clients)				`		
In-Home Care						
Gilliam	6	6	0.0%	6	5	-16.7%
Hood River	38	38	0.0%	38	38	0.0%
Sherman	14	11	-21.4%	11	11	0.0%
Wasco	116	119	2.6%	119	123	3.4%
Wheeler	7	8	14.3%	8	8	0.0%
District 9 Total	**181**	**182**	**0.6%**	**182**	**185**	**1.6%**
Community-Based Care						
Gilliam	8	6	-25.0%	6	6	0.0%
Hood River	38	38	0.0%	38	38	0.0%
Sherman	2	2	0.0%	2	2	0.0%
Wasco	73	68	-6.8%	68	68	0.0%
Wheeler	7	6	-14.3%	6	6	0.0%
District 9 Total	**128**	**120**	**-6.3%**	**120**	**120**	**0.0%**
Nursing Care						
Gilliam	0	0	0.0%	0	0	0.0%
Hood River	37	39	5.4%	39	39	0.0%
Sherman	1	1	0.0%	1	1	0.0%
Wasco	116	115	-0.9%	115	116	0.9%
Wheeler	1	1	0.0%	1	1	0.0%
District 9 Total	**155**	**156**	**0.6%**	**156**	**157**	**0.6%**



District 9 Regional Forecast, Oregon Health Authority

Counties served: Gilliam, Hood River, Wasco and Wheeler

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Gilliam	40	37	-7.5%	37	37	0.0%
Hood River	377	389	3.2%	389	441	13.4%
Sherman	31	36	16.1%	36	46	27.8%
Wasco	628	653	4.0%	653	748	14.5%
Wheeler	24	24	0.0%	24	27	12.5%
District 9 Total	**1,100**	**1,139**	**3.5%**	**1,139**	**1,299**	**14.0%**
Children's Medicaid Program						
Gilliam	125	126	0.8%	126	121	-4.0%
Hood River	1,977	2,067	4.6%	2,067	1,991	-3.7%
Sherman	98	110	12.2%	110	117	6.4%
Wasco	2,250	2,470	9.8%	2,470	2,414	-2.3%
Wheeler	87	89	2.3%	89	88	-1.1%
District 9 Total	**4,537**	**4,862**	**7.2%**	**4,862**	**4,731**	**-2.7%**
Children's Health Insurance Program (CHIP)						
Gilliam	51	57	11.8%	57	65	14.0%
Hood River	880	869	-1.3%	869	923	6.2%
Sherman	28	27	-3.6%	27	28	3.7%
Wasco	918	890	-3.1%	890	957	7.5%
Wheeler	28	31	10.7%	31	37	19.4%
District 9 Total	**1,905**	**1,874**	**-1.6%**	**1,874**	**2,010**	**7.3%**
Pregnant Women Program						
Gilliam	3	2	-33.3%	2	1	-50.0%
Hood River	55	54	-1.8%	54	56	3.7%
Sherman	2	3	50.0%	3	3	0.0%
Wasco	84	83	-1.2%	83	90	8.4%
Wheeler	7	4	-42.9%	4	4	0.0%
District 9 Total	**151**	**146**	**-3.3%**	**146**	**154**	**5.5%**



District 9 Regional Forecast, Oregon Health Authority (continued)

Counties served: Gilliam, Hood River, Wasco and Wheeler

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Foster Care & Adoption Services						
Gilliam	16	12	-25.0%	12	12	0.0%
Hood River	78	73	-6.4%	73	72	-1.4%
Sherman	13	10	-23.1%	10	7	-30.0%
Wasco	173	185	6.9%	185	182	-1.6%
Wheeler	3	4	33.3%	4	3	-25.0%
District 9 Total	**283**	**284**	**0.4%**	**284**	**276**	**-2.8%**
Aid to the Blind/Disabled						
Gilliam	40	40	0.0%	40	43	7.5%
Hood River	238	234	-1.7%	234	240	2.6%
Sherman	30	30	0.0%	30	30	0.0%
Wasco	663	671	1.2%	671	696	3.7%
Wheeler	22	21	-4.5%	21	21	0.0%
District 9 Total	**993**	**996**	**0.3%**	**996**	**1,030**	**3.4%**
Old Age Assistance						
Gilliam	20	22	10.0%	22	22	0.0%
Hood River	188	192	2.1%	192	197	2.6%
Sherman	22	22	0.0%	22	23	4.5%
Wasco	371	370	-0.3%	370	377	1.9%
Wheeler	25	26	4.0%	26	28	7.7%
District 9 Total	**626**	**632**	**1.0%**	**632**	**647**	**2.4%**
ACA Adults						
Gilliam	99	124	25.3%	124	137	10.5%
Hood River	1,986	2,197	10.6%	2,197	2,186	-0.5%
Sherman	154	165	7.1%	165	166	0.6%
Wasco	2,501	2,793	11.7%	2,793	2,780	-0.5%
Wheeler	143	141	-1.4%	141	137	-2.8%
District 9 Total	**4,883**	**5,420**	**11.0%**	**5,420**	**5,406**	**-0.3%**

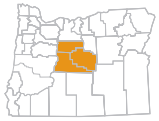
District 10 Regional Forecast

District 10 consists of three counties: Crook, Deschutes, and Jefferson. Deschutes County makes up 80 percent of the district's population and has a much higher median household income ($63,680) than Crook ($44,524) and Jefferson ($50,339).

The district as a whole saw a large decrease in employment from July 2019 to July 2020, mostly in leisure and hospitality and in accommodation and food services. All three counties had an increase in unemployment similar to that of the state as whole, although Crook and Jefferson had a higher starting point in July 2019.

APD Community-Based Care in Deschutes County has been on a fairly consistent upward trend since before the pandemic, resulting in a higher forecasted increase from 2019-21 to 2021-23 than the statewide average.

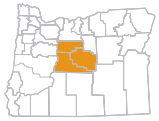
DISTRICT 10	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Crook	22,337	19.9%	24.6%	$44,524	14.6%	5.2%	11.4%
Deschutes	180,640	20.8%	19.1%	$63,680	10.8%	3.8%	10.9%
Jefferson	23,143	23.6%	18.5%	$50,339	19.9%	5.0%	11.1%



District 10 Regional Forecast, Oregon Department of Human Services

Counties served: Crook, Deschutes and Jefferson

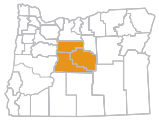
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Crook	1,481	1,739	17.4%	1,739	1,911	9.9%
Deschutes	7,806	10,116	29.6%	10,116	11,553	14.2%
Jefferson	2,313	2,628	13.6%	2,628	2,781	5.8%
District 10 Total	**11,600**	**14,483**	**24.9%**	**14,483**	**16,245**	**12.2%**
SNAP - Aid to People with Disabilities						
Crook	996	1,031	3.5%	1,031	1,078	4.6%
Deschutes	4,589	4,738	3.2%	4,738	5,083	7.3%
Jefferson	1,069	1,063	-0.6%	1,063	1,074	1.0%
District 10 Total	**6,654**	**6,832**	**2.7%**	**6,832**	**7,235**	**5.9%**
TANF						
Crook	106	112	5.7%	112	123	9.8%
Deschutes	289	310	7.3%	310	358	15.5%
Jefferson	269	285	5.9%	285	316	10.9%
District 10 Total	**664**	**707**	**6.5%**	**707**	**797**	**12.7%**



District 10 Regional Forecast, Oregon Department of Human Services (continued)

Counties served: Crook, Deschutes and Jefferson

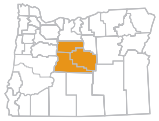
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Crook	111	113	1.8%	113	120	6.2%
Deschutes	414	420	1.4%	420	435	3.6%
Jefferson	97	101	4.1%	101	108	6.9%
District 10 Total	**622**	**634**	**1.9%**	**634**	**663**	**4.6%**
Community-Based Care						
Crook	60	58	-3.3%	58	59	1.7%
Deschutes	494	494	0.0%	494	533	7.9%
Jefferson	67	69	3.0%	69	71	2.9%
District 10 Total	**621**	**621**	**0.0%**	**621**	**663**	**6.8%**
Nursing Care						
Crook	20	22	10.0%	22	22	0.0%
Deschutes	80	79	-1.3%	79	79	0.0%
Jefferson	15	16	6.7%	16	16	0.0%
District 10 Total	**115**	**117**	**1.7%**	**117**	**117**	**0.0%**



District 10 Regional Forecast, Oregon Health Authority

Counties served: Crook, Deschutes and Jefferson

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Crook	694	725	4.5%	725	827	14.1%
Deschutes	3,643	3,881	6.5%	3,881	4,441	14.4%
Jefferson	972	988	1.6%	988	1,077	9.0%
District 10 Total	**5,309**	**5,594**	**5.4%**	**5,594**	**6,345**	**13.4%**
Children's Medicaid Program						
Crook	2,109	2,250	6.7%	2,250	2,182	-3.0%
Deschutes	11,484	12,375	7.8%	12,375	12,392	0.1%
Jefferson	3,089	3,223	4.3%	3,223	3,112	-3.4%
District 10 Total	**16,682**	**17,848**	**7.0%**	**17,848**	**17,686**	**-0.9%**
Children's Health Insurance Program (CHIP)						
Crook	639	652	2.0%	652	697	6.9%
Deschutes	4,828	4,772	-1.2%	4,772	5,091	6.7%
Jefferson	790	797	0.9%	797	874	9.7%
District 10 Total	**6,257**	**6,221**	**-0.6%**	**6,221**	**6,662**	**7.1%**
Pregnant Women Program						
Crook	88	78	-11.4%	78	81	3.8%
Deschutes	506	472	-6.7%	472	469	-0.6%
Jefferson	120	110	-8.3%	110	115	4.5%
District 10 Total	**714**	**660**	**-7.6%**	**660**	**665**	**0.8%**



District 10 Regional Forecast, Oregon Health Authority (continued)

Counties served: Crook, Deschutes and Jefferson

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Foster Care & Adoption Services						
Crook	135	130	-3.7%	130	126	-3.1%
Deschutes	666	708	6.3%	708	704	-0.6%
Jefferson	263	251	-4.6%	251	238	-5.2%
District 10 Total	**1,064**	**1,089**	**2.3%**	**1,089**	**1,068**	**-1.9%**
Aid to the Blind/Disabled						
Crook	504	506	0.4%	506	524	3.6%
Deschutes	2,680	2,684	0.1%	2,684	2,827	5.3%
Jefferson	623	612	-1.8%	612	615	0.5%
District 10 Total	**3,807**	**3,802**	**-0.1%**	**3,802**	**3,966**	**4.3%**
Old Age Assistance						
Crook	252	252	0.0%	252	257	2.0%
Deschutes	1,302	1,357	4.2%	1,357	1,468	8.2%
Jefferson	311	310	-0.3%	310	321	3.5%
District 10 Total	**1,865**	**1,919**	**2.9%**	**1,919**	**2,046**	**6.6%**
ACA Adults						
Crook	2,403	2,705	12.6%	2,705	2,875	6.3%
Deschutes	15,932	17,959	12.7%	17,959	17,690	-1.5%
Jefferson	2,986	3,269	9.5%	3,269	3,432	5.0%
District 10 Total	**21,321**	**23,933**	**12.3%**	**23,933**	**23,997**	**0.3%**

District 11 Regional Forecast

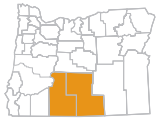
Employment in Klamath County fell considerably from July 2019 to July 2020, particularly in leisure and hospitality. Overall, employment in Lake County fell by a similar amount, except it was more diffuse in terms of the sectors impacted, and the population of Lake is approximately one tenth that of Klamath.

In July 2019, Klamath County's 6.0 percent unemployment rate was second only to Grant County's, but by July 2020 it had only risen to 10.9 percent, just slightly higher than the statewide average. Lake County's unemployment rate only rose to 7.9 percent.

A comparison of the Fall 2020 and Spring 2020 forecasts shows higher caseloads for SSP SNAP and Adults covered by the Medicaid expansion contained in the Affordable Care Act, which makes sense given that the Spring 2020 forecast did not include a forecasted result of the shelter in place order.

Lake County did not experience the same jump in SSP SNAP caseload as the other counties when the stay at home order was issued. Accordingly, there is only a slight increase comparing the biennial average caseload for 2019-21 to 2021-23.

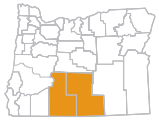
DISTRICT 11	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Klamath	66,310	21.7%	20.2%	$43,522	20.3%	6.0%	10.9%
Lake	7,843	18.8%	24.3%	$36,627	16.6%	5.2%	7.9%



District 11 Regional Forecast, Oregon Department of Human Services

Counties Served: Klamath and Lake

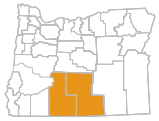
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Klamath	6,593	7,568	14.8%	7,568	8,553	13.0%
Lake	450	487	8.2%	487	495	1.6%
District 11 Total	**7,043**	**8,055**	**14.4%**	**8,055**	**9,048**	**12.3%**
SNAP - Aid to People with Disabilities						
Klamath	3,542	3,650	3.0%	3,650	3,956	8.4%
Lake	412	417	1.2%	417	427	2.4%
District 11 Total	**3,954**	**4,067**	**2.9%**	**4,067**	**4,383**	**7.8%**
TANF						
Klamath	581	603	3.8%	603	658	9.1%
Lake	25	28	12.0%	28	32	14.3%
District 11 Total	**606**	**631**	**4.1%**	**631**	**690**	**9.4%**
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Klamath	416	408	-1.9%	408	415	1.7%
Lake	33	32	-3.0%	32	33	3.1%
District 11 Total	**449**	**440**	**-2.0%**	**440**	**448**	**1.8%**
Community-Based Care						
Klamath	191	187	-2.1%	187	189	1.1%
Lake	4	4	0.0%	4	4	0.0%
District 11 Total	**195**	**191**	**-2.1%**	**191**	**193**	**1.0%**
Nursing Care						
Klamath	39	43	10.3%	43	44	2.3%
Lake	13	15	15.4%	15	16	6.7%
District 11 Total	**52**	**58**	**11.5%**	**58**	**60**	**3.4%**



District 11 Regional Forecast, Oregon Health Authority

Counties Served: Klamath and Lake

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Klamath	2,465	2,522	2.3%	2,522	2,820	11.8%
Lake	210	222	5.7%	222	254	14.4%
District 11 Total	**2,675**	**2,744**	**2.6%**	**2,744**	**3,074**	**12.0%**
Children's Medicaid Program						
Klamath	7,507	7,747	3.2%	7,747	7,357	-5.0%
Lake	629	673	7.0%	673	655	-2.7%
District 11 Total	**8,136**	**8,420**	**3.5%**	**8,420**	**8,012**	**-4.8%**
Children's Health Insurance Program (CHIP)						
Klamath	1,356	1,385	2.1%	1,385	1,504	8.6%
Lake	118	115	-2.5%	115	118	2.6%
District 11 Total	**1,474**	**1,500**	**1.8%**	**1,500**	**1,622**	**8.1%**
Pregnant Women Program						
Klamath	231	215	-6.9%	215	211	-1.9%
Lake	15	13	-13.3%	13	13	0.0%
District 11 Total	**246**	**228**	**-7.3%**	**228**	**224**	**-1.8%**
Foster Care & Adoption Services						
Klamath	540	544	0.7%	544	542	-0.4%
Lake	57	49	-14.0%	49	45	-8.2%
District 11 Total	**597**	**593**	**-0.7%**	**593**	**587**	**-1.0%**



District 11 Regional Forecast, Oregon Health Authority (continued)

Counties Served: Klamath and Lake

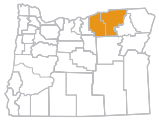
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aid to the Blind/Disabled						
Klamath	2,113	2,132	0.9%	2,132	2,213	3.8%
Lake	181	176	-2.8%	176	183	4.0%
District 11 Total	**2,294**	**2,308**	**0.6%**	**2,308**	**2,396**	**3.8%**
Old Age Assistance						
Klamath	866	882	1.8%	882	923	4.6%
Lake	111	107	-3.6%	107	110	2.8%
District 11 Total	**977**	**989**	**1.2%**	**989**	**1,033**	**4.4%**
ACA Adults						
Klamath	8,685	9,491	9.3%	9,491	9,841	3.7%
Lake	746	804	7.8%	804	814	1.2%
District 11 Total	**9,431**	**10,295**	**9.2%**	**10,295**	**10,655**	**3.5%**

District 12 Regional Forecast

Total nonfarm employment in Morrow County did not change from July 2019 to July 2020, while Umatilla County saw just a small decrease. For Morrow County, any job losses were mostly in manufacturing. Umatilla also had decreases in manufacturing, as well as leisure and hospitality and accommodation and food services. Both counties had an increase in unemployment much lower than the statewide average.

Given the relatively low impact on employment in District 12, the forecasted increase in the SSP SNAP and TANF caseloads is understandably much lower than the statewide average.

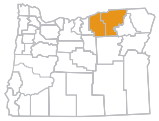
DISTRICT 12	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Morrow	11,215	28.0%	14.8%	$55,440	15.5%	4.0%	6.0%
Umatilla	76,898	25.6%	14.9%	$51,887	18.1%	4.3%	7.9%



District 12 Regional Forecast, Oregon Department of Human Services

Counties Served: Morrow and Umatilla

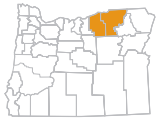
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Morrow	568	659	16.0%	659	706	7.1%
Umatilla	4,888	5,739	17.4%	5,739	6,183	7.7%
District 12 Total	**5,456**	**6,398**	**17.3%**	**6,398**	**6,889**	**7.7%**
SNAP - Aid to People with Disabilities						
Morrow	344	336	-2.3%	336	338	0.6%
Umatilla	2,539	2,612	2.9%	2,612	2,743	5.0%
District 12 Total	**2,883**	**2,948**	**2.3%**	**2,948**	**3,081**	**4.5%**
TANF						
Morrow	59	60	1.7%	60	68	13.3%
Umatilla	463	479	3.5%	479	484	1.0%
District 12 Total	**522**	**539**	**3.3%**	**539**	**552**	**2.4%**
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Morrow	35	35	0.0%	35	38	8.6%
Umatilla	319	322	0.9%	322	330	2.5%
District 12 Total	**354**	**357**	**0.8%**	**357**	**368**	**3.1%**
Community-Based Care						
Morrow	7	8	14.3%	8	8	0.0%
Umatilla	232	234	0.9%	234	238	1.7%
District 12 Total	**239**	**242**	**1.3%**	**242**	**246**	**1.7%**
Nursing Care						
Morrow	8	7	-12.5%	7	8	14.3%
Umatilla	100	92	-8.0%	92	89	-3.3%
District 12 Total	**108**	**99**	**-8.3%**	**99**	**97**	**-2.0%**



District 12 Regional Forecast, Oregon Health Authority

Counties Served: Morrow and Umatilla

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Morrow	282	282	0.0%	282	302	7.1%
Umatilla	2,022	2,072	2.5%	2,072	2,269	9.5%
District 12 Total	**2,304**	**2,354**	**2.2%**	**2,354**	**2,571**	**9.2%**
Children's Medicaid Program						
Morrow	1,255	1,331	6.1%	1,331	1,310	-1.6%
Umatilla	8,325	8,702	4.5%	8,702	8,337	-4.2%
District 12 Total	**9,580**	**10,033**	**4.7%**	**10,033**	**9,647**	**-3.8%**
Children's Health Insurance Program (CHIP)						
Morrow	447	452	1.1%	452	477	5.5%
Umatilla	2,192	2,221	1.3%	2,221	2,376	7.0%
District 12 Total	**2,639**	**2,673**	**1.3%**	**2,673**	**2,853**	**6.7%**
Pregnant Women Program						
Morrow	36	31	-13.9%	31	30	-3.2%
Umatilla	233	235	0.9%	235	256	8.9%
District 12 Total	**269**	**266**	**-1.1%**	**266**	**286**	**7.5%**
Foster Care & Adoption Services						
Morrow	50	56	12.0%	56	57	1.8%
Umatilla	496	500	0.8%	500	510	2.0%
District 12 Total	**546**	**556**	**1.8%**	**556**	**567**	**2.0%**



District 12 Regional Forecast, Oregon Health Authority (continued)

Counties Served: Morrow and Umatilla

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aid to the Blind/Disabled						
Morrow	211	211	0.0%	211	215	1.9%
Umatilla	1,588	1,589	0.1%	1,589	1,647	3.7%
District 12 Total	**1,799**	**1,800**	**0.1%**	**1,800**	**1,862**	**3.4%**
Old Age Assistance						
Morrow	84	86	2.4%	86	90	4.7%
Umatilla	892	893	0.1%	893	924	3.5%
District 12 Total	**976**	**979**	**0.3%**	**979**	**1,014**	**3.6%**
ACA Adults						
Morrow	838	900	7.4%	900	931	3.4%
Umatilla	6,439	7,201	11.8%	7,201	7,646	6.2%
District 12 Total	**7,277**	**8,101**	**11.3%**	**8,101**	**8,577**	**5.9%**

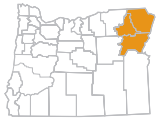
District 13 Regional Forecast

All three counties in District 13 had substantial job losses, both overall and in leisure and hospitality, which tends to be associated with clients receiving social services. Baker and Union counties saw losses in manufacturing as well, but not Wallowa County.

Unemployment in Union County increased to a level similar to the statewide average. Baker and Wallowa counties also saw increases, but not quite to the statewide level.

The sharp increase in SSP SNAP caseload experienced by most counties from March to April 2020 due to the shelter in place order was not as pronounced in Baker and Wallowa. Accordingly, the forecast for these two counties has this caseload increasing less from 2019-21 to 2021-23 than the statewide average.

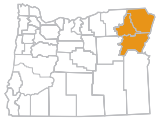
DISTRICT 13	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Baker	15,984	19.4%	25.5%	$43,921	15.7%	4.7%	9.8%
Union	26,028	22.1%	19.4%	$48,617	15.9%	4.8%	10.4%
Wallowa	6,924	18.5%	27.8%	$44,953	14.8%	5.7%	9.3%



District 13 Regional Forecast, Oregon Department of Human Services

Counties Served: Baker, Union and Wallowa

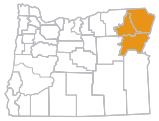
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Baker	1,097	1,208	10.1%	1,208	1,232	2.0%
Union	1,642	1,953	18.9%	1,953	2,166	10.9%
Wallowa	294	329	11.9%	329	343	4.3%
District 13 Total	**3,033**	**3,490**	**15.1%**	**3,490**	**3,741**	**7.2%**
SNAP - Aid to People with Disabilities						
Baker	746	768	2.9%	768	805	4.8%
Union	984	1,011	2.7%	1,011	1,074	6.2%
Wallowa	283	292	3.2%	292	306	4.8%
District 13 Total	**2,013**	**2,071**	**2.9%**	**2,071**	**2,185**	**5.5%**
TANF						
Baker	115	119	3.5%	119	130	9.2%
Union	199	206	3.5%	206	223	8.3%
Wallowa	32	34	6.3%	34	36	5.9%
District 13 Total	**346**	**359**	**3.8%**	**359**	**389**	**8.4%**



District 13 Regional Forecast, Oregon Department of Human Services (continued)

Counties Served: Baker, Union and Wallowa

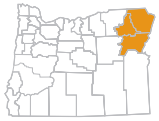
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Baker	56	55	-1.8%	55	56	1.8%
Union	113	109	-3.5%	109	110	0.9%
Wallowa	50	45	-10.0%	45	46	2.2%
District 13 Total	**219**	**209**	**-4.6%**	**209**	**212**	**1.4%**
Community-Based Care						
Baker	70	58	-17.1%	58	54	-6.9%
Union	90	95	5.6%	95	97	2.1%
Wallowa	24	25	4.2%	25	25	0.0%
District 13 Total	**184**	**178**	**-3.3%**	**178**	**176**	**-1.1%**
Nursing Care						
Baker	3	2	-33.3%	2	1	-50.0%
Union	18	19	5.6%	19	20	5.3%
Wallowa	3	3	0.0%	3	3	0.0%
District 13 Total	**24**	**24**	**0.0%**	**24**	**24**	**0.0%**



District 13 Regional Forecast, Oregon Health Authority

Counties Served: Baker, Union and Wallowa

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Baker	460	487	5.9%	487	554	13.8%
Union	666	684	2.7%	684	750	9.6%
Wallowa	153	153	0.0%	153	163	6.5%
District 13 Total	**1,279**	**1,324**	**3.5%**	**1,324**	**1,467**	**10.8%**
Children's Medicaid Program						
Baker	1,544	1,577	2.1%	1,577	1,527	-3.2%
Union	2,393	2,460	2.8%	2,460	2,322	-5.6%
Wallowa	551	574	4.2%	574	556	-3.1%
District 13 Total	**4,488**	**4,611**	**2.7%**	**4,611**	**4,405**	**-4.5%**
Children's Health Insurance Program (CHIP)						
Baker	289	321	11.1%	321	364	13.4%
Union	610	598	-2.0%	598	641	7.2%
Wallowa	200	199	-0.5%	199	217	9.0%
District 13 Total	**1,099**	**1,118**	**1.7%**	**1,118**	**1,222**	**9.3%**
Pregnant Women Program						
Baker	43	45	4.7%	45	50	11.1%
Union	72	67	-6.9%	67	75	11.9%
Wallowa	15	13	-13.3%	13	11	-15.4%
District 13 Total	**130**	**125**	**-3.8%**	**125**	**136**	**8.8%**



District 13 Regional Forecast, Oregon Health Authority (continued)

Counties Served: Baker, Union and Wallowa

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Foster Care & Adoption Services						
Baker	94	88	-6.4%	88	83	-5.7%
Union	152	154	1.3%	154	143	-7.1%
Wallowa	19	18	-5.3%	18	18	0.0%
District 13 Total	**265**	**260**	**-1.9%**	**260**	**244**	**-6.2%**
Aid to the Blind/Disabled						
Baker	424	421	-0.7%	421	436	3.6%
Union	615	623	1.3%	623	653	4.8%
Wallowa	145	144	-0.7%	144	148	2.8%
District 13 Total	**1,184**	**1,188**	**0.3%**	**1,188**	**1,237**	**4.1%**
Old Age Assistance						
Baker	200	198	-1.0%	198	198	0.0%
Union	283	282	-0.4%	282	284	0.7%
Wallowa	107	106	-0.9%	106	107	0.9%
District 13 Total	**590**	**586**	**-0.7%**	**586**	**589**	**0.5%**
ACA Adults						
Baker	1,691	1,820	7.6%	1,820	1,886	3.6%
Union	2,404	2,687	11.8%	2,687	2,786	3.7%
Wallowa	722	773	7.1%	773	779	0.8%
District 13 Total	**4,817**	**5,280**	**9.6%**	**5,280**	**5,451**	**3.2%**

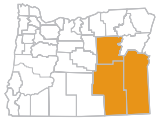
District 14 Regional Forecast

District 14's moderate decrease in total nonfarm employment from July 2019 to July 2020 stemmed mostly from a large decrease in leisure and hospitality, particularly in Malheur County, which has a workforce more than twice that of Grant and Harney counties combined.

In July 2019, Grant County had the highest unemployment in Oregon, but by July 2020, it had risen to only slightly above the statewide average. The unemployment rates for Harney and Malheur rose by only a few percentage points.

The Fall 2020 Regional Forecast for District 14 shows only a moderate increase in the SSP SNAP and TANF caseloads from 2019-21 to 2021-23, compared to more substantial increases statewide. This seems consistent with the fact that District 14 saw only a 4.3 percent decrease in nonfarm employment compared to a 9.4 percent decrease statewide.

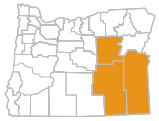
DISTRICT 14	Population			Income		Unemployment	
Region	Total population	Percent under age 18	Percent age 65 and over	Median Household Income	Percent in poverty	July 2019	July 2020
Oregon	4,081,943	21.3%	16.7%	$59,393	14.1%	3.7%	10.4%
Grant	7,183	18.2%	28.3%	$45,357	14.6%	6.3%	10.7%
Harney	7,228	20.7%	23.5%	$41,797	16.6%	5.1%	7.9%
Malheur	30,431	25.4%	16.1%	$42,478	23.0%	4.1%	6.9%



District 14 Regional Forecast, Oregon Department of Human Services

Counties Served: Grant, Harney and Malheur

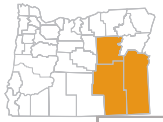
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Self Sufficiency (households)						
SNAP - Self Sufficiency						
Grant	362	420	16.0%	420	446	6.2%
Harney	392	464	18.4%	464	499	7.5%
Malheur	2,539	2,847	12.1%	2,847	3,000	5.4%
District 14 Total	**3,293**	**3,731**	**13.3%**	**3,731**	**3,945**	**5.7%**
SNAP - Aid to People with Disabilities						
Grant	287	292	1.7%	292	307	5.1%
Harney	384	399	3.9%	399	425	6.5%
Malheur	1,509	1,537	1.9%	1,537	1,638	6.6%
District 14 Total	**2,180**	**2,228**	**2.2%**	**2,228**	**2,370**	**6.4%**
TANF						
Grant	22	22	0.0%	22	22	0.0%
Harney	25	27	8.0%	27	29	7.4%
Malheur	320	320	0.0%	320	327	2.2%
District 14 Total	**367**	**369**	**0.5%**	**369**	**378**	**2.4%**



District 14 Regional Forecast, Oregon Department of Human Services (continued)

Counties Served: Grant, Harney and Malheur

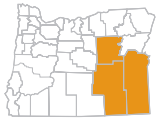
	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aging and People with Disabilities, Long Term Care (clients)						
In-Home Care						
Grant	28	26	-7.1%	26	26	0.0%
Harney	27	26	-3.7%	26	27	3.8%
Malheur	161	161	0.0%	161	165	2.5%
District 14 Total	**216**	**213**	**-1.4%**	**213**	**218**	**2.3%**
Community-Based Care						
Grant	22	22	0.0%	22	22	0.0%
Harney	29	26	-10.3%	26	25	-3.8%
Malheur	146	142	-2.7%	142	148	4.2%
District 14 Total	**197**	**190**	**-3.6%**	**190**	**195**	**2.6%**
Nursing Care						
Grant	15	14	-6.7%	14	14	0.0%
Harney	1	1	0.0%	1	1	0.0%
Malheur	18	17	-5.6%	17	18	5.9%
District 14 Total	**34**	**32**	**-5.9%**	**32**	**33**	**3.1%**



District 14 Regional Forecast, Oregon Health Authority

Counties Served: Grant, Harney and Malheur

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Parents/Caretaker Relative						
Grant	170	171	0.6%	171	186	8.8%
Harney	216	222	2.8%	222	253	14.0%
Malheur	101	102	1.0%	102	112	9.8%
District 14 Total	**487**	**495**	**1.6%**	**495**	**551**	**11.3%**
Children's Medicaid Program						
Grant	499	518	3.8%	518	498	-3.9%
Harney	685	721	5.3%	721	742	2.9%
Malheur	4,548	4,685	3.0%	4,685	4,501	-3.9%
District 14 Total	**5,732**	**5,924**	**3.3%**	**5,924**	**5,741**	**-3.1%**
Children's Health Insurance Program (CHIP)						
Grant	94	107	13.8%	107	123	15.0%
Harney	180	184	2.2%	184	201	9.2%
Malheur	872	876	0.5%	876	938	7.1%
District 14 Total	**1,146**	**1,167**	**1.8%**	**1,167**	**1,262**	**8.1%**
Pregnant Women Program						
Grant	13	10	-23.1%	10	10	0.0%
Harney	21	23	9.5%	23	26	13.0%
Malheur	101	102	1.0%	102	112	9.8%
District 14 Total	**135**	**135**	**0.0%**	**135**	**148**	**9.6%**
Foster Care & Adoption Services						
Grant	40	39	-2.5%	39	38	-2.6%
Harney	57	58	1.8%	58	55	-5.2%
Malheur	318	308	-3.1%	308	306	-0.6%
District 14 Total	**415**	**405**	**-2.4%**	**405**	**399**	**-1.5%**



District 14 Regional Forecast, Oregon Health Authority (continued)

Counties Served: Grant, Harney and Malheur

	Current Biennium			Fall 2020 Forecast		
	Spring 2020 Forecast	Fall 2020 Forecast	% change between forecasts	2019-21	2021-23	% change between biennia
Aid to the Blind/Disabled						
Grant	134	133	-0.7%	133	135	1.5%
Harney	196	193	-1.5%	193	199	3.1%
Malheur	1,031	1,037	0.6%	1,037	1,101	6.2%
District 14 Total	**1,361**	**1,363**	**0.1%**	**1,363**	**1,435**	**5.3%**
Old Age Assistance						
Grant	96	96	0.0%	96	102	6.3%
Harney	104	99	-4.8%	99	100	1.0%
Malheur	497	498	0.2%	498	508	2.0%
District 14 Total	**697**	**693**	**-0.6%**	**693**	**710**	**2.5%**
ACA Adults						
Grant	628	680	8.3%	680	699	2.8%
Harney	858	917	6.9%	917	927	1.1%
Malheur	3,643	3,861	6.0%	3,861	4,029	4.4%
District 14 Total	**5,129**	**5,458**	**6.4%**	**5,458**	**5,655**	**3.6%**





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Oregon Department of Human Services

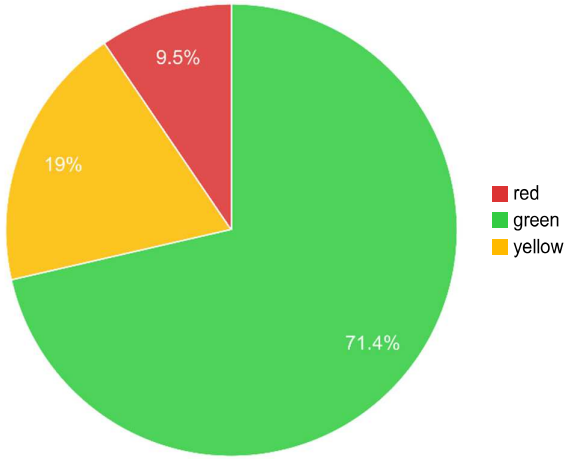
Annual Performance Progress Report

Reporting Year 2020

Published: 9/30/2020 12:52:34 PM

KPM #	Approved Key Performance Measures (KPMs)
1	OLDER ADULTS NEEDING LONG TERM CARE SERVICES (APD) - The percentage of older adults (65+) needing publicly funded long-term care services
2	LONG TERM CARE RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES (APD) - The percentage of Oregonians accessing publicly funded long-term care services who are living outside of nursing facilities
3	TIMELY APD ABUSE INVESTIGATIONS - The percentage of abuse reports assigned for field contact that meet policy timelines
4	ABSENCE OF REPEAT MALTREATMENT OF ABUSED/NEGLECTED CHILDREN (CW) - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization
5	TIMELY REUNIFICATION OF FOSTER CHILDREN (CW) - The percentage of foster children exiting to reunification within 12 months of foster care entry
6	TIMELY ADOPTION ONCE CHILDREN ARE LEGALLY FREE (CW) - The percentage of legally free children adopted in less than 12 months
7	DISPARITY OF FOSTER YOUTH ACHIEVING PERMANENCY (CW) - The disparity in foster youth achieving permanency with 2 years by race/ethnicity
8	CHILDREN SERVED BY CHILD WELFARE RESIDING IN PARENTAL HOME - The percentage of children served in Child Welfare on an average daily basis (in home and foster care) who were served while residing in their parent's home
9	TIMELY ELIGIBILITY DETERMINATION FOR ODDS SERVICES - The percentage of individuals who apply for ODDS services who are determined eligible within 90 days from application
10	ADULTS ENROLLED IN ODDS PROGRAM RECEIVING IN-HOME SERVICES - The percentage of adults enrolled in the Intellectual/Developmental Disabilities program who are receiving services in their own home, including family home
11	SUPPORTED EMPLOYMENT SERVICES TO OBTAIN COMPETITIVE INTEGRATED EMPLOYMENT - Number of individuals in sheltered workshop target population receiving supported and/or related employment services from ODDS and VR who obtain competitive integrated employment

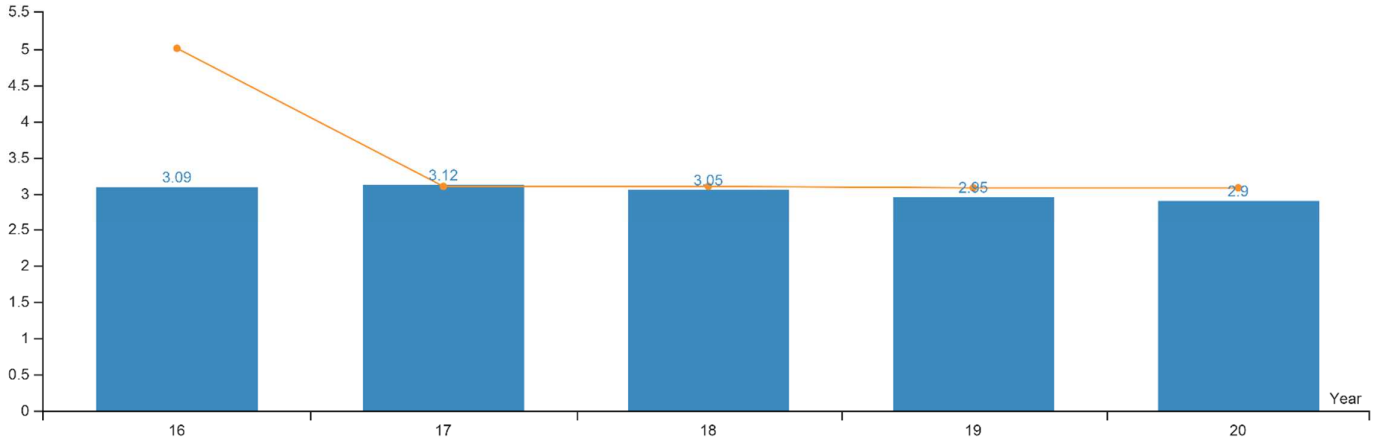
12	ABUSE/NEGLECT OF ADULTS WITH DEVELOPMENTAL DISABILITIES (ODDS) - The percentage of substantiated abuse/neglect of adults in licensed and endorsed programs
13	HOUSEHOLDS AT, OR ABOVE, LIVING WAGE FOUR QUARTERS AFTER LEAVING SSP PROGRAM - The median percentage of households leaving Self Sufficiency who are at, or above, a living wage four quarters out
14	SSP PARTICIPANTS REPORTING HOUSING STABILITY - The percentage of Self Sufficiency participants who report their housing needs are fully met
15	SSP PARTICIPANTS REPORTING FOOD SECURITY - The percentage of Self Sufficiency participants who report they did not worry about having enough food, or actually run out of food, in the past 12 months
16	SSP PARTICIPANTS REPORTING GREATER SELF-EFFICACY - The percentage of Self Sufficiency participants who report they feel more confident in their ability to improve their current circumstances because of SSP and other services they were connected to
17	OVRS CONSUMERS WHO ARE SUCCESSFULLY EMPLOYED AT PROGRAM EXIT - The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed at program exit
18	OVRS CONSUMERS EMPLOYED IN SECOND QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during second quarter following program exit
19	OVRS CONSUMERS EMPLOYED IN FOURTH QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during fourth quarter following program exit
20	OVRS MEDIAN QUARTERLY WAGE AT SECOND QUARTER FOLLOWING PROGRAM EXIT - Median quarterly wage at second quarter following OVRS program exit
21	ODHS CUSTOMER SATISFACTION - The percentage of customers rating their satisfaction with ODHS above average, or excellent



Performance Summary	Green	Yellow	Red
Summary Stats:	= Target to -5% 71.43%	= Target - 5% to - 15% 19.05%	= Target > -15% 9.52%

KPM #1	OLDER ADULTS NEEDING LONG TERM CARE SERVICES (APD) - The percentage of older adults (65+) needing publicly funded long-term care services
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



actual target

Report Year	2016	2017	2018	2019	2020
LTC NEED PREVENTION					
Actual	3.09 %	3.12 %	3.05%	2.95%	2.90%
Target	5%	3.10 %	3.10%	3.08%	3.08%

How Are We Doing

In 2020, only 2.9% of Oregonians 65 or older needed assistance with publicly funded long-term care. This is a noticeable downward trend that exceeds legislative targets.

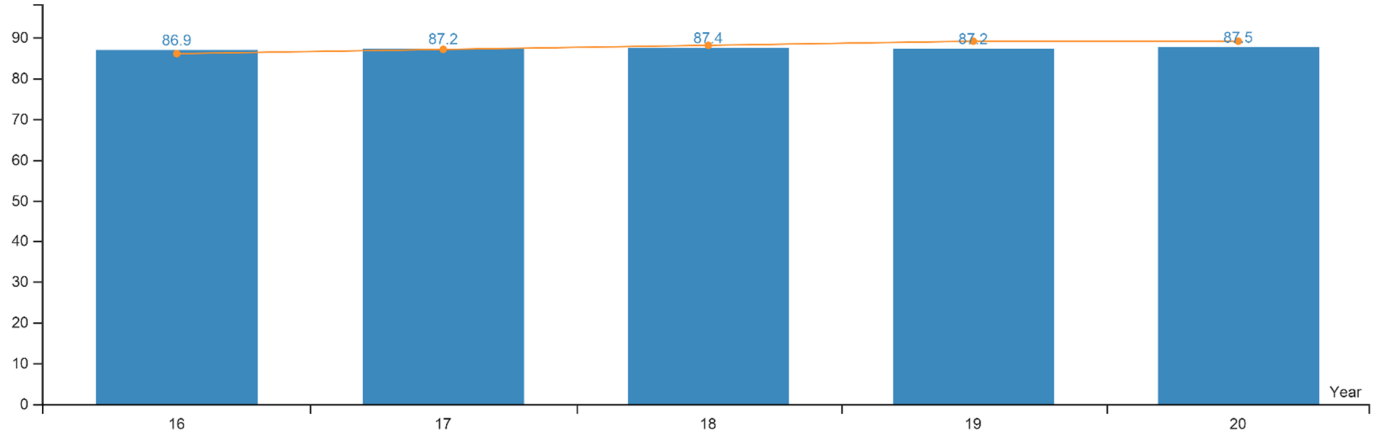
Factors Affecting Results

Oregon has adopted the Community First Choice Model, also known as the K Plan. This is a big driver in these results as the K Plan has numerous tools that are designed to keep people independent. Additionally, the success of the AAA network administering Oregon Project Independence, Older Americans Act programs and the Aging and Disability Resource Connection contribute towards keeping older adults independent. More preventative programs should be considered to ensure targets continue to be met, ultimately resulting in system sustainability.

US Census no longer publishes the PEPAGESEX table used as the denominator for Oregon's population of 65 and over. Other Census population tables, such as DPO5, will not be updated until 2021. We are using Portland State University's *Annual Population Report Tables* published by Population Research Center instead.

KPM #2	LONG TERM CARE RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES (APD) - The percentage of Oregonians accessing publicly funded long-term care services who are living outside of nursing facilities
	Data Collection Period: Jul 01 - Jun 30

* *Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
LTC RECIPIENTS LIVING OUTSIDE OF NURSING FACILITIES					
Actual	86.90 %	87.20 %	87.40 %	87.20 %	87.50 %
Target	85.96 %	87%	88%	89%	89%

How Are We Doing

APD has begun to fall behind the goals established. Recent programmatic changes designed to promote sustainability have resulted in increased acuity levels of individuals served. As a result, continued progress towards decreasing the number of individuals served outside of nursing facilities will be challenging.

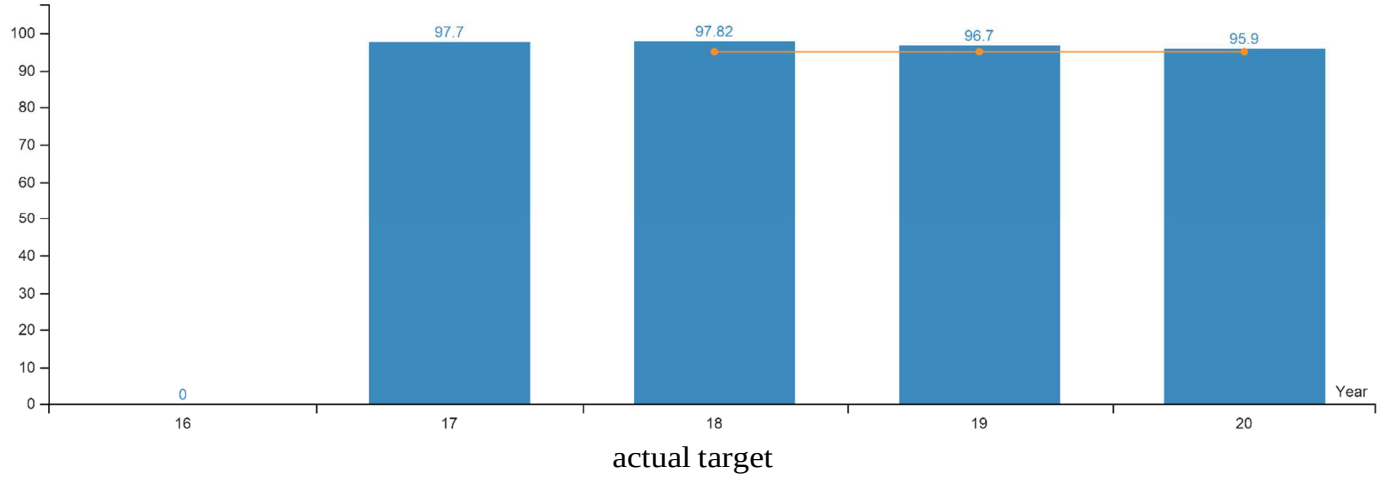
Factors Affecting Results

Hospitals continue to discharge patients “sicker and quicker.” In many cases, hospitals prefer to discharge older adults needing additional care to nursing facilities. Institutional care may be appropriate for certain individuals for short periods of time. ODHS must continue to aggressively ensure that seniors are appropriately transitioned from nursing facilities when their care can be supported in less restrictive

and costly settings. Doing this will allow ODHS to continue meeting our targets. APD also needs to focus efforts on developing new adult foster homes and preserving our existing provider base.

KPM #3	TIMELY APD ABUSE INVESTIGATIONS - The percentage of abuse reports assigned for field contact that meet policy timelines
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
Abuse Investigation Timeliness					
Actual	No Data	97.70 %	97.82 %	96.70 %	95.90 %
Target	TBD	TBD	95%	95%	95%

How Are We Doing

Although there was a slight decrease in performance when compared with the prior two years, we remain above the target goal. Note below the increase in overall investigations which is likely a contributing factor to this small decrease in performance.

Factors Affecting Results

This measure includes a wide variety of assigned response times and two investigative entities.

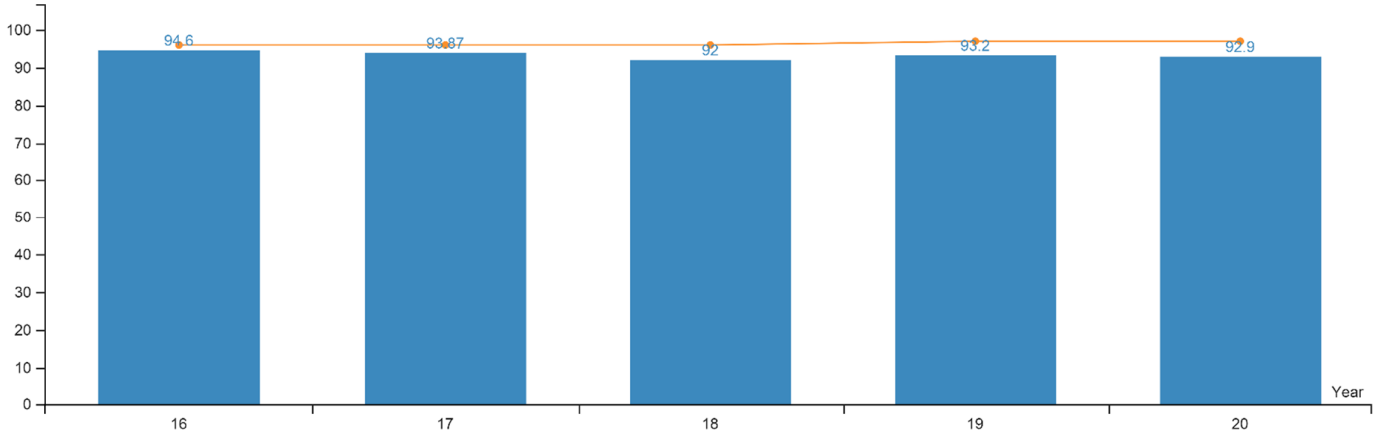
- Community Investigations completed by Adult Protective Services have response times of same day, end of next business day, or within 5 business days.
- Facility (Adult Foster Home, Assisted Living Facility, Residential Care Facility, Memory Care) Investigations completed by Adult Protective Services have response times of same day and end of next business day.
- Nursing Facility investigations completed by the Nursing Facility Survey Unit within Safety, Oversight and Quality have assigned timelines of two days or ten days.

During this reporting period, there were 13397 investigations completed by APS (compared with 11,229 from the past reporting period, an increase of 19%). Of those, 13170 (98.3%) received a timely response.

During this reporting period there were 525 Nursing Facility Investigations (compared with 508 from the past reporting period, an increase of 3.3%). Of those, 195 (37.1%) received a timely response.

KPM #4	ABSENCE OF REPEAT MALTREATMENT OF ABUSED/NEGLECTED CHILDREN (CW) - The percentage of abused/neglected children who were not subsequently victimized within 6 months of prior victimization
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
ABSENCE OF REPEAT CHILD MALTREATMENT					
Actual	94.60 %	93.87 %	92%	93.20 %	92.90 %
Target	96%	96%	96%	97%	97%

How Are We Doing

The outcome of 92.9% is Federal Fiscal Year 2019 data, for Report year 2020 (October 2018 to September 2019). As the data reflects, Oregon has consistently hovered slightly below meeting the target goal of 97% safe from repeat maltreatment. Child Safety consultants have continued to review cases in which a child victim has been identified as experiencing repeat maltreatment to determine if there are practice or program improvements that will positively impact this measure and improve child safety outcomes. In June 2020 the Safety Program and ORCAH developed and initiated considerations and training for CPS workers and screeners regarding the difference between a new report of abuse and compliance issues or insufficient safety plans that can be addressed by the permanency worker, rather than multiple founded dispositions for the same ongoing or chronic issue.

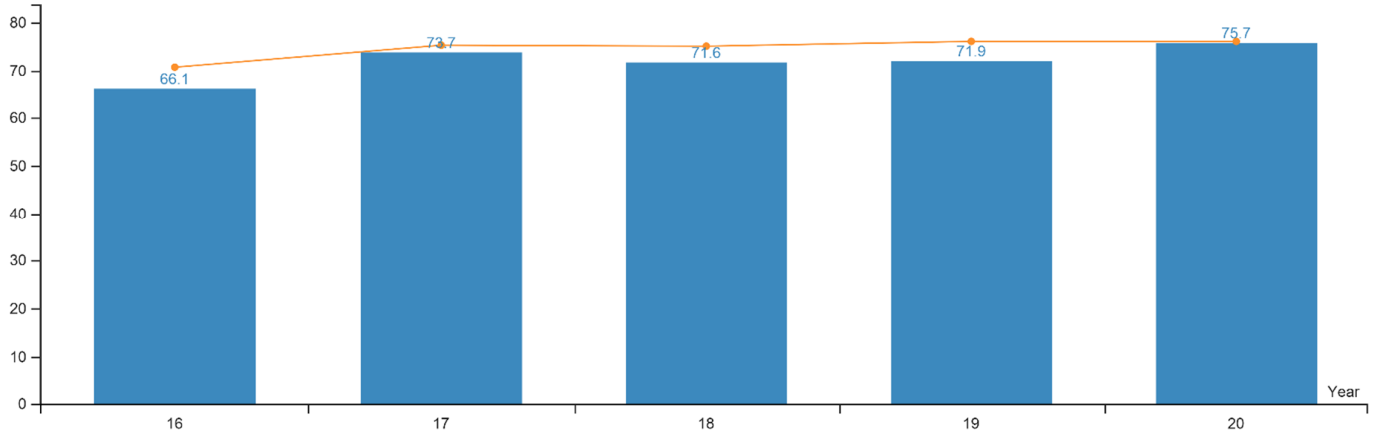
Factors Affecting Results

Oregon's transition to a centralized screening hotline with training and a continuous quality improvement team has increased consistency in screening assignments across the state. One of the areas identified that impacts recurrence of maltreatment are reports that document historical abuse after a child has entered substitute care. These reports should reflect the date of incident, rather than date of report, however this continues to be a training issue. Root cause analysis of cases has also indicated that there are a substantial number of reports that are founded for maltreatment for an allegation that has already been assessed and being addressed in an open case with a safety plan. New reports are generated reflecting insufficient safety plans, compliance issues, or violations of visitation plans that are not new allegations of abuse. When these reports are assigned for field assessment, our inexperienced CPS workforce has struggled to understand how to review these reports and make an independent CPS decision. For example, in-home cases in which a parent has been founded for neglect due to substance use may have subsequent reports generated if a relapse occurs, regardless of impacts on the child(ren).

It should also be noted that the reporting period falls within the period of time Oregon made concerted efforts to complete overdue assessments, resulting in substantially higher numbers of completed assessments with dispositions that impacts the data.

KPM #5	TIMELY REUNIFICATION OF FOSTER CHILDREN (CW) - The percentage of foster children exiting to reunification within 12 months of foster care entry
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
Timely Reunification					
Actual	66.10 %	73.70 %	71.60 %	71.90 %	75.70 %
Target	70.60 %	75.20 %	75%	76%	76%

How Are We Doing

Oregon continues to make progress in this area improving by 3.8% over the last year which marks a steady increase over the past 3 years. Oregon is .3% away from meeting the benchmark for this measure.

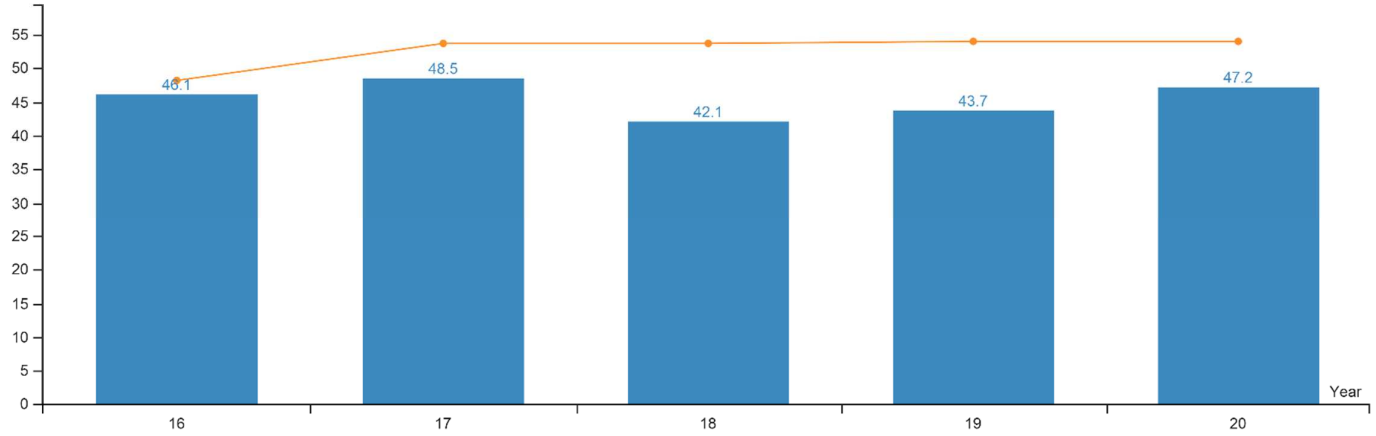
Factors Affecting Results

The Permanency Program in Oregon has continued its intentional focus on reunification efforts through the Program Improvement Plan, Quality Assurance Reviews, consultation and training. There are several pilot projects aimed at supporting the field in using the Practice Model Conditions for Return to quickly and safely return children home. Those efforts have been across programs and in partnership with outside service providers and community programs. Oregon has also implemented an internal case transfer process that supports permanency workers engaging with family's mere days after a child is placed in care. Oregon continues to work with communities and community

partners to develop much needed in-home services for families. These efforts have resulted in more children exiting foster care to their families quickly and safely.

KPM #6	TIMELY ADOPTION ONCE CHILDREN ARE LEGALLY FREE (CW) - The percentage of legally free children adopted in less than 12 months
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
Timeliness of Adoption Once Legally Free					
Actual	46.10 %	48.50 %	42.10 %	43.70 %	47.20 %
Target	48.20 %	53.70 %	53.70 %	54%	54%

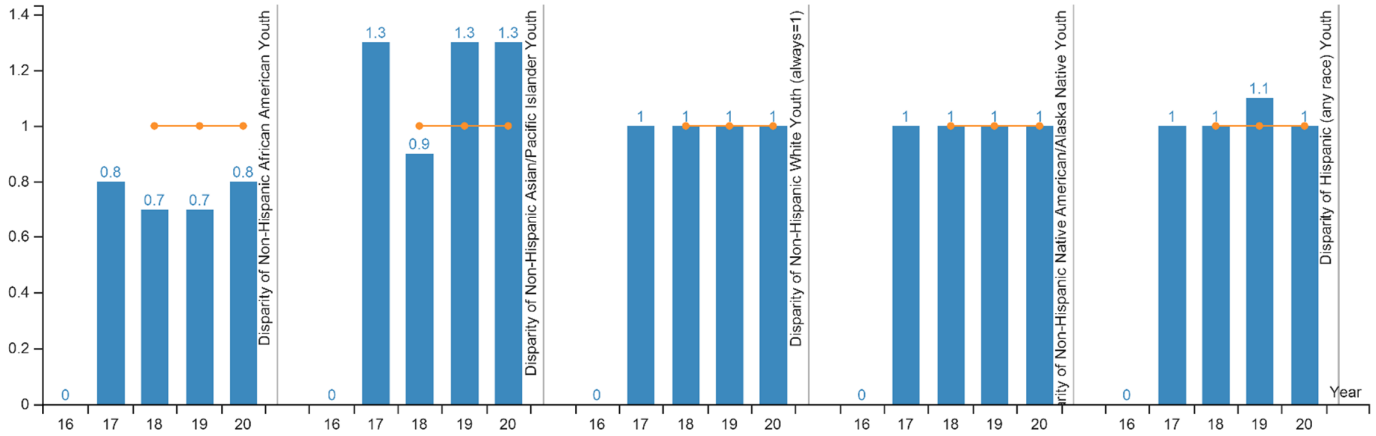
How Are We Doing

Oregon improved performance in this measure by 3.5% over the prior year, marking the second straight year of improvements.

Factors Affecting Results

Oregon, using strategies and activities outlined in our Performance Improvement Plan, has continued coordinated efforts between Central Office Child Permanency Program and Local Branch/Field Office staff to streamline adoption processes, provide technical assistance from central office to field staff (including trainings, process/procedure guides, etc.), and to work with the Courts and other entities/partners on methods to better track adoption progress and move adoption work forward more timely for each child who has a plan of adoption. Those efforts have resulted in improved timeliness to adoption, and we're still working to improve the timeliness even more.

KPM #7	DISPARITY OF FOSTER YOUTH ACHIEVING PERMANENCY (CW) - The disparity in foster youth achieving permanency with 2 years by race/ethnicity
	Data Collection Period: Oct 01 - Sep 30



Report Year	2016	2017	2018	2019	2020
Disparity of Non-Hispanic African American Youth					
Actual	No Data	0.80	0.70	0.70	0.80
Target	TBD	TBD	1	1	1
Disparity of Non-Hispanic Asian/Pacific Islander Youth					
Actual	No Data	1.30	0.90	1.30	1.30
Target	TBD	TBD	1	1	1
Disparity of Non-Hispanic White Youth (always=1)					
Actual	No Data	1	1	1	1
Target	TBD	TBD	1	1	1
Disparity of Non-Hispanic Native American/Alaska Native Youth					
Actual	No	1	1	1	1

	Data				
Target	TBD	TBD	1	1	1
Disparity of Hispanic (any race) Youth					
Actual	No Data	1	1	1.10	1
Target	TBD	TBD	1	1	1

How Are We Doing

We are proposing to delete this KPM. It has not effectively measured or reflected the disparity by race/ethnicity of foster youth achieving permanency.

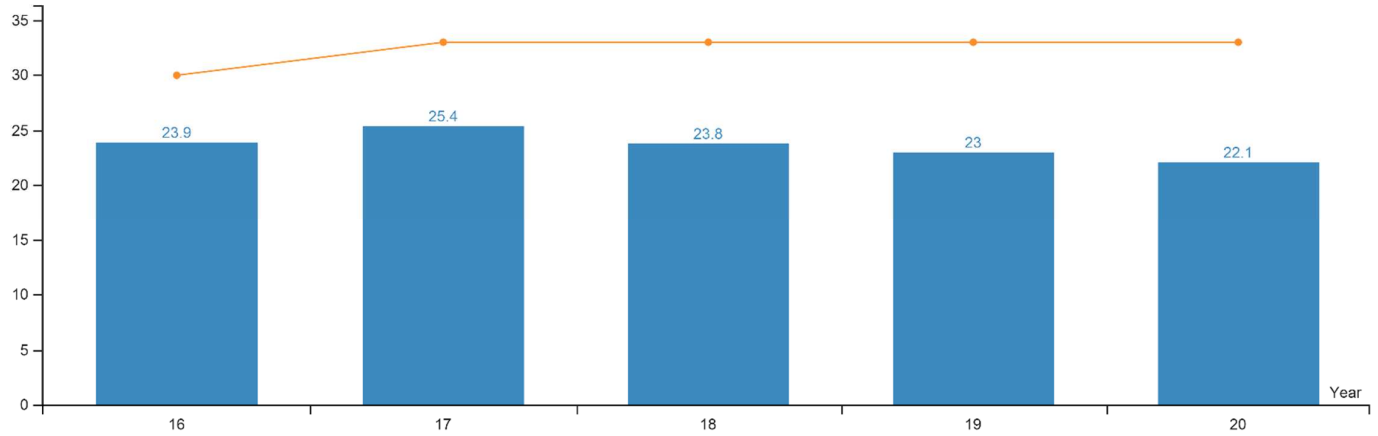
Factors Affecting Results

This measure has gone through thorough analysis including breakdown by decision points and by district in an attempt to look at the variances in foster youth achieving permanency by race/ethnicity

across the state. Child Welfare leadership believes this measure reports potentially misleading information regarding real disparities and disproportionalities that need addressing. In response, for 2021 reporting year, Child Welfare has developed two new equity KPMs to target both the reduction of racial/ethnic disparity in length of stay and the reduction of disproportionality at entry into substitute care and would like to discontinue the use of this measure.

KPM #8	CHILDREN SERVED BY CHILD WELFARE RESIDING IN PARENTAL HOME - The percentage of children served in Child Welfare on an average daily basis (in home and foster care) who were served while residing in their parent's home
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
CHILDREN RESIDING AT HOME IN LEAST RESTRICTIVE SETTING					
Actual	23.90 %	25.40 %	23.80 %	23%	22.10 %
Target	30%	33%	33%	33%	33%

How Are We Doing

The outcome of 22.1% id Federal Fiscal year 2019 data for report year 2020. This represents a decrease of .9% from the previous FFY. With the impending implementation of Family First Act, Oregon's initial candidates for federal funding will include children at imminent risk for removal. This provides the Department an opportunity with a renewed focus on this population of children served in-home. Oregon's practice around serving children in-home varies around the state with some in-home cases remaining in Child Protective Service Units while services are provided, and others transitioning to Permanency units for ongoing case and safety management. Ongoing efforts to train staff on Oregon's safety practice model has resulted in the need to once again focus efforts on supervisors to ensure caseworkers have support necessary to practice fidelity to the safety model. The in-home criteria have been evaluated and updated changing the calm enough criteria to more accurately describe that there are no barriers in the home preventing safety services to occur. Oregon continues to evaluate our practices in providing in-home services and supports that will allow children to successfully remain in their home while sufficiently

managing safety.

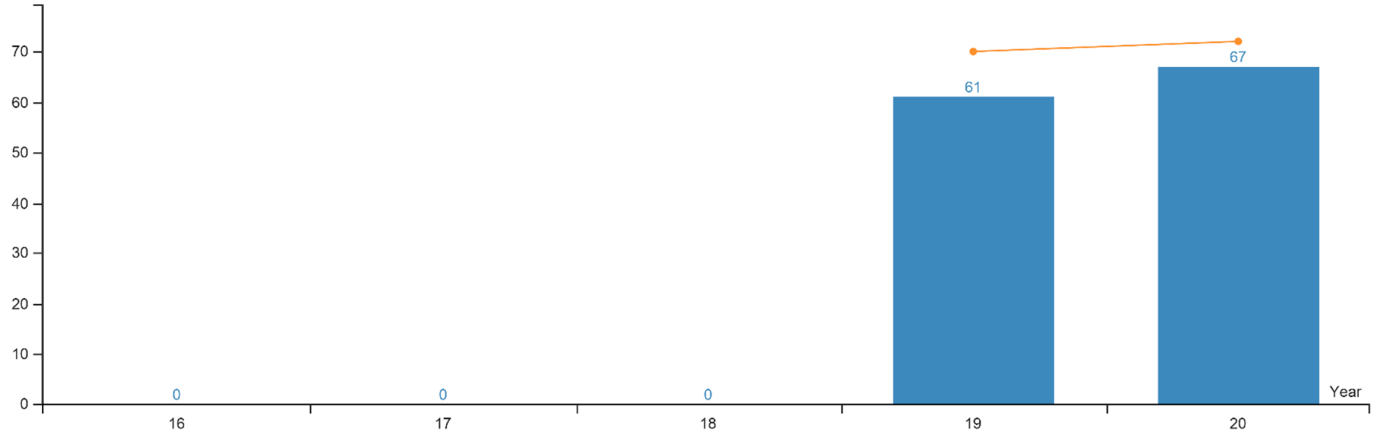
Factors Affecting Results

The lack of resources in communities and natural supports for families to manage safety threats while children remain in-home has been a consistent factor for numerous years. Cases where children remain in-home must receive consistent safety management until parents/caregivers have made sustainable behavior changes. Case reviews, however, indicate in-home cases are often closed prior to the family conditions being fully addressed or insufficient safety planning resulting in removal and placement in foster care. While in-home services may be provided, there is a lack of sustained focus on monitoring safety. In order to manage these high-risk cases, caseworkers require in-depth knowledge of Oregon's practice model which provides specific criteria and guidance for all child safety decisions throughout the life of the case.

Placement of children in foster care is the most restrictive and least desirable outcome to manage child safety. Whenever possible, children who can be safety reunified with their family will continue to receive services in-home. Currently, Oregon's practice for offering in-home cases is inconsistent around the state. Additionally, the number of children served in-home has seen minor downward trend since the previous FFY. The Department believes the implementation of Family First Act will counter this decline and offer specific focus on children at imminent risk for removal.

KPM #9	TIMELY ELIGIBILITY DETERMINATION FOR ODDS SERVICES - The percentage of individuals who apply for ODDS services who are determined eligible within 90 days from application
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
SERVICE ELIGIBILITY – ODDS					
Actual	No Data	No Data	No Data	61%	67%
Target	TBD	TBD	TBD	70%	72%

How Are We Doing

Community Developmental Disability Programs (CDDPs) continue to make improvement in meeting 90-day determinations, with an ongoing pattern of continuous improvement between 2019 and 2020 and an increase in the number of cases where an applicant received a determination within 90 days. Data variances provide initial indications that targeted timeline goals have increased by at least 6% in the last fiscal year, and determinations are at least 4% closer to the target as compared to 2019.

Factors Affecting Results

We continue to hold a 90-day determination timeline as a goal. Several factors impact meeting this goal: workload model and staffing impacted determination timelines; some offices with less eligibility staff or those with multiple roles experience increased difficulty in achieving timelines; an individual's ability to attend required appointments for eligibility also delay determinations. Additionally, in early 2020 the effects of the COVID19 pandemic and subsequent emergency response policy created an emergency outside the control of the State and the CDDP

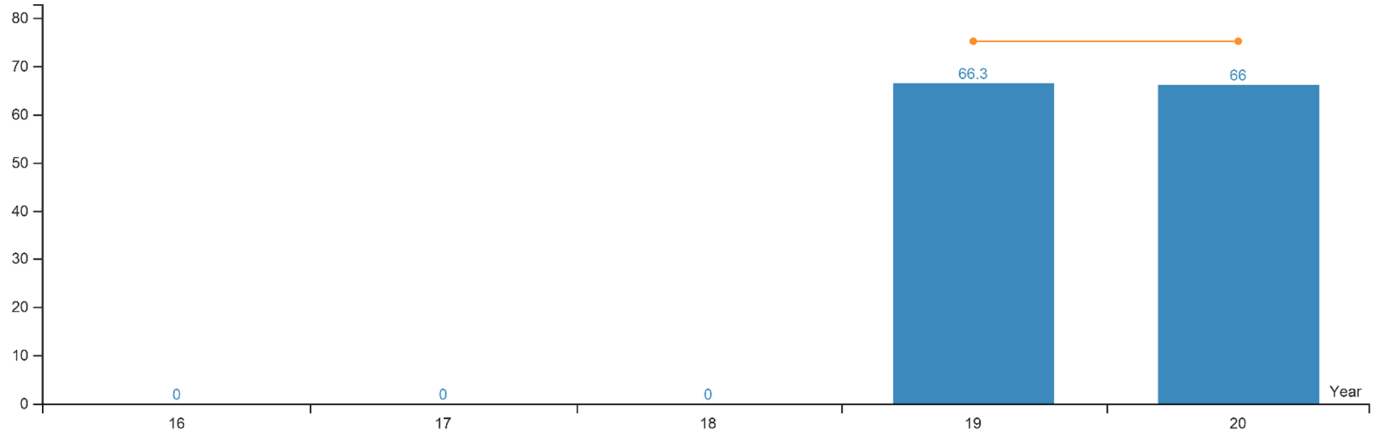
offices. Due to the pandemic some determinations were delayed, and additional time was required to schedule in-person meetings or establish other methods to complete a determination or evaluation.

Data extrapolations have identified some variance in quantitative and qualitative analysis, requiring further interpretation and follow up. ODDS will submit subsequent data and comment, upon further evaluation of the data if appropriate.

Comment: When this data was initially reported in 2019, it was based on a “year to date” calendar year and showed 67% of applicants were determined eligible within 90 days. The measure is now based on a fiscal year, beginning July 1 and running through June 30 the following year. The 2019 data was adjusted for fiscal year reporting as well.

KPM #10	ADULTS ENROLLED IN ODDS PROGRAM RECEIVING IN-HOME SERVICES - The percentage of adults enrolled in the Intellectual/Developmental Disabilities program who are receiving services in their own home, including family home
	Data Collection Period: Jan 01 - Dec 31

* *Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
In-Home Services					
Actual	No Data	No Data	No Data	66.30 %	66%
Target	TBD	TBD	TBD	75%	75%

How Are We Doing

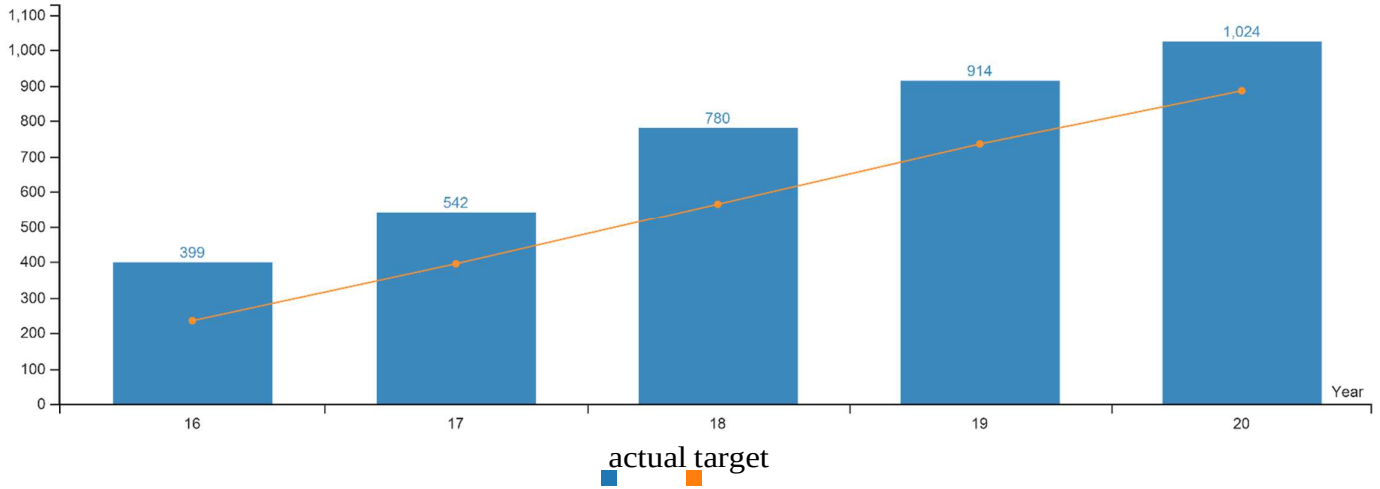
Oregon does not have any institutional care settings for people with intellectual/developmental disabilities. All services are provided in a community setting. Additionally, two of our five strategic goal areas are focused on supporting people's living options and providing adequate support to individuals and families, so they can be happy, safe, and healthy in the home setting they choose.

Factors Affecting Results

Group homes and foster homes fulfill an essential role in providing supports and services to those that may not have access to in-home supports or whose support needs are specialized enough that providing them in the family home would provide a major disruption to others living in the home.

KPM #11	SUPPORTED EMPLOYMENT SERVICES TO OBTAIN COMPETITIVE INTEGRATED EMPLOYMENT - Number of individuals in sheltered workshop target population receiving supported and/or related employment services from ODDS and VR who obtain competitive integrated employment
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
SUPPORTED EMPLOYMENT - EMPLOYMENT FIRST					
Actual	399	542	780	914	1,024
Target	235	395	565	735	885

How Are We Doing

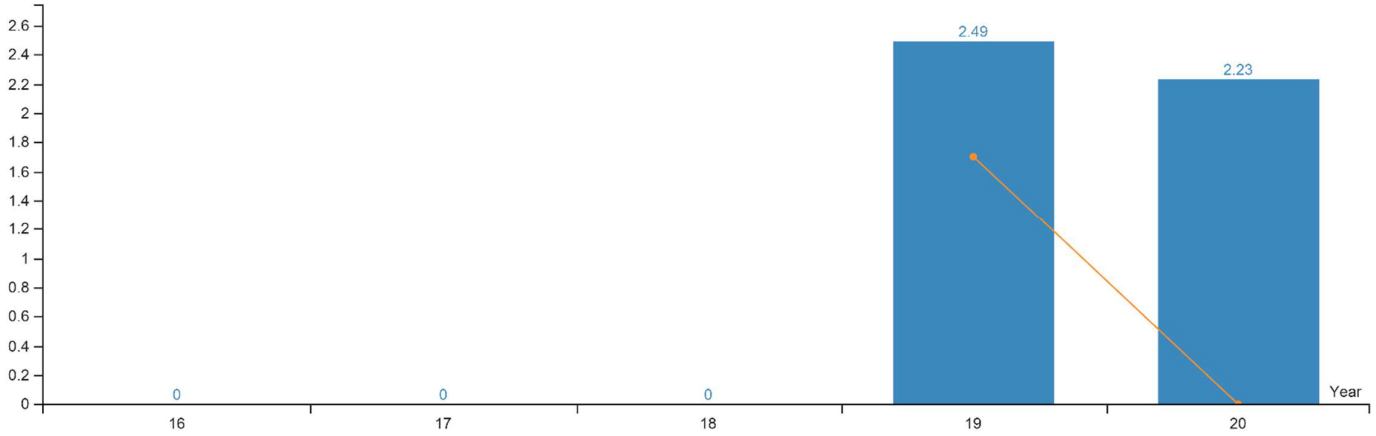
At this time, ODDS continue to be in substantial compliance with this metric and the *Lane v. Brown Settlement Agreement*. This is a significant achievement given that many people in Oregon experienced temporary and permanent job loss due to COVID-19 during FY 2020. ODDS and ODHS as a whole continue to prioritize and grow Competitive Integrated Employment for people with Intellectual and Developmental Disabilities.

Factors Affecting Results

ODDS continue to be in substantial compliance. It is important to note that thought ODDS continues to exceed the requirements of this metric, growth was slowed this year due to COVID-19.

KPM #12	ABUSE/NEGLECT OF ADULTS WITH DEVELOPMENTAL DISABILITIES (ODDS) - The percentage of substantiated abuse/neglect of adults in licensed and endorsed programs
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
ABUSE OF PEOPLE WITH DEVELOPMENTAL DISABILITIES					
Actual	No Data	No Data	No Data	2.49%	2.23 %
Target	TBD	TBD	TBD	1.70%	0%

How Are We Doing

Changes to the definition of the KPM last year make direct comparisons to data from earlier years inappropriate. Historically the population was based on all people with developmental disabilities— adults and children, whether they lived in residential settings, received services provided by programs with endorsements or not. In 2019 the metric changed to focus on substantiated abuse of adults in licensed and endorsed programs. The metric now applies to a smaller group of individuals, and it is a more responsive metric. Because these programs have sought licenses or endorsements, ODDS can have a direct impact on the provider agencies involved in abuse and neglect.

In previous years most reports of abuse and neglect involved licensed settings. Employees in these settings are mandatory reporters of abuse and are trained to recognize signs of abuse. The estimate of abuse for this more constrained population appears to have declined by approximately 2/10 of a percent from last year's figure. This reduction is the result of a 4% larger adult population receiving these services and

a 10% decline in the actual number of adults with a substantiated abuse allegation.

Because of a lack of national abuse data, it is a challenge drawing comparison to the IDD abuse rate targets. Targets are currently based on trends of historical data.

Oregon is in the process of transitioning to a Centralized Abuse Management (CAM) information system that will allow for enhanced tracking and monitoring of abuse referrals and investigations. IDD service cases were included in the second phase of implementation. Piloting began in October 2019 and continued into early August of 2020. The full implementation of CAM will enhance access and availability of information across the state and greatly improve the ability to make data informed decisions.

Factors Affecting Results

Abuse rates for people with intellectual/developmental disabilities can be affected by many factors, including:

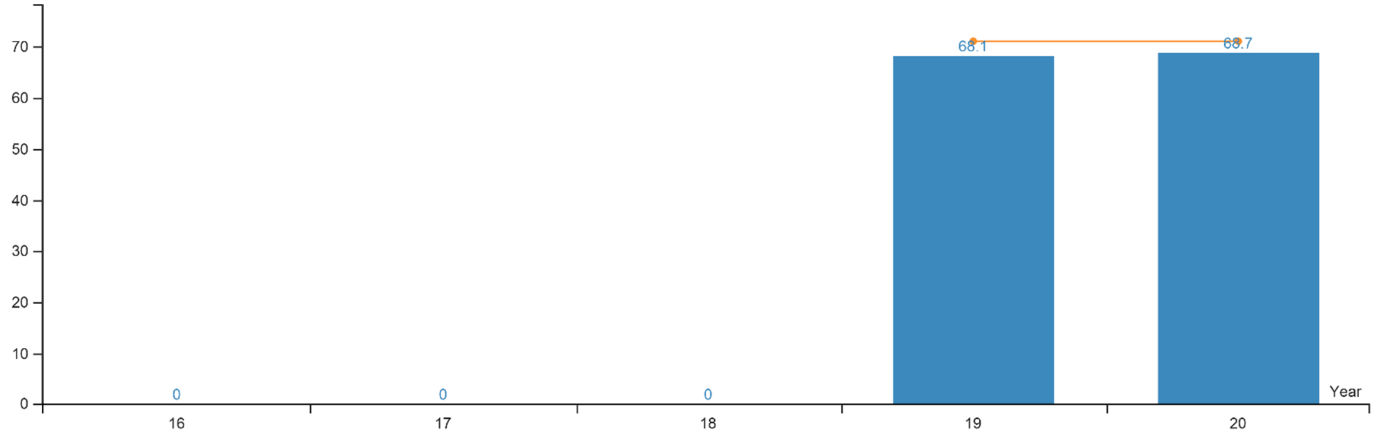
- The high acuity and service needs of residents being served in
- community-based care settings. High turnover rate of treatment and support staff in all settings.
- An adult's right to make decisions about their living
- situation, companions, etc. Barriers to the reporting of abuse by cognitively impaired clients.
- Limited resources available to respond to and support people with intellectual/developmental disabilities who are abused (e.g.
- domestic violence shelters, counseling resources, etc.). Current data systems do not have the capacity to clearly identify risks associated with reports of abuse.

What needs to be done in this area includes:

- Ongoing training for service coordinators, personal agents, personal support workers, direct support providers, service providers and facility
- staff in recognizing, reporting, and preventing abuse. Research and collaboration with community response systems and resources, including domestic violence interventions, sexual assault response, mental health services, housing, etc.
- Coordination and participation with local area multidisciplinary teams and coordinated-care organizations.
- Increased investigator access to content experts such as forensic nurses, psychologists and other
- health care professionals. Appropriate training of investigators and staff in proper use of data systems to assure high-quality, accurate data entry.

KPM #13	HOUSEHOLDS AT, OR ABOVE, LIVING WAGE FOUR QUARTERS AFTER LEAVING SSP PROGRAM - The median percentage of households leaving Self Sufficiency who are at, or above, a living wage four quarters out
	Data Collection Period: Jul 01 - Jun 30

* *Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
HOUSEHOLDS AT, OR ABOVE, LIVING WAGE					
Actual	No Data	No Data	No Data	68.10 %	68.70 %
Target	TBD	TBD	TBD	71%	71%

How Are We Doing

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. A key dimension to address poverty and maximize people's potential is the ability to earn living wages. It is well known that families who are employed with incomes at, or just above the federal poverty level often cannot make ends meet. In these circumstances, individuals and families find it difficult to pay for the necessities like food, housing, utilities, childcare, clothing, etc. This measure tracks the median percent of participants who exit all Self-Sufficiency programs and are earning at, or above, living wages four quarters after they leave the programs. The most recent data available shows that 68.7 median percent of those participants are earning living wages.

Factors Affecting Results

This measure relies on Oregon Employment Department (OED) reported earnings for SSP participants one year after they left all SSP programs and comparing these earnings to the most recent Washington State University Self-Sufficiency Standard for Oregon. It is important to note that only the SSP exiters with income captured by OED are included in the pool. The Self-Sufficiency Standard calculates how much income a family must earn to meet basic needs, with the amount varying by family composition and where they live[1]**.** This measure may be affected by several things, including the status of the economy, the availability of jobs, geography, standard costs for basic living needs by county, and family composition. It can also be affected by the structure of SSP employment and training programs and the effectiveness of other agency and community partnerships that connect SSP participants into living wage jobs.

Over the past four years the Oregon Workforce System became more aligned and includes coordinated partnerships and service delivery.

- Data-sharing agreements are in place to include Supplemental Nutrition Assistance Program (SNAP) employment plans in the Oregon Employment Department's (OED) data-system.

- People served by the SNAP-Able-Bodied Adults Without Dependents (ABAWD) program now access enhanced employment services from OED.
- In the Fall 2018, ODHS SSP and workforce system partners participated in regional poverty simulations to ensure goals and approach to servicing families are aligned beginning with a common understanding and framework.

Over the past four years ODHS SSP invested in expanded employment and training opportunities and supports:

- SNAP Training and Employment Program (STEP) has expanded investments in partnership with OED, community colleges and local community organizations, drawing additional federal dollars to offer a more comprehensive set of training and employment opportunities for SNAP participants.
- ODHS SSP invested seed money so that OED can pay for things such as uniforms, scrubs, etc. that their STEP participants need to start a new job.
- Job Opportunity and Basic Skills (JOBS) Program investments include expansion of a more comprehensive model of vocational training and education, expanded supports and payments for family stability services and housing assistance to support Temporary Assistance for Needy Families (TANF) and former TANF participants.

ODHS SSP plans to continue expansion of employment and training programs in partnership with communities, participants, agencies, employers, nonprofit organizations and the federal Food and Nutrition Service.

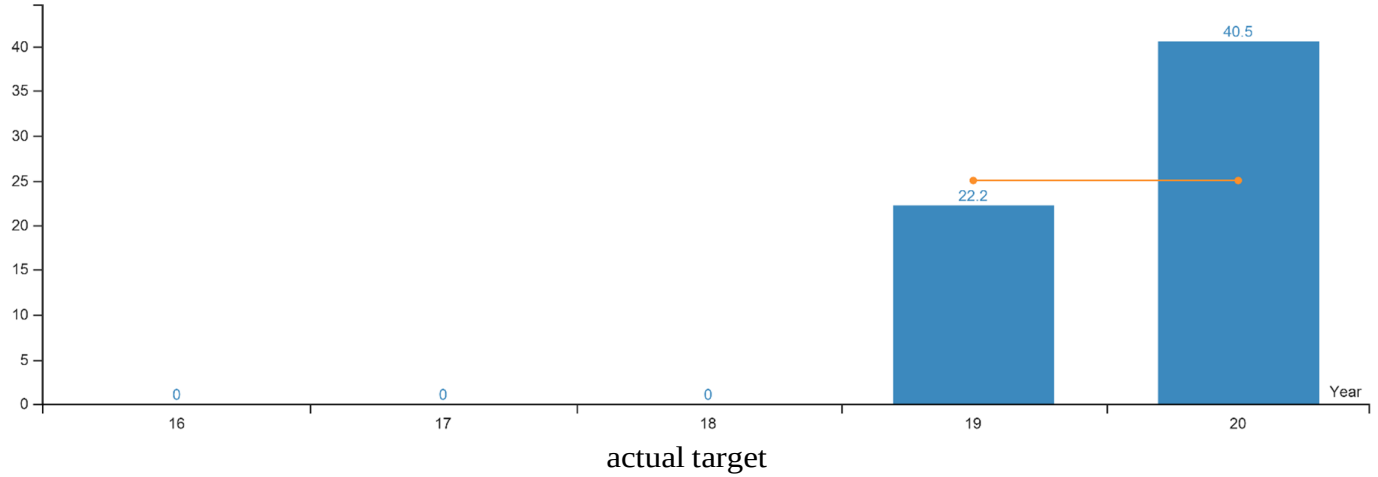
The current COVID-19 health pandemic and associated social distancing measures have caused an abrupt slowdown in the economy. It is anticipated that next year's data on this measure will reflect the changes in the economy.

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[1] Dr. Diana M. Pearce, "The Self-Sufficiency Standard for Oregon 2017", Center for Women's Welfare at the University of Washington. Available online at: http://selfsufficiencystandard.org/oregon

KPM #14	SSP PARTICIPANTS REPORTING HOUSING STABILITY - The percentage of Self Sufficiency participants who report their housing needs are fully met
	Data Collection Period: Jul 01 - Jun 30

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
HOUSING STABILITY					
Actual	No Data	No Data	No Data	22.20 %	40.50 %
Target	TBD	TBD	TBD	25%	25%

How Are We Doing

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. Housing is a foundation for successful communities. Affordable and permanent housing improves the quality of life of families by leading to better health, stability, safety and security. Where a person lives can predict their life expectancy[1]. The goal of this measure is to track the percentage of households connecting to Self-Sufficiency programs who report housing stability. In the Summer 2020, SSP conducted a statewide survey of Supplemental Nutrition Assistance Program (SNAP) participants who applied or reapplied for SNAP or other SSP programs in the month of April 2020. **Of 39,082 SNAP applicants in April 2020, there were 4,544 survey respondents which represents a 11.6% overall response rate.**

The survey found that 40.5% of respondents reported housing stability. This year's result was almost double the result from 2019. Based on the survey, slightly over half of the respondents reported housing instability, meaning that their housing needs are not fully met.

The following is a breakdown of participant responses to the KPM question: **“Please select what you feel is most true for your family now”**

Response	Percentage
I and/or my family need(s) immediate help getting into housing	5.4%

I and/or my family have housing, but it is temporary and/or inadequate	10.5%
I and/or my family needs help at times with rent and/or bill payment	40.7%
I and/or my family's housing needs are fully met (i.e., I can afford to pay rent/mortgage and utilities without difficulty)	40.5%
Decline to answer	2.9%

The following is the breakdown of participants' responses to: "What is your current living situation?":

Response	**Percentage**
Staying or living with family / friends	16.8%
Rental housing with no subsidy	46.1%
Rental housing with subsidy (Section 8, public housing, or other housing assistance)	8.1%
Renting a room or exchange work for room	5.8%
Living on the street / no physical shelter	2.0%
Own home / own trailer	11.6%
Emergency shelter/ Transitional housing (group home, recovery center, etc.)	1.0%
Living in car	1.1%
Other	2.8%
About to lose housing / facing eviction	1.2%
Hotel / motel	0.7%
Staying or living in a recreational vehicle (RV, motorhome, fifth wheel trailer, truck camper, etc.)	2.9%

The following are a few of the quotes from survey respondents who opted to provide more input:

"I work but cannot afford my own housing."

"I reside with my daughter who owns the home."

"[I am] living with my father … would not have anywhere to live if not living with my father, rent is too high and not … able to find jobs." "Rentals are hard to find right now. Not sure where my family will be in September."

"We are losing everything with COVID. We had a small business and now we have lost it. Now I am so far behind in my rent I feel that my family cannot make up this large of sum of money."

"[We] can't get housing till something opens up on waitlists. Food is not enough when you have nowhere to prepare it. Office can't really help when you are already at maximum for food and there are no programs for housing."

"Housing was part of my job as a hotel manager. With COVID we are closing at end of month. We have nowhere to go."

"Paying [hotel] by the week is expensive but it is better than living on the streets with my kids. I'm hoping I can find a place soon, but I have to look around my work schedule. With COVID I have a lot of fear going to look at places too."

"Things are okay for housing, but my utilities are kind of expensive with the kids home all the time."

"I'm living in neighborhood I grew up in however due to cost of housing I have to exchange work for housing. Need more

affordable housing." "I'm taking care my 87yr old father and I'm not paying rent."

"We are pretty crammed in this house, but we make do…".

This data is also collected by race and ethnicity and is available upon request.

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[1] Arias E, Escobedo LA, Kennedy J, Fu C, Cisewski J. U.S. small-area life expectancy estimates project: Methodology and results summary. National Center for Health Statistics. Vital Health Stat 2(181). 2018. Found at this link: https://www.cdc.gov/nchs/data/series/sr_02/sr02_181.pdf

Factors Affecting Results

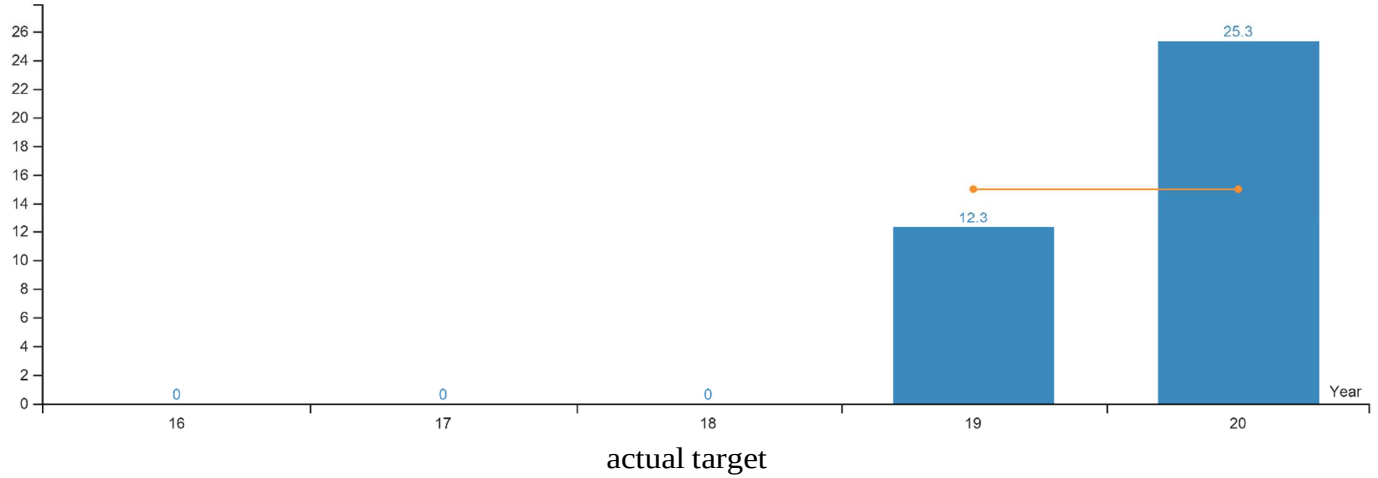
According to the Department of Housing and Community Services, housing had already emerged as a paramount concern across Oregon and **the lack of available housing, high rents and high home prices were driving rapid increases in housing instability and homelessness**[1]**. These themes rang true and were reflected throughout the SSP well-being survey we conducted in this Summer. At the same time, in the current health pandemic, the survey shows that individuals and families are doing everything they can to take care of themselves and that the word "stability" may be a relative term depending on their situation. Survey respondents reported relying on family, friends, and in some cases landlords. It is also possible that the CARES Act funding, other pandemic related benefits, as well as greater amount of rental assistance funds that Community Action Agencies had available this year compared to 2019 helped create more housing stability for individuals and families. Also** the passage of SB 608 that eliminated no-cause evictions and limited rent increases may have also contributed to **housing stability for some survey respondents.**

Over the past three years SSP expanded TANF funded supports to cover housing related emergent needs. SSP has also provided for innovative contracting for housing related services, including navigation services, in partnership with community-based organizations and agencies. Due to the State's budget challenges, some housing-related investments approved by the 2019 Oregon Legislature did not get implemented.

[1] Oregon Statewide Housing Plan 2019-2023, Oregon Housing and Community Services. Available online at: https://www.oregon.gov/ohcs/DO/shp/SWHP-Executive-Summary.pdf

KPM #15	SSP PARTICIPANTS REPORTING FOOD SECURITY - The percentage of Self Sufficiency participants who report they did not worry about having enough food, or actually run out of food, in the past 12 months
	Data Collection Period: Jul 01 - Jun 30

* *Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
FOOD SECURITY					
Actual	No Data	No Data	No Data	12.30 %	25.30 %
Target	TBD	TBD	TBD	15%	15%

How Are We Doing

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. Access to nutritious food helps babies hit milestones, fuels kids as they learn and grow, reduces the chances of chronic disease in adults and makes it more likely seniors are healthy and independent. The goal of this measure is to track the percentage of households connecting to Self-Sufficiency programs who report food security. The United States Department of Agriculture (USDA) defines food security as having consistent, dependable access to enough food for active, healthy living. The USDA's "Household Food Security in the United States in 2019" report found that 9.8% of Oregon households were food insecure, down from 11.1% in 2018[1]. In May 2020, Oregon State University estimated the number of people experiencing food insecurity in Oregon would double to 900,000 people or more than one in five residents due to the increased unemployment from the COVID-19 health pandemic lockdown[2].

In the Summer 2020, SSP conducted a statewide survey of Supplemental Nutrition Assistance Program (SNAP) participants who applied or reapplied for SNAP or other SSP programs in the month of April 2020. **Of 39,082 SNAP applicants in April 2020, there were 4,544 survey respondents which represents a 11.6% overall response rate.**

The survey found that 25.3% of respondents reported experiencing food security[3]. This year's result is double the food security rate reported in 2019. Based on the survey, 72.4% of the respondents reported experiencing food insecurity, meaning that their access to adequate food is limited by a lack of money or other resources.

In the current COVID-19 health pandemic, it is possible the higher food security rate reported is attributed in part to the additional federally approved food benefits deployed by ODHS-SSP as well as other USDA approved benefits like school lunches, and state-level investments through the food banks.

The following is a breakdown of participant responses to**: "Within the past 12 months, we worried whether our food would run out before we got money to buy more"**

Response	Percentage
Often true	23.0%
Sometimes true	49.4%
Never true	25.3%
Don't know	1.3%
Decline to answer	0.9%

The following is the breakdown of participants' responses to "**Within the past 12 months, the food we bought just didn't last and we didn't have money to get more"**:

Response	Percentage
Often true	19.6%
Sometimes true	44.7%
Never true	33.0%
Don't know	1.8%
Decline to answer	0.8%

The following are a few of the quotes from survey respondents who opted to provide more input:

"SNAP has been very helpful. Without it we would not be able to have food."

"I am grateful that I received extra money on my trail card because of pandemic. Before this it was always hard to make it to the end of month. I finally was able to not feel stressed about food. I just got food money for school kids and this has helped a lot since my daughters are home all the time."

"The office has been helpful during this pandemic, they got me SNAP quickly and that helped. Worried about how long this is going to go on."

"Glad to have help with food, it is just never enough. Prices of things are going up quickly, but the benefit amount stays the same. It takes almost all the money I make to pay my rent and utilities. Feel like I'm stuck in a never-ending bad dream."

"Office staff was very helpful and was very happy when got full amount for benefits, it came right when I needed the food."

"I am finally able to get enough food for a month during the COVID crisis because my disability makes me ineligible usually. This is how persons on Social Security should be treated with regard to food help. I worked hard to have a home and then had a heart attack that has made it where I cannot work now. I shouldn't get punished for having other benefits. The last couple months have been the only time I didn't have to go to the food pantries or church in order to have food to eat since my illness…. This is what should happen, even $194 isn't a lot of food but I am good at stretching it."

"[I'm] trying to eat better but food costs much. So very grateful for any help."

"It has helped having the food [benefits] so I do not have to be stressed about that. Just worry as the COVID stuff is getting worse and can't make it if my job is closed again."

"[It] would be nice if people could buy hot food with SNAP when they are living on the streets or otherwise have no refrigeration. The fridge in our RV doesn't work. Hard to store nutritious food."

This data is also collected by race and ethnicity and is available upon request.

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[1] Alisha Coleman-Jensen, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2020. Household Food Security in the United States in 2019, ERR-275, U.S. Department of Agriculture,
Economic Research Service. Available online at: https://www.ers.usda.gov/publications/pub-details/?pubid=99281

[2] Mark Edwards. May 2020. Oregon State University School of Public Policy, Oregon
Policy Analysis Lab. Available at this site:
http://olis.leg.state.or.us/liz/2019I1/Downloads/CommitteeMeetingDocument/222368

[3] The SSP Well-being survey incorporated the Hunger Vital Sign™, a validated 2-question food insecurity screening tool developed by Drs. Erin Hager and Anna Quigg and the Children's HealthWatch team. The Hunger Vital Sign™ identifies households as being at risk for food insecurity when they answer that either or both of the 2-question statements are "often true" or sometimes true". For more information visit the Children's HealthWatch website at: https://childrenshealthwatch.org/public-policy/hunger-vital-sign/

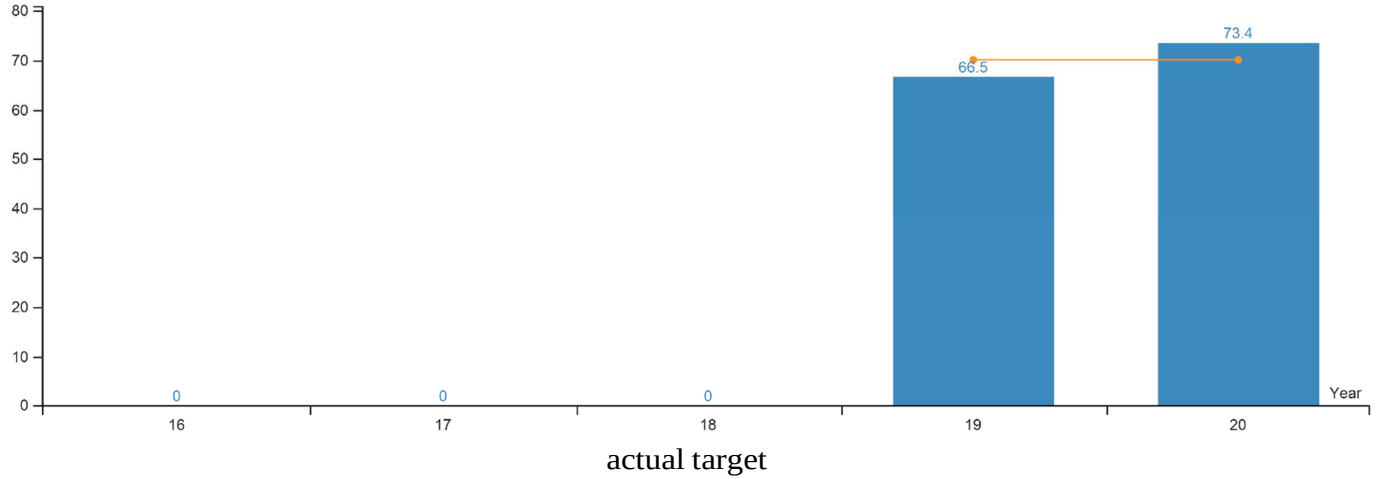
Factors Affecting Results

These results are derived from participants' entries on the SSP well-being survey which will continue to be conducted by SSP each year. Our survey population is composed of persons applying or reapplying for SNAP or other SSP benefits. The current COVID-19 health pandemic and associated social distancing requirements have caused significant job losses. Many people have turned to ODHS for benefits and services such as the SNAP program. In the weeks after Oregon's Governor declared a state of emergency and instituted social distancing mandates, new SNAP application requests increased by 400 percent statewide. At the same time, the SSP workforce began teleworking, while maintaining offices open, and the use of the current online application was encouraged. Despite the surge in applications, SSP did its best to process applications as quickly as possible. Federal waivers helped ease certain application requirements and additional food benefits approved by the federal government were deployed. One example of these food benefits was issuing maximum SNAP allotments to all households regardless of their countable income. Another example is issuing Pandemic Electronic Benefits Transfers (P-EBT) which allowed for depositing food benefits in an EBT card equal to the value of school meals that children would have received if they had been physically attending school.

Oregon continues its outreach efforts to connect with difficult to reach populations, including people of color, by providing information on the benefits of qualifying for and maintaining SNAP eligibility, dispelling myths, providing application assistance, advocating on behalf of participants, and numerous other strategies to reach populations in need. These strategies include identifying and removing barriers to the SNAP program across all populations. We currently collaborate with 15 different community agencies who serve as Oregon SNAP outreach partners.

KPM #16	SSP PARTICIPANTS REPORTING GREATER SELF-EFFICACY - The percentage of Self Sufficiency participants who report they feel more confident in their ability to improve their current circumstances because of SSP and other services they were connected to
	Data Collection Period: Jul 01 - Jun 30

* *Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
SELF-EFFICACY/HOPE					
Actual	No Data	No Data	No Data	66.50 %	73.40 %
Target	TBD	TBD	TBD	70%	70%

How Are We Doing

The Office of Self-Sufficiency Programs' (SSP) mission is to provide a safety net, family stability and a connection to careers that guide Oregonians out of poverty. Poverty is multidimensional, meaning that it is more than a lack of adequate income[1]. Multidimensional poverty asserts that there are multiple dimensions of deprivation that must be addressed for people to be equipped to exit poverty and build well-being[2]. This new measure aims to track one dimension of poverty: whether participants perceive a sense of influence over their own circumstances. Specifically, we are tracking participants reported increased self-efficacy and hope as a result of their involvement with Self-Sufficiency Programs and the connections to other services SSP makes. In the Summer 2020, SSP conducted a statewide survey of Supplemental Nutrition Assistance Program (SNAP) participants who applied or reapplied for SNAP or other SSP programs in the month of April 2020. **Of 39,082 SNAP applicants in April 2020, there were 4,544 survey respondents which represents a 11.6% overall response rate.**

Based on the survey, 73.4% of survey respondents reported feeling more confident about their ability to improve their current circumstances as a result of their involvement with SSP and the services SSP connected them to. In addition, 74.2% of respondents reported they feel more hopeful about their future as a result of their involvement with SSP and the services SSP connected them to.

The following is a breakdown of participant responses to **: "My involvement with ODHS Self-Sufficiency and the services ODHS has connected me to have helped me feel more confident in my ability to improve my current circumstances"**

Response	**Percentage**
Strongly agree	22.3%

Agree	51.1%
No opinion	17.6%
Disagree	6.0%
Strongly disagree	1.8%
Decline to answer	1.2%

The following is the breakdown of participants' responses to "My involvement with ODHS Self-Sufficiency and the services ODHS has connected me to have helped me feel more hopeful about my future":

Response	**Percentage**
Strongly agree	23.5%
Agree	50.7%
No opinion	17.1%
Disagree	6.0%
Strongly disagree	1.4%
Decline to answer	1.4%

The following are a few of the quotes from survey participants who opted to provide more input:

*"**I don't know that the programs make me feel better, but they help me get by."***

"[ODHS] has helped me feel more confident that my family will have food. The extra amount coming during state closure has helped a lot and I just received the school kids benefit [Pandemic- EBT] so summer doesn't feel as overwhelming anymore. I just started back to part time work and have hope we can resume some normalcy."

"My experience has been good. I felt like the people cared and I wasn't just a number."

"" everything was done on a timely manner and extremely helpful and allowed me to keep my dignity in that time.""

"Without ODHS SSP assistance we may not be surviving at this point and I am extremely grateful for the program."

"Since I have lost my job due to COVID, the people at the office were helpful to me. It was my first time in one of these offices and they were very considerate. I am hopeful that as things go back to normal, I will be able to find work and get back on my feet".

"The office staff has been very helpful. [Worker] was very calm and reassuring, gave me hope even though there aren't programs to supplement my current needs.

During this unprecedented weird and unchartered time, the office staff is being proactive and trying to coordinate with other programs to keep the people from Oregon above water. I appreciate that."

This data is also collected by race and ethnicity and is available upon request.

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[1] "Policy – A Multidimensional Approach", Oxford Poverty & Human Development Initiative, University of Oxford. Available online at: https://ophi.org.uk/policy/multidimensional-poverty-index/

[2] Torgerson, March 2017, "Measuring Community Action Program Impacts on Multi-Dimensional Poverty: Final Report of the Futures Project", Oregon State University. Available online at: https://caporegon.org/what-we-do/the-future/

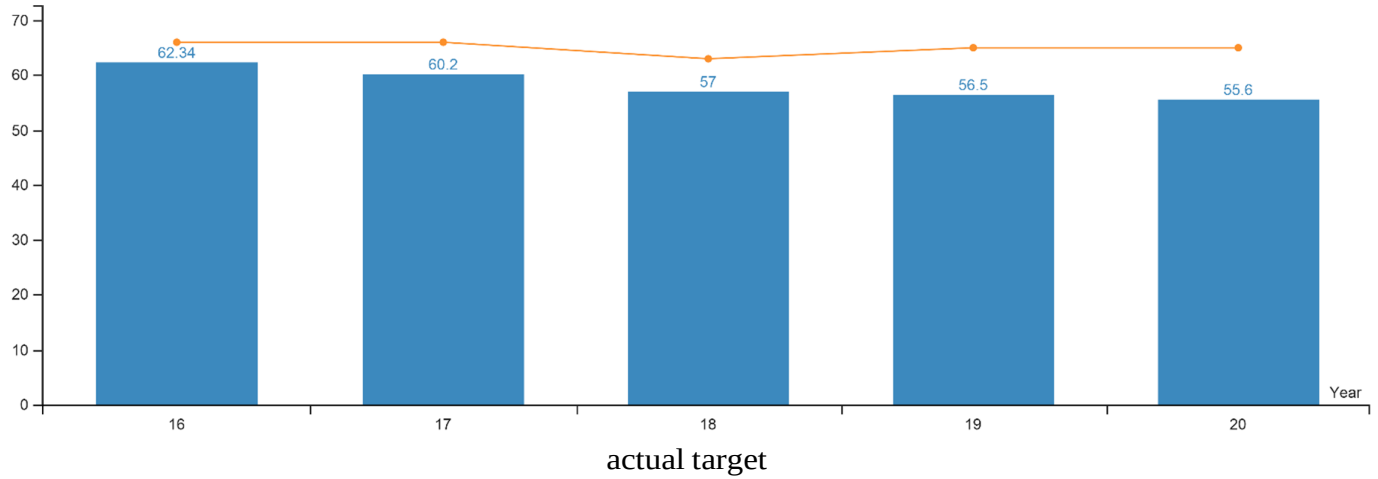
Factors Affecting Results

These results are derived entirely from participants' entries on the SSP well-being survey which will continue to be conducted by SSP each year. We define S*elf-efficacy* as participants having a sense of control or influence over the events and circumstances that affect them and can act on it. We define *Hope* as participants' belief that their current circumstances will improve. Our desired outcome is that in partnership with participants, agencies and communities, SSP provides programs and services that maximize the potential that lies within everyone. Foundational to these changes are intentionally involving families; having a philosophy and practice of being person centered; being strengths based and having resources that build broader well-being.

Hope and self-efficacy are interactively related, having influence on each other, but are also separate, stand-alone concepts. Self-efficacy often generates hope and hope can inspire a person to feel more able to achieve a goal. The SSP program decided to use two questions and measures to bring greater clarity to the impact of SSP services for each, with the primary KPM of self-efficacy.

KPM #17	OVRS CONSUMERS WHO ARE SUCCESSFULLY EMPLOYED AT PROGRAM EXIT - The percentage of Office of Vocational Rehabilitation Services (OVRS) consumers with a goal of employment who are employed at program exit
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
OVRS CLOSED - EMPLOYED					
Actual	62.34 %	60.20 %	57%	56.50 %	55.60 %
Target	66%	66%	63%	65%	65%

How Are We Doing

Placements over the past year have increased slightly in a positive direction. Variance in this measure has been less than 3% year-over-year and also saw an increase during the period 2012 through 2016 when the overall economy saw even greater gains. Those gains in the economy have eased and we have seen a softening in the placement rates over the period 2016 through 2020.

The Oregon target of 66% has historically been optimistic when compared to federal expectations. The Oregon VR Program has met or exceeded the federal expectation. This is no longer a federally required metric under the Workforce Innovation and Opportunity Act of 2014 (WIOA). However, we will continue to work toward increasing this outcome as administrative staff see value in this measure.

Factors Affecting Results

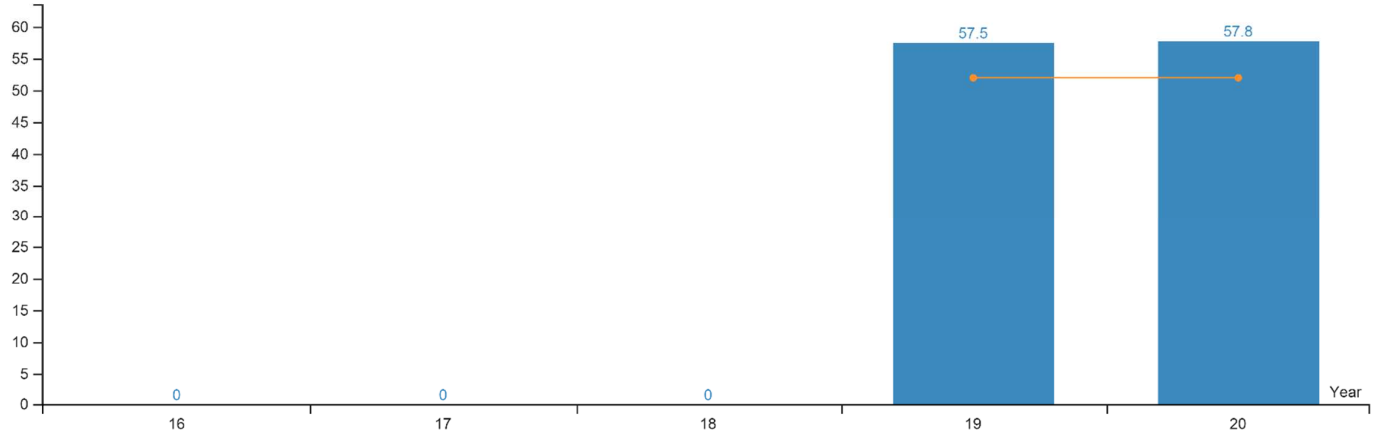
Additionally, significant numbers of clients with intellectual and developmental disabilities as a result of the Lane v. Brown Settlement have

influenced this metric in that the resources necessary to place the most significantly disabled individuals within our state has had an impact on the overall program. We anticipate and increase in this population group as we work through the initial high numbers.

We are working to improve placement opportunities by engaging in employer relationships at a much higher degree as required by WIOA and this has resulted in increased training for potential employers. Staff in Vocational Rehabilitation meet monthly with staff from the Office of Developmental Disabilities Services (ODDS) to jointly plan and coordinate services and to improve outcomes for this population and continue to develop the resources to mainstream this activity to improve on the service delivery model.

KPM #18	OVRS CONSUMERS EMPLOYED IN SECOND QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during second quarter following program exit
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



Report Year	2016	2017	2018	2019	2020
EMPLOYMENT IN SECOND QUARTER					
Actual	No Data	No Data	No Data	57.50 %	57.80 %
Target	TBD	TBD	TBD	52%	52%

How Are We Doing

For the period October 1, 2018 through September 30, 2019, the most recent period for which all needed data are available, 57.8% of individuals exited from Vocational Rehabilitation services were employed during the second quarter following exit. Staff are working toward more effective career counseling and guidance to ensure employment longevity for our clients.

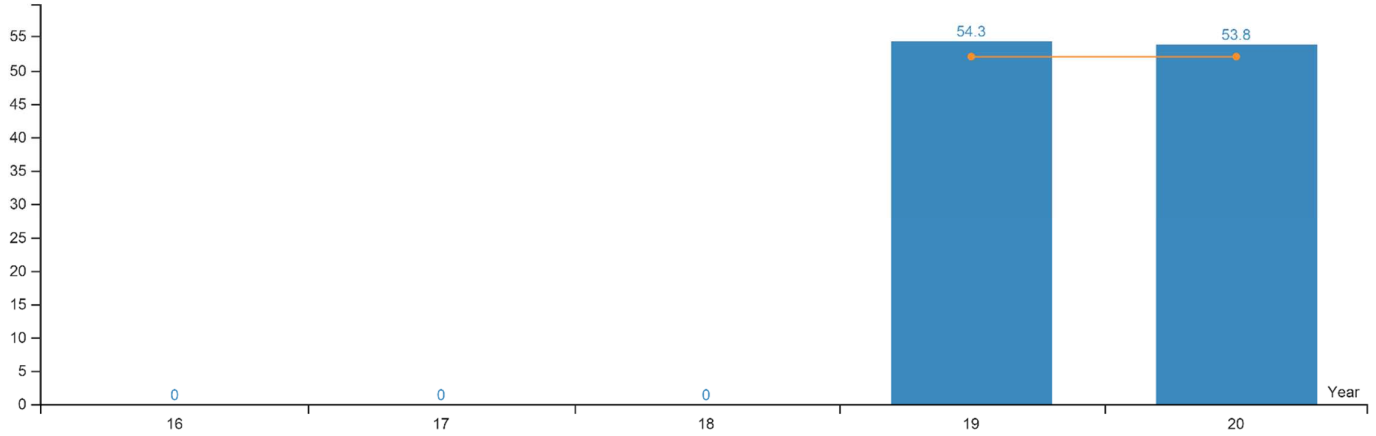
The program is working to emphasize non-technical employment skills (soft skills) to improve employability and retention in employment.

Factors Affecting Results

This result is impacted by the sophistication of the individual's skills in seeking and maintaining employment is a major factor in this measure. The economic realities of the geographic areas in which they live, and the available workforce supports also impact this measure.

KPM #19	OVRS CONSUMERS EMPLOYED IN FOURTH QUARTER FOLLOWING PROGRAM EXIT - The percentage of OVRS clients closed from plan who are employed during fourth quarter following program exit
	Data Collection Period: Oct 01 - Sep 30

* *Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
EMPLOYMENT IN FOURTH QUARTER					
Actual	No Data	No Data	No Data	54.30 %	53.80 %
Target	TBD	TBD	TBD	52%	52%

How Are We Doing

For the period October 1, 2018 through September 30, 2019, the most recent period for which all needed data are available, 53.8% of individuals exited from Vocational Rehabilitation services were employed during the second quarter following exit. This exceeds our target but shows a slight dip from last year's performance. Staff are working toward more effective career counseling and guidance to ensure employment longevity for our clients.

The program is working to emphasize non-technical employment skills (soft skills) to improve employability and retention in employment.

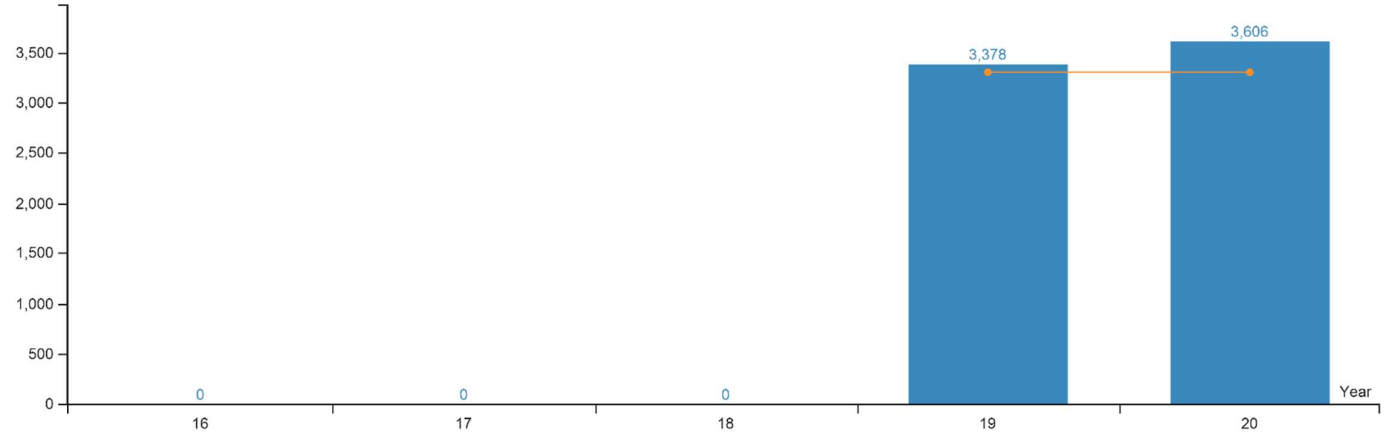
Factors Affecting Results

This result is impacted by the sophistication of the individual's skills in seeking and maintaining employment is a major factor in this

measure. The economic realities of the geographic areas in which they live, and the available workforce supports also impact this measure.

KPM #20	OVRS MEDIAN QUARTERLY WAGE AT SECOND QUARTER FOLLOWING PROGRAM EXIT - Median quarterly wage at second quarter following OVRS program exit
	Data Collection Period: Oct 01 - Sep 30

** Upward Trend = positive result*



actual target

Report Year	2016	2017	2018	2019	2020
MEDIAN QUARTERLY WAGE					
Actual	No Data	No Data	No Data	$3,378.00	$3,606.00
Target	TBD	TBD	TBD	$3,300.00	$3,300.00

How Are We Doing

We are working to increase both the hourly wage and the total hours worked per quarter for clients. A few of the approaches are by delivering both technical skills for employment and soft skills for maintaining and advancing in employment. In addition to these actions we are also incorporating labor market research to identify high and true wage employment opportunities that match our client's skills and interests to be incorporated into the comprehensive career counseling that we provide.

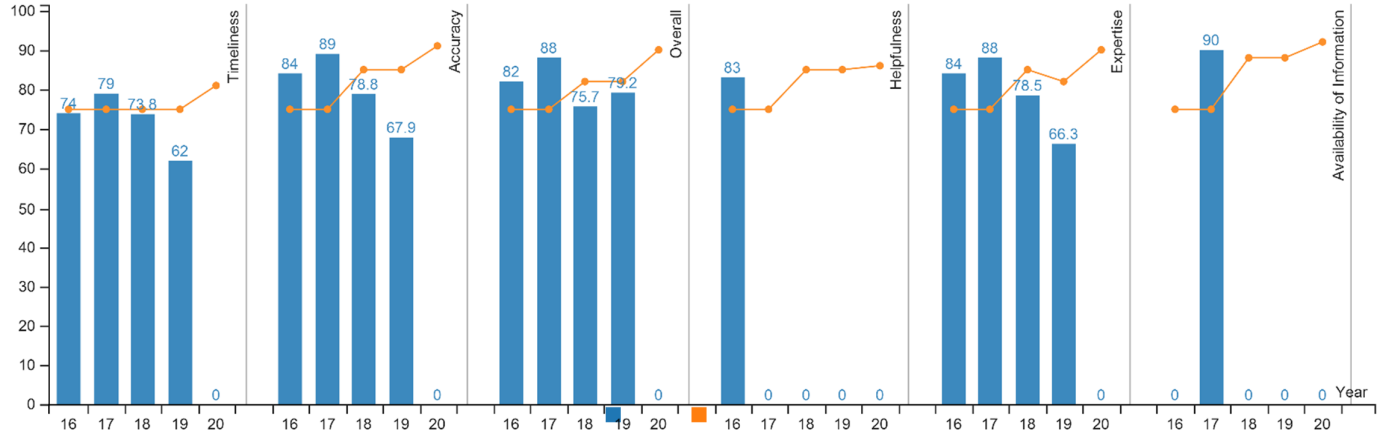
Factors Affecting Results

This is influenced by career counseling to individual job seekers to move them toward career choices that can improve income potential by increasing job skills. As a result of efforts to meet the requirements of the Lane v Brown settlement, the program is currently placing many clients with intellectually/developmentally disabled for the most part at minimum wage. This large number of minimum wage

employees has depressed this number.

Staff are working to meet the needs of employers in sectors offering higher salaries. Additionally, this is impacted by both hourly wage and total hours worked.

KPM #21	ODHS CUSTOMER SATISFACTION - The percentage of customers rating their satisfaction with ODHS above average, or excellent
	Data Collection Period: Jan 01 - Jan 31



Report Year	2016	2017	2018	2019	2020
Timeliness					
Actual	74%	79%	73.80 %	62%	No Data
Target	75%	75%	75%	75%	81%
Accuracy					
Actual	84%	89%	78.80 %	67.90 %	No Data
Target	75%	75%	85%	85%	91%
Overall					
Actual	82%	88%	75.70 %	79.20 %	No Data
Target	75%	75%	82%	82%	90%
Helpfulness					
Actual	83%	No Data	No Data	No Data	No Data
Target	75%	75%	85%	85%	86%
Expertise					

Actual	84%	88%	78.50 %	66.30 %	No Data
Target	75%	75%	85%	82%	90%
Availability of Information					
Actual	No Data	90%	No Data	No Data	No Data
Target	75%	75%	88%	88%	92%

How Are We Doing

Due to other priorities impacting ODHS, such as the pandemic, we were not able to conduct the annual customer satisfaction survey in time for this report. Once new data are available, an update will be provided.

Factors Affecting Results

N/A

ODHS|OHA 2021-2023 Budget Prioritization Matrix

		Enterprise - Active Projects			Enterprise - POP Projects			ODHS - Active Projects		OHA - Active Projects			OHA - POP Projects	
		Enterprise Collection Mgmt System (ECMS)	Integrated Eligibility (IE)	MMIS Modularity	Critical Systems Modernization	Financial Systems Modernization	Improving Data Integrity and Compliance	Provider Time Capture (PTC)	CCWIS Modernization	BH Data Warehouse (Compass)	MOTS Replacement (Compass)	OEBB-PEBB Benefits Mgmt System (BMS)	Community Information Exchange (CIE)	OSH Tech Modernization
TOTAL PROJECT SCORE (0-100)		**64**	**100**	**93**	**75**	**66**	**93**	**97**	**93**	**97**	**97**	**82**	**84**	**91**
CRITERIA (Weight)	SCORING GUIDE	PROJECT SCORES												
Technology & Strategic Alignment (35%)	**WEIGHTED SUBTOTAL & % OF TOTAL SCORE**	17 27%	35 35%	35 38%	23 31%	23 35%	35 38%	35 36%	35 38%	35 36%	35 36%	23 28%	35 42%	29 32%
Alignment to Strategic Plans Does the Agency adhere to the Governor's Strategic Plan (*Action Plan: User Friendly, Reliable and Secure: Modernizing State Information Technology Systems and Oversight*) and the Enterprise Information Services Strategic Plan? Does the investment align with IT best practices (e.g. transparency by design, easily retrievable data, early value delivery, modular implementation, security principles, modern hosting technologies such as cloud, configuration over customization, etc.) How does this investment integrate into the agency's strategic plan?	**3 - Mastery (High)** Investment incorporates multiple elements of state technical vision, is strategically consistent with agency strategic vision and IT best practices. Proposed solution is technically consistent with State vision for User-friendly, Reliable and Secure systems. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment is inconsistent with elements of the Enterprise and/or Agency state technical vision and does not incorporate the state's technical values or consider IT best practices.	2	3	3	3	3	3	3	3	3	3	3	3	3
Diversity, Equity, Inclusion, and Accessibility Does the Agency adhere to the Governor's Office of Diversity, Equity, Inclusion/Affirmative Action mission and objectives? Does the Agency have processes in place ensuring Oregon's government develops, maintains, and embeds a diverse and inclusive culture throughout state systems, institutions, and deliverables and plan to incorporate them into this investment? Does the Agency address how the solution will meet or exceed Oregon Accessibility Standards?	**3 - Mastery (High)** Agency intentionality makes equity, inclusion and accessibility a priority in change management, customer service, leadership development, and community engagement. Investment demonstrates and incorporates diligence in employment, from hiring to retention, promotion, and succession planning. Agency plans to work with Procurement on COBID certified firms. Project substantially benefits underserved communities-including rural communities, low income communities or communities of color. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Agency does not have adequate existing processes to intentionally promote diversity, equity, inclusion or accessibility and has only nominally considered incorporating them in to this investment.	1	3	3	1	1	3	3	3	3	3	1	3	2
Business & Customer Driven Technology (25%)	**WEIGHTED SUBTOTAL & % OF TOTAL SCORE**	17 26%	25 25%	25 27%	22 29%	19 29%	25 27%	25 26%	25 27%	25 26%	25 26%	22 27%	22 26%	25 27%
Customer Centered Approach How does this technology investment take into consideration the number of users and place an emphasis on providing customer value? If the investment addresses public facing technology, is it customer-focused? If the investment is for agency use, does it improve the agency users' experience? Does the implementation plan focus on user experience/feedback?	**3 - Mastery (High)** Investment is focused on providing customer value. For public services, the customer experience is primary. Potential for use by all Oregonians. For agency investments, provides tangible benefits to agency users. Investment plan includes customer stakeholders and addresses methods to incorporate user experience/feedback. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment is being implemented in isolation from customers and end users or will not be used by many users.	2	3	3	3	2	3	3	3	3	3	3	3	3
Business Process Transformation Does this technology investment contribute to business process improvement/transformation? How does this technology investment intersect with measurable business outcomes including the return on investment, if applicable?	**3 - Mastery (High)** Business outcomes will be improved as a result of this investment. Investment implementation is being driven by business process transformation to improve service delivery. If public facing, customer interaction with business process is improved as a result of this investment. Solution will modernize processes. Specific examples of measurable business improvements are provided in the business case (i.e. cost savings, streamlined processes, improved controls, access to information). Investment is consistent with the agency's internal strategic plan and direction. **2 - Competent (Medium)** Mostly aligned with Mastery, includes measurable outcomes **1 - Adequate (Low)** Partially aligned with Mastery, does not include measurable outcomes. **0 - Insufficient (None)** Investment implementation is nominally considering business processes and their integration with technology. Investment has no relationship with an agency's business processes. Agency is thinking 'tool first' to solve business problems. Investment does not cohere with agency strategy.	3	3	3	2	3	3	3	3	3	3	2	2	3
Investment Risk Does this investment need to be implemented during this budget cycle? What is the impact of not doing this investment during this cycle? Would the agency, state, or its customer be exposed to a risk or impact if the service/product is not offered (e.g., security, safety, legal, funding source, or any other related risk)? Is an existing service at risk? Do other current services/products depend on it?	**3 - Mastery (High)** Investment addresses a currently unmet, time sensitive mandate (legislative, federal, state) or risk, and/or addresses audit findings requiring urgent action or not implementing this solution puts existing services at risk. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment provides an opportunity to improve services, but does not introduce new capability or address imminent risks.	1	3	3	3	2	3	3	3	3	3	3	3	3

ODHS|OHA 2021-2023 Budget Prioritization Matrix		Enterprise - Active Projects			Enterprise - POP Projects			ODHS - Active Projects		OHA - Active Projects			OHA - POP Projects	
		Enterprise Collection Mgmt System (ECMS)	Integrated Eligibility (IE)	MMIS Modularity	Critical Systems Modernization	Financial Systems Modernization	Improving Data Integrity and Compliance	Provider Time Capture (PTC)	CCWIS Modernization	BH Data Warehouse (Compass)	MOTS Replacement (Compass)	OEBB-PEBB Benefits Mgmt System (BMS)	Community Information Exchange (CIE)	OSH Tech Modernization
TOTAL PROJECT SCORE (0-100)		**64**	**100**	**93**	**75**	**66**	**93**	**97**	**93**	**97**	**97**	**82**	**84**	**91**
CRITERIA (Weight)	SCORING GUIDE	PROJECT SCORES												
Agency Readiness & Solution Appropriateness (40%)	**WEIGHTED SUBTOTAL & % OF TOTAL SCORE**	30 47%	40 40%	33 36%	30 40%	23 35%	33 36%	37 38%	33 36%	37 38%	37 38%	37 45%	27 32%	37 40%
Organizational Change Management How does this technology investment impact operations throughout the organization? What are the agency plans to address and mitigate risk through formal Organizational Change Management? (Organizational Change Management (OCM) is a framework for managing the effect of new business processes or systems.)	**3 - Mastery (High)** Investment demonstrates complete consideration and resources for OCM. Efforts are proportional to the size of the change taking place. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment dramatically underestimates OCM requirements for this effort, or OCM efforts inadequate to address the impact of the change in the organization.	2	3	2	2	1	2	3	2	2	2	3	1	2
Solution Scale What is the scope and size of the agency's proposed technology investment? Is this the right-sized appropriate scaled type of solution to address this problem?	**3 - Mastery (High)** Investment is appropriate size and scale for the agency's business needs. The investment addresses the agency's needs sufficiently and holistically. Criteria evaluation focuses on how this specific solution is right sized for the agency's need. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment is inappropriately sized to address agency need. Investment narrowly targets agency needs and the proposed solution does not serve all areas that would be impacted by the investment.	2	3	3	3	2	3	3	3	3	3	2	3	3
Capacity Has the Agency given consideration for adequate staffing inclusive of project resources, subject matter experts (SMEs), leadership availability and capability to effectively support this technology investment? Will this technology investment detract from the Agency's ability to deliver on its core business functions? Has the Agency addressed capacity requirements needed to effectively resource this initiative to cover core business functions?	**3 - Mastery (High)** Investment has completely considered SME availability and resource backfilling. Investment and agency normal business is adequately staffed for duration of project. Availability of resources include: project team, SMEs, other technical resources, and backfilled resources. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Investment has only nominally considered resource availability. Investment is not adequately staffed for duration of project.	2	3	2	2	2	2	2	2	3	3	3	2	3
Governance Processes What elements do the Agency's project governance process consist of? Project Governance standards are inclusive of executive sponsorship and steering, vendor/contract management, change control, Quality Assurance, Independent Verification & Validation (IV&V), stakeholder feedback for decision making.	**3 - Mastery (High)** Agency has existing governance processes in place or is introducing new ones to adequately oversee this investment. Processes include multiple of the following elements: engaged executive sponsorship, steering committees, vendor and contract management, change control, QA, IV&V, and stakeholder representation processes. **2 - Competent (Medium)** Mostly aligned with Mastery **1 - Adequate (Low)** Partially aligned with Mastery **0 - Insufficient (None)** Agency does not have adequate existing governance processes and has only nominally considered incorporating them in to this investment.	3	3	3	2	2	3	3	3	3	3	3	2	3

Business Case for

CCWIS Modernization Program

Child Welfare,
Division, OR-Kids

Date: May 11, 2020
Version: 1.1

Authorizing Signatures

The person signing this section is attesting to reviewing and approving the business case as proposed.

This table to be completed by the submitting agency Agency Head or Designee	
(Name)	(Date)
Signature	
Agency Executive Sponsor	
Rebecca Jones-Gaston	(Date)
Signature	
Agency Chief Information Officer (CIO) or Agency Technology Manager	
(Name)	(Date)
Signature	
Business Analyst or Business Case Author	
(Name)	(Date)
Signature	

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[If you want the Table of Contents to update automatically, do not edit or format the table itself while working on the document. To update the table after adding text or changing headings, right-click on the table below, then select "Update Fields" from the pop-up menu. Then choose either "Update entire table" (if you have added or removed section heads from the document) or "Update page numbers only."

To ensure that all headings appear automatically in the Table of Contents, headings in the document itself must receive the style designation Heading 1, Heading 2, etc." (To see the table of pre-set styles, choose "Format," (menu above), then "Styles and Formatting…"]

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Executive Summary

The mission of the DHS Child Welfare Department is to improve family capacity to provide safe and permanent living environments for children. It is a goal to reduce the number of children who experience foster care and to promote children's safety in their homes or other family environments. Some of the other goals of the department are:

- Help children who are unable to live safely in their homes live in settings that provide safety, stability and continuity with their families and begin the healing process.
- Secure safe, nurturing and legally permanent families for children who cannot be raised by their families.
- Expand program partnerships and increase the cultural competency of DHS staff and partners to better serve Oregon's diverse communities

The DHS Child Welfare Department has been under scrutiny in recent years for being disorganized, inconsistent, and representing a high risk for children in the system's care. An audit released by the Secretary of State's office in 2018 found that DHS and Child Welfare struggled with chronic and systemic management shortcomings, lacked sufficient placement options to meet the needs of at-risk children, and faced staffing challenges that compromised the program's ability to perform essential Child Welfare functions. In April 2019, the Governor issued Executive Order 19-03, *ESTABLISHING AN OVERSIGHT BOARD TO ADDRESS THE CRISIS IN OREGON'S CHILD WELFARE SYSTEM.* This Executive Order established a Governor's Oversight Board and crisis team to make and implement recommendations at DHS Child Welfare Department related to:

- Out-of-state foster child placements;
- Compliance with the Oregon Public Records Law;
- Implementation of laws prescribing the Critical Incident Response Team ("CIRT");
- Hiring and human resources practices generally;
- Building capacity for therapeutic and general foster care, as well as for a continuum of care in behavioral health services for foster children and youth that is accessible, trauma-informed and family and child-focused;
- Development of adequate in-home capacity for children and youth of color, youth with intellectual and developmental disabilities, and LGBTQ+ youth;
- Development of recommendations to address workforce challenges in provision of services to foster youth;
- Ensuring that accurate and timely data is available to improve operations and processes; and
- Other operational challenges.

OR-Kids is the State of Oregon's legacy child welfare information system, which was originally implemented to comply with the SACWIS (State Automated Child Welfare Information System) Federal framework. SACWIS systems were single centralized systems designed to help case workers manage their caseloads through automation and to comply with federal reporting requirements. Oregon will be transitioning OR-Kids into a new Federal framework known as CCWIS (Comprehensive Child Welfare Information System) that considers new child welfare practices and technologies. The CCWIS framework has been adopted by the Administration of Children and Families (ACF). ACF is the major federal partner of Child Welfare Services and provides a 60% funding match for all software development following the CCWIS guidelines. The gradual modernization and replacement of specific modules will not be a rapid process, likely requiring 4-5 years being completed in June 2023, based on the current and expected resource commitments and the scope of the work.

In addition to the change in recommended software design framework from our Federal partner, the Secretary of State's office completed an audit of the Child Welfare Information Systems (OR-Kids) and the enhancements needed to improve usability. Some of the findings from the audit to improve OR-Kids usability and data quality for Case Mangers and other Child Welfare staff include:

- continue to engage with program staff and other users to address usability concerns;
- implement a data governance function;
- fully identify critical data;
- improve the OR-Kids training programs; and
- to ensure processes and controls are in place to successfully transition OR-Kids to a Comprehensive Child Welfare Information System, the department should acquire a qualified program manager and maintain engagement with project oversight entities.

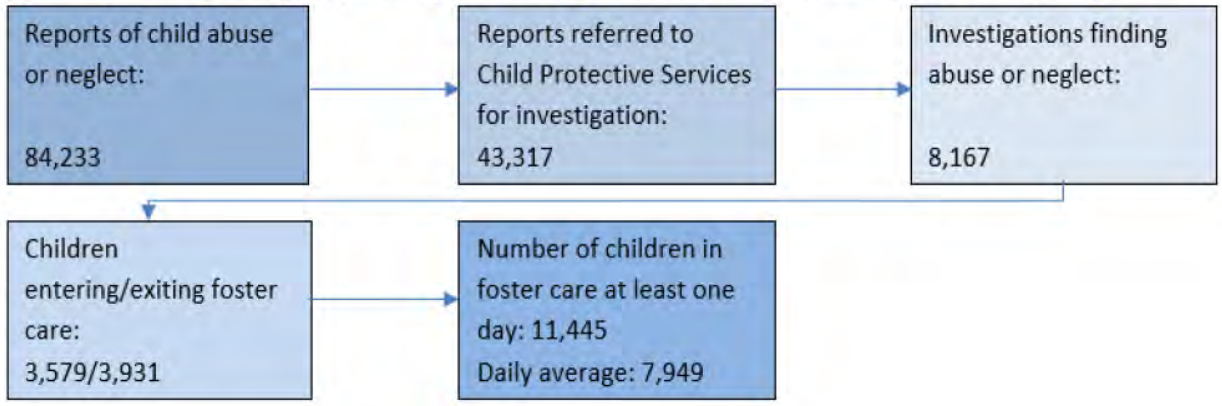
CCWIS transition and modernization will provide Oregon the opportunity to redesign the life cycle of child welfare and ultimately improve outcomes for children and families through better data interoperability, modularity, and data quality. The transition to the CCWIS framework will make OR-Kids in compliance with the guidelines of the Administration of Children and Families (ACF). ACF is a division of the Department of Health and Human Services and promotes the economic and social well-being of children, families, and communities with leadership and resources for effective delivery of human services. ACF is our federal partner and provides funding to build software that meets the CCWIS framework.

The Child Welfare Department did consider other options before embarking on this course of action. Child Welfare looked at purchasing a new OR-Kids system, but availability of commercial products was limited, the funding options available were limited, and the perceived desire for another large system implementation by the department was very low. Retaining the OR-Kids system as it was also considered. The issues identified were that it would not be CCWIS compliant, federal funds would only be available at a lower matching rate for new development and O&M, and we would not be able to meet business and reporting needs on an older technology platform. Due to these reasons it was decided that transitioning the existing OR-Kids information systems to the newer CCWIS framework provided the best option and greatest chance for success.

Current State

In the federal fiscal year ending September 30, 2018, Child Welfare served 11,445 children who spent at least one day in foster care. During that same time period, DHS received and reviewed 84,233 reports of abuse and neglect and referred 43,317 reports to Child Protective Services (CPS) workers for investigation.

Figure 1: Of the 84,233 reports, investigators in Oregon found over 8,100 instances of abuse or neglect



Source: 2018 Child Welfare Data Book

When investigators determine abuse or neglect occurred, a CPS caseworker may decide to close the investigation because the child is safe, open the case and implement an in-home safety plan, or remove the child from the home. If removed, the child enters state custody and is assigned a permanency caseworker to manage and monitor their case. After removal, the caseworker may return the child to the home with a period of monitoring, though most are placed with foster families or relatives. High-needs children and teens may be placed in more restrictive institutional settings or behavior rehabilitative programs.

A local court decides whether and for how long the child stays in state custody. Upon leaving state custody, the child may be returned to their home, become available for adoption through foster care, or enter long-term foster care or guardianship.

In addition to ensuring children are in safe and positive environments, caseworkers must also maintain voluminous documentation to satisfy state and federal requirements. The agency must comply with federal program standards, including those governing Child and Family Services; Child Support; Foster Care, Adoption Assistance and Guardian Assistance; Medicaid; Social Services Block Grant; and Emergency Assistance programs. The DHS Child Welfare program also must adhere to state laws and regulations, such as the Strengthening, Preserving and Reunifying Families law and the Interstate Compact on the Placement of Children. These laws and standards are ever-changing; for example, the Governor's recent Executive Order 19-03 established a Child Welfare Oversight Board to make and implement recommendations related to out-of-state foster child placements, building capacity for foster care, and availability of data.

DHS Child Welfare has been under scrutiny in recent years for being disorganized, inconsistent, and representing a high risk for children in the system's care. DHS and Child Welfare has struggled with chronic and systemic management shortcomings, lacked sufficient placement options to meet the needs of at-risk children, and faced staffing challenges that compromised the program's ability to perform essential Child Welfare functions. In 2018, an audit by the Secretary of State Office found that poorly planned and implemented initiatives, including the 2011 implementation of OR-Kids, undermined caseworkers' and managers' efforts to improve child safety. In addition, the ability by Child Welfare Managers to extract data for status reports and performance metrics was hampered by the convoluted software design of OR-Kids as well as the aging technology. For example, the screen size of the OR-Kids application is only two-thirds the normal size of a modern software application and the application does not have responsive design for various screen sizes and devices. Status reporting is extremely difficult because there was no data validation tools available in the older software design and critical data elements were never defined by the Program Managers. Due to the audit findings, the Governor issued Executive Order 19-03, *ESTABLISHING AN OVERSIGHT BOARD TO ADDRESS THE CRISIS IN OREGON'S CHILD WELFARE SYSTEM.*

In short, the OR-Kids information system is functional for basic case management, in that it facilitates the storage and retrieval of case information. However, it is difficult to use, which decreases caseworker efficiency and puts Child Welfare data quality at risk.

Overview and Background

Program Scope

DHS needs a robust computer system to track and manage thousands of Child Welfare cases, reports of abuse and neglect, and subsequent investigations; the agency's computer system, OR-Kids, serves this purpose. Some of the dozens of Child Welfare program functions supported by the system include provider certification, adoption work, eligibility determinations, case planning and tracking, payment processing, and federal reporting. The system's database currently contains over 400 tables containing more than 10,000 fields, which collectively contain over 600 million records, including approximately 1.8 million people associated with over 448,000 closed and 31,000 open cases.

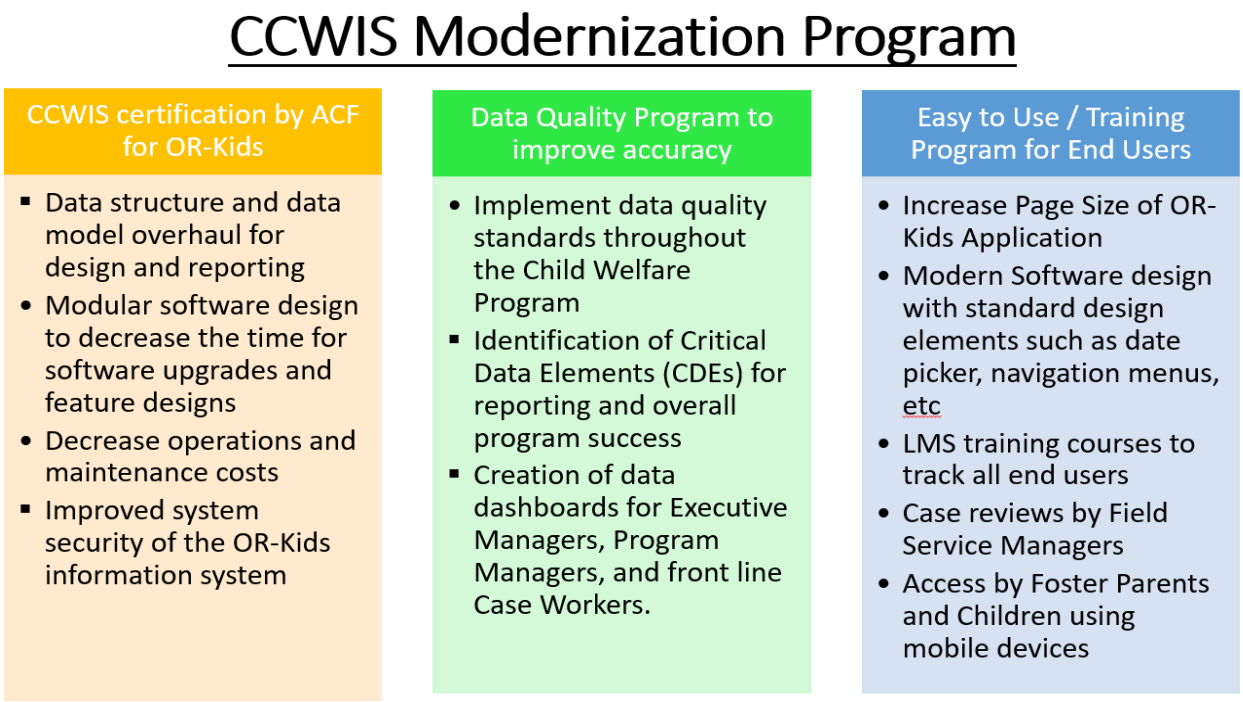
OR-Kids is the primary application for all case workers and other staff working for the Child Welfare program. With the transition to the newly recommended software design framework, OR-Kids needs to transition to a CCWIS design architecture to still be eligible for funding from ACF. This will be a multi-year effort to design OR-Kids in a more modular architecture than the current system. While there will be an opportunity to implement new features in the software, the primary concern is to transition existing features and capabilities into a CCWIS certified architecture.

The Federal Administration for Children and Families (ACF) has recently recommended a new software architecture. The new CCWIS model recommends software applications be more modular in design to allow for more flexibility of new technologies and updates/modifications to existing systems. By using the new CCWIS architecture model improvements to the OR-Kids system should lead to:

- Improved Data Quality
- Data Driven Decisions
- Reduced system overhead
- Improved User Interfaces
- Modular Components
- Public interfaces
- Reduction of Data Fixes
- Higher usability by field staff

All of these goals can be categorized into three basic areas of emphasis – data governance, user training and usability, and modern software design. OR-Kids software application should be built in such a way that the operation and maintenance cost of supporting the software is reduced, that the software use public interfaces and data standards to exchange with other information systems, and to provide high quality data trusted by all stakeholders to make data driven decisions. While these efforts may be independent efforts, they must work together to achieve a successful transition to a CCWIS compliant system.

The scope of the program is shown in the diagram below and includes the following activities:



- Data Quality Plan and implement data quality standards throughout the Child Welfare Program
- Data structure and data model overhaul for design and reporting
- Implementing a modular software design to decrease the time necessary for software upgrades and feature designs, as well as decrease operations and maintenance costs of the software application.
- Improved system security of the OR-Kids information system
- Phased replacement of OR-Kids functions with newer functionality and modular design
- Identification of Critical Data Elements (CDEs) for reporting and overall program success
- Creation of data dashboards for Executive Managers, Program Managers, and front-line Case Workers.

The program will oversee projects and work efforts to complete the transition of OR-Kids to an easy to use, fully CCWIS compliant information system. These projects will have little cross over and may not relate to each other directly, but they should work to improve the OR-Kids application. For example, one of these projects is for the Data Quality team and Executive Steering to define the Critical Data Elements (CDEs) that are used to measure success of the Child Welfare Program. Once these CDEs have been identified, then data dashboards will be built so executives and managers can review overall performance areas. A Workforce Development and Training Program Manager position were recently added to standardize business processes and to create a user training program to ensure data is entered accurately. This position will also create a standard process to implement new technology throughout the Child Welfare Department. As end users report problems where the application is too complex or difficult to record the CDEs, then the Business Analysts team can work with the end user to improve software function and design. At the same time, the software development projects such as "Family Reports" and “Foster Family Recruitment" are new modules built within OR-Kids and incorporate these features and functionality to make the new OR-Kids systems CCWIS compliant and easier for all people to use – Case Workers, Field Service Managers, Providers, Foster Families, etc.

All these projects will be approved by the Executive Steering Committee at the Program level and be coordinated throughout the Child Welfare division instead of independent data silos. The Program will provide the oversight and implementation of each of these projects coordinating each team so the new OR-Kids application is a seamless information system that captures data to be used to evaluate performance and drive policy and operational decisions.

The scope of the program does not include:

- Software maintenance releases
- System enhancements that do not support CCWIS accreditation

The following areas of scope are uncertain or have not been fully defined. More details for these projects are included in the Appendix

- Mobile solution for staff to work out of field offices while meeting clients
- Data exchange standards to facilitate sharing of structured data across multiple State systems outside of Child Welfare.
- Other projects not yet defined, that are required to achieve CCWIS accreditation.

Measurable Benefits

The CCWIS Modernization program plans will focus in the near-term on achieving CCWIS compliance, improving data structure and quality issues, and making continued enhancements for end users. Longer term, OR-Kids begins to transform into a more modern application that can meet program requirements. The team envisions a 3-year period to achieve CCWIS transition and compliance, followed by a slow process to upgrade in a modular fashion over a period of 3-4 years. Some of the benefits the program will measure are:

- Transform OR-Kids into an application about which end users consistently feel confident in completing their daily work.
- OR-Kids data is viewed as a reliable and valid basis for decision making around child safety and strategic planning for involved stakeholders.
- Business and program needs are met in weeks and months, not months and years, as OR-Kids is developed in a more modular fashion.
- Receive CCWIS accreditation and therefore still be eligible for federal matching funds for ongoing support of the OR-Kids Systems.

Identify Critical Data Elements

The Data Quality Team will work with the Child Welfare Program managers and the CCWIS Executive Steering Committee to identify a set of critical data elements to measure the success of the Child welfare program. Once these data elements are identified, a Data Dashboard showing business managers the current status of the Child Welfare system will be developed as part of the CCWIS Program. These data elements will be reviewed on an annual basis and may change as the Child Welfare requirements change over time and area of emphasis.

Training and Usability of OR-Kids Software

The Child welfare department and CCWIS program will contain training records of all Child Welfare staff and Child Welfare providers. These records will ensure that training requirements of staff members are tracked and kept current. It will also provide a training resource for new providers and provide reminders to providers when annual or new types of training are required.

Future State

The OR-Kids Business and Technical teams ("The Team") have begun to coalesce around a vision to move the application forward. Over the past 11 months, the OR-Kids Team, along with support from Oregon DHS leadership and central management, have sought to plan for the future of the application while simultaneously sharpening focus on the day to day needs of the application's 2500+ daily users. The OR-Kids staff have been successful in more deeply aligning and integrating system enhancement and planning efforts into weekly division-wide executive meetings. Going forward, a goal will be to continue to work to align improvement efforts with agency-wide goals, both internal and external, including the CFSR, APSR, and AFCARS 2.0 enhancements.

As part of a nascent agency-wide effort to focus on becoming more data-informed, and in keeping with CCWIS requirements, the Child Welfare Division has created our initial Data Quality Plan, which will inform efforts over the next biennium to address issues of validity, consistency, and timeliness with regard to critical data elements and measures important to the operation of Child Welfare and the agency's efforts to plan for the future.

Assumptions & Constraints

The project assumptions identified for this program would include the following:

- More than 60% of the program funding will be provided by ACF
- Match funding will be secured
- Establishment of a Program-level Executive Steering Committee including all Child welfare program Managers
- Establishment of a “Data Steward” program with key persons identified in each Field Service office
- Identifying and hiring the right technical resources to transition OR-Kids to modularity
- Add 9 additional positions to the Business Analyst Team
- Add 6 additional positions to the Technical Development Team

Alternatives Analysis

Options Considered:

Option	Pros	Cons
Replace OR-Kids with new CCWIS system	Not Applicable	- Commercial availability of product options is very low. - Federal match funding is not available. - Perceived low organizational appetite for another large system implementation effort.
Invest in a gradual transition of OR-Kids into a CCWIS-compliant system	- Builds on the success of a recent server modernization effort - Retains investment in the base SACWIS system - Enables leverage of the .Net investments already made in other OIS development teams - Bi-directional skill transition from Java to .Net is proven in our current staffing model	- Frequent compliance overhead, constant shifting of resources to meet new laws, regulations, and policies - The high cost of technology investment is significant to meet deadlines. - Requires dual development maintaining the current system and develop a new system simultaneously
Retain OR-Kids with no transition to CCWIS compliance	- Little compliance overhead	- Would only be able to match Federal funds at the lowest maintenance and operations level - Would not address business needs for usability, reporting and data quality. - Retains a stale technology platform.

Conclusions:

Moving into 2020, the Team intends to continue on the course of enhancing the existing the OR-Kids application in ways that are aggressively targeted at improving daily life for field end users, reducing duplicate and redundant data entry, and eliminating work-arounds that involve external tracking and systems. Simultaneously, the Team is engaged in the work of reformatting and structuring the application's data model, including bedrock Person and Case data, and starting to initiate a program to deliver the first modules, including Recruitment/Home Inquiry, Financial Processing, and a "BA" module intended to allow faster, simpler corrections to alleviate end user waits.

The 2019-20 APD outlined a number of planned initiatives to be pursued as part of initial efforts to move toward CCWIS compliance, along with long-awaited and sorely needed foundational and end-user specific enhancements.

Table 1 - Activity and Current Status

Activity	Current Status
a. CCWIS Transition Efforts are prioritized by DHS executive stakeholders	The OR-Kids modernization effort has received the strong support of Child Welfare's executive stakeholders, including the new Child Welfare Interim Director Rebecca Jones-Gaston, Child Welfare Deputy Director Jana Mclellan and DHS Director Fariborz Pakseresht. The executive team has received matching funds for

Activity	Current Status
	the 2019-21 biennium to support continued efforts toward system improvement and modularization. *A prioritized list needs to be completed by the Executive Steering Committee.*
b. Program Manager retained to lead CCWIS Transition Effort	A program manager to shepherd the many disparate parts of the CCWIS effort was completed in March 2020
c. Data Quality Plan complete and data stewardship activities underway	The Data Quality Plan was completed in January 2020 and a Data Quality Team has been established *A data stewardship program still needs to be implemented at each Field Office*
d. Role Based Dashboards for Line Managers and Staff	This effort is in process. Currently working with Data Quality Team to define Critical Data Elements and working with ORRAI to determine reporting responsibility
e. New Data Models for Person Foster Recruitment/Home Inquiry	*Expected to be completed in Q3 2020*
f. Family Report Module (Including Court Document): The Family Report represents the largest change in OR-Kids functionality around case planning and documentation since the application was implemented in 2011. A new OR-Kids Page, built in Angular JS, will allow the replacement of three existing modules (Case Plan, Child Specific Case Plan, and Court Report) and coalesce all the functions into a single workflow and document. The new function is being developed following significant staff outreach and engagement, and reflects a modern view of what stakeholders need.	This is the first module in the new CCWIS framework. The planned "Go Live" date is May 4, 2020 *Expected to be completed in Q2 2020*
g. Feasibility Study: A contracted resource will be brought in to review, assess, and provide direction around The Team's efforts to move OR-Kids towards modularity and CCWIS compliance.	Contract was awarded in March 2020. Currently, we are working with contractor to determine statement of work and start date. *Expected to be completed in Q4 2020*
h. Recruitment/Home Inquiry Module (Phase 1): A top priority for Child Welfare and the Governor, this effort will seek to improve the current workflow for staff charged with engaging and developing potential foster parents from first contact through to application and certification. i. Current OR-Kids functions do not provide a seamless view of the recruitment/ inquiry process and do not allow for all necessary data to be recorded. This enhancement will provide front-line staff with a new module/function, built in .NET, that supports their work, provides feedback on progress, nudges them to complete tasks, and supports Oregon's goal of adding and retaining new foster parents.	*Expected to be completed in Q3 2020*

Appendixes and References

1. Executive Order 19-03, ESTABLISHING AN OVERSIGHT BOARD TO ADDRESS THE CRISIS IN OREGON'S CHILD WELFARE SYSTEM
2. Secretary of State, Audit Report No. 2020-01, Oregon's Child Welfare Information System Is Adequate for Case Management, but Enhancements Are Needed to Improve Usability
3. Oregon CCWIS Data Quality Plan, Dated, 1/1/2020
4. CCWIS Final Rule Overview, Dated, June 2016
5. Annual Planning Document for the OR-Kids Application 2019-2020

EIS *IT Investment form*

Investment Name:	Child Welfare CCWIS Modernization Program	Date:	6/1/2020
Agency:	DHS	Owner / Sponsor:	Rebecca Jones-Gaston
Agency Division:	Child Welfare	Business Contact:	Lee Brown
Related Program:		IT Contact:	Mike Callaghan
Policy Option Package:		Mandate:	

Investment Type: ☐ Non-Project ☐ Project ☒ Program Initiation

Estimated Scope / Description:

Summary:

OR-Kids is the State of Oregon's legacy child welfare information system, which was originally implemented to comply with the SACWIS (State Automated Child Welfare Information System) Federal framework. SACWIS systems were single centralized systems designed to help case workers manage their caseloads through automation and to comply with federal reporting requirements. Oregon will be transitioning OR-Kids into a new Federal software framework known as CCWIS (Comprehensive Child Welfare Information System) that considers new child welfare practices and technologies. CCWIS will provide Oregon the opportunity to redesign the life cycle of child welfare and ultimately improve outcomes for children and families through better data interoperability, modularity, and data quality

OR-Kids is the primary application for all case workers and other staff working for the Child Welfare program. With the transition to the newly recommended software design framework, OR-Kids needs to transition to a CCWIS design architecture to still be eligible for funding from ACF. This will be a multi-year effort to design OR-Kids in a more modular architecture than the current system. While there will be an opportunity to implement new features in the software, the primary concern is to transition existing features and capabilities into a CCWIS certified architecture.

The Federal Administration for Children and Families (ACF) has recently recommended a new software architecture. The new CCWIS model recommends software applications be more modular in design to allow for more flexibility of new technologies and updates/modifications to existing systems. By using the new CCWIS architecture model improvements to the OR-Kids system should lead to:

- Improved Data Quality
- Data Driven Decisions
- Reduced system overhead
- Improved User Interfaces
- Modular Components
- Public interfaces
- Reduction of Data Fixes
- Higher usability by field staff

All these goals can be categorized into three basic areas of emphasis – data governance, user training and usability, and modern software design. OR-Kids software application should be built in such a way that the operation and maintenance cost of supporting the software is reduced, that the software use public interfaces and data standards to exchange with other information systems, and to provide high quality data trusted by all stakeholders to make data driven decisions. While these efforts may be independent efforts, they must work together to achieve a successful transition to a CCWIS compliant system.

Problem Definition:

An audit released by our office in 2018 found that DHS and Child Welfare struggled with chronic and systemic management shortcomings, lacked sufficient placement options to meet the needs of at-risk children, and faced staffing challenges that compromised the program's ability to perform essential Child Welfare functions. In April 2019, the Governor issued Executive Order 19-03, ESTABLISHING AN OVERSIGHT BOARD TO ADDRESS THE CRISIS IN OREGON'S CHILD WELFARE SYSTEM. This Executive Order established a Governor's Oversight Board and crisis team to make and implement recommendations at DHS Child welfare Department related to:

- Out-of-state foster child placements;
- Compliance with the Oregon Public Records Law;
- Implementation of laws prescribing the Critical Incident Response Team ("CIRT");
- Hiring and human resources practices generally;
- Building capacity for therapeutic and general foster care, as well as for a continuum of care in behavioral health services for foster children and youth that is accessible, trauma-informed and family and child-focused;
- Development of adequate in-home capacity for children and youth of color, youth with intellectual and developmental disabilities, and LGBTQ+ youth;
- Development of recommendations to address workforce challenges in provision of services to foster youth;
- Ensuring that accurate and timely data is available to improve operations and processes; and
- Other operational challenges.

Opportunity Definition:

Modernizing the OR-Kids Information System makes DHS eligible to receive Federal match funding for software development costs for the life of this program.

Alternatives:

The Child Welfare Department did consider other options before initiating this program.

- Child Welfare looked at purchasing a new OR-Kids system, but availability of commercial products was limited, the funding options available were limited, and the perceived desire for another large system implementation by the department was very low.
- Retaining the OR-Kids system as it was also considered. The issues identified were that it would not be CCWIS compliant, federal funds would only be available at a lower matching

rate for new development and O&M, and we would not be able to meet business and reporting needs on an older technology platform.

Due to these reasons it was decided that transitioning the existing OR-Kids information systems to the newer CCWIS framework provided the best option and greatest chance for success.

Program Approach:

The CCWIS Modernization Program will be managed to align with the goals of the two main stakeholders. The State of Oregon Child Welfare Department is the first stakeholder with the goal of building an easier to use information system that helps with business workflow, identification of key data elements that can be used by senior managers for program reviews, data driven policy decisions, and to meet state and federal reporting requirements. The Administration of Children and Families (ACF) is the second stakeholder with their goal being to create an information system that meets CCWIS guidelines. ACF is requiring the OR-KIDS information system to transition from a large complex system to a smaller system of inter-related modules that share data elements between them and across modules. The goals of ACF are to allow states to build systems that meet their business needs, foster innovation, to allow for data to be shared between related systems (child welfare, health courts, financial, etc.), and to reduce the overall maintenance costs to support the software and information system. Each of these stakeholders have a defined process for project prioritization, oversight and review of on-going work for the CCWIS Modernization.

ACF has key requirements and an annual planning process that combine for the overall program review. ACF required that a Technology Road Map be created showing the various projects that are part of the CCWIS modernization effort and a high-level plan of how Child welfare plans to transition from the current OR-Kids software architecture to the CCWIS software architecture. ACF also required Child Welfare to create a Data Quality Plan to identify critical data that can be measured for reports and to determine success of the new system as we build it. Lastly, ACF requires Child Welfare to submit an Annual Planning Document (APD) detailing the work that was created in the past 12 months and identifying the work that is planned to occur in the next 12 months. Any modifications that occur in between the APD submission are approved as an addendum. In addition, there are monthly conference calls to review Child Welfare progress on current projects.

Child Welfare has an ISMC that meets monthly to prioritize all IT projects within the child welfare. The CCWIS Modernization program is part of this prioritization effort and several the other projects are related to OR-Kids and/or required data integration with OR-Kids. There are 3rd party interfaces that are included in the CCWIS Modernization program that are also needed with other Child Welfare projects. The ISMC reviews the CCWIS Modernization Road map and will prioritize different modules that are required by the CCWIS Modernization as well as other projects that Child Welfare is working on. For example, Child Welfare is creating an Electronic Records Management System (ERMS) to store all active case files and archive closed case files instead of storing paper files in warehouses. The ERMS project requires a data interface with OR-Kids and the same interface is required by CCWIS Modernization. This is something that the ISMC will consider when they prioritize projects. The ISMC will also consider project funding when prioritizing projects. ACF will provide 60% project funding for any project that meets Tile-IV E requirements.

EIS *IT Investment form*

The overall CCWIS Modernization Program will be comprised of several smaller projects as each module or data interface is built. The CCWIS Program will maintain oversight at the program level with a Program Management Plan, Governance Plan, Communications Plan, etc. Each of the projects will have an ITI completed and submitted to EIS for oversight. Depending on the scope and complexity of each project will determine the level of oversight required by EIS.

Assumptions:

The program assumptions identified would include the following:

- The time required to adequately research, document, design, plan and implement the program will be available.
- The Business understands and can articulate the outcome measures they require.
- Legislative mandate changes will not significantly affect the program deliverables.
- The program will be able to deliver a system that will meet all CCWIS software framework design requirements.

Estimated Schedule: Start Date: 7/1/2019 End Date: 6/30/2024

Estimated Budget:

Implementation Cost		5 –Year Operating Cost	
Hardware:	$ 57,000	Hardware:	$ 65,000
Software:	$ 255,500	Software:	$ 25,000
Contracts/Services:	$1,752,000	Contracts/Services:	$1,000,000
Personnel:	$2,555,000	Personnel:	$ 60,000
Total:	$4,619,500	Total:	$1,150,000
Funding Source:	ACF (60%) / Gen Fund 40%)	Total Cost*:	$5,769,500
Contract NTE:			

* Total cost includes implementation plus 5 years of operating cost

Security Considerations:

The data within OR-Kids is Level 3 data. Most of the data is sensitive in nature as it deals with children throughout the State of Oregon, however in certain case files there may be HIPAA protected data or CJIS information. The CCWIS Modernization Program will follow the same security guidelines as the OR-Kids Information System.

Applicable Oversight Threshold(s): (DAS Policies 107-004-130 and 107-004-150)

- ☒ ≥$150k Total Cost*
- ☒ ≥$1m Total Cost*, Internal Development
- ☒ ≥Level 3 Information Classification
- ☐ Cloud / Hosted and High Remediation Cost
- ☐ Cloud / Hosted and System of Record
- ☐ EIS Required

Instructions:

This form should be filled out early in the governance process. The information in this form helps the agency and Enterprise Information Services (EIS) appropriately resource the investment for planning and oversight purposes.

EIS *IT Investment form*

The ITI form is predominantly an on-boarding form for Senior IT Portfolio Manager (SIPM) and Business Information Security Officer (BISO) engagement.

For Project and Program investments, the information in the ITI form may be high-level or preliminary. It is expected that agency certainty regarding details will increase over time. That certainty should be reflected in additional documentation (i.e. Project Management Plan) as the project or program progresses. This document does not need to be updated unless specifically indicated by EIS.

For Non-Projects, the information in the ITI should be more thorough as the agency will likely have greater certainty about investment details. In some cases, this ITI may be the single scope/justification related artifact required for EIS endorsement, consequently it is expected that the form provide sufficient detail for future readers to understand the justification, scope, and benefit from the proposed investment.

Field	**Definition**
Investment Name	A unique name for the IT Investment.
Agency	The name of the agency.
Agency Division	The name of the department of division of the agency requesting the investment.
Related Program	If applicable, reference any related EIS approved program (defined as a group of related projects).
Policy Option Package	If applicable, reference any related Policy Option Package (POP).
Date	The date of initial ITI submission.
Owner / Sponsor	The primary owner of the IT Investment, often the Sponsor, and approving authority.
Business Contact	The primary business contact for investment questions.
IT Contact	The primary IT contact for investment questions. Typically, an IT Manager.
Mandate	If applicable, indicate the appropriate investment mandate (Federal, Legislative, Governor, etc.). If needed, use the Estimated Scope / Description space for additional mandates or supporting information.
Non-Project	An IT investment which may include purchases, subscriptions, contracts, contract amendments, contract renewals, etc. Some activities such as development of an implementation or communication plan may be required; it is expected that these activities represent a minority of non-project investment work. Typically, this work involves a limited resource commitment (i.e. fewer than 80 hours of staff time or similar threshold established by agency governance).
Project	A “temporary endeavor undertaken to create a unique product, service, or result.” (PMBOK Guide, 6th edition, p.715) Typically, projects have project

	managers assigned, are approved by agency governance, and are officially chartered.
Program Initiation	Indicate if this ITI is an initial submission for a new Program. A Program is "defined as a group of related projects, subsidiary programs, and program activities managed in a coordinated manner to obtain benefits not available from managing them individually." (PMBOK Guide, 6th edition, p.11) Programs may include any number of project and non-project investments. Typically, individual program investments will share a program-level Business Case.
Estimated Scope / Description	Provide a brief description of the investment. This should detail, at a high level, the estimated scope of the investment and provide a brief justification for the investment. A more thorough justification should be included when a corresponding Business Case is not expected, for example when an investment is part of a program or when infrastructure/lifecycle level 1 oversight is likely.
Start Date	For Projects this represents the estimated date of Project Charter. For Non-Projects this represents the estimated date of contract signature, purchase, subscription start, etc. For Programs this represents the estimated date of Program Charter.
End Date	For Projects this represents the estimated date of Project close-out. For Non-Projects this represents the estimated date of contract signature, purchase, subscription start, etc. For Programs this represents the estimated date of Program close-out.
Hardware	The cost, either initial or 5-year operating, for estimated hardware purchases. *
Software	The cost, either initial or 5-year operating, for estimated software purchases. *
Contract/Service	The cost, either initial or 5-year operating, for estimated contracting costs. This cost should include maintenance contracts, subscriptions, development contracts, etc. *
Personnel	The cost, either initial or 5-year operating, for estimated personnel costs. *
Total	The total cost, either initial or 5-year operating, for all estimated expenses. *
Funding Source	Indicate the primary funding source for the investment.
Total Cost	The total of initial and 5-years operating cost estimates. Do not include potential revenue or savings. *

EIS *IT Investment form*

Contract NTE	For Non-Project Investments related to a contract (contract, contract amendment, contract renewal, etc.), include the Not-To-Exceed amount of the current contract and amendments.

Security Considerations	Briefly describe the following: ▪ Expected security controls required to protect state data against unauthorized access (Confidentiality, Integrity, and Availability) ▪ Any known business requirements for availability (e.g. acceptable downtime) ▪ Cloud / Hosted environment: hosted inside or outside the United States ▪ Highest level of data classification (Reference Policy 107-004-050) o Level 1 – Published: Information that is not protected from disclosure, that if disclosed will not jeopardize the privacy or security of the agency employees, clients, and partners. o Level 2 – Limited: Information that may be protected from public disclosure, but if made easily and readily available, may jeopardize the privacy or security of agency employees, clients or partners. o Level 3 – Restricted: Information intended for limited business use that may be exempt from public disclosure because, among other reasons, such disclosure will jeopardize the privacy or security of agency employees, clients, partners, or individuals who otherwise qualify for an exemption. Information may be accessed and used by internal parties only when specifically authorized to do so in the performance of their duties. External parties requesting this information for authorized agency business may be under contractual obligation of confidentiality with the agency prior to receiving it. o Level 4 – Critical: Information that is deemed extremely sensitive and Is intended for use by named individual(s) only. This information is typically exempt from public disclosure because, among other reasons, such disclosure would potentially cause major damage or injury up to and including death to the named individual(s), agency employees, clients, partners, or cause major harm to the agency. ▪ Restricted data types: o HIPAA (Protected Health Information) o CJIS (Criminal Justice Information) o IRS Publication 1075 (Federal Tax Information) o FERPA (certain education records) o PCI DSS (Payment Card Industry Data Security Standard) o SSA (Social Security Administration) o FISMA (Federal Information Security Modernization Act) o MARS-E (Minimum Acceptable Risk Standards for Exchanges) o OCIPA (Oregon Consumer Information Protection Act) o Other (identify the specific rule or standard)

EIS *IT Investment form*

≥$150k Total Cost	Investments exceeding a cost of $150,000, unless the investment is an agency-staffed application development project. **
≥$1m Total Cost, Internal Development	IT Investments exceeding a cost of $1,000,000 for agency-staffed application development projects. **
≥Level 3 Information Classification	It will store, process, or transmit data of Information Asset Classification Level 3 (Restricted; reference Policy 107-004-050) or higher, or information for which special protection standards apply by law or contract. ***
Cloud / Hosted and System of Record	It will be the authoritative source for information that is difficult, expensive, or infeasible to replace or recreate. ***
Cloud / Hosted and High Remediation Cost	A sustained interruption of the Service would have a significant impact on agency operations and/or those served by the agency. ***
EIS Required	Any IT Investments where EIS determines that oversight, review, or approvals is in the best interest of state government. **

* IT Investment is the planned or actual commitment of funds for IT-related expenditures including, but not limited to personnel, contractors associated with projects, products, services, or contracts and contract renewals and other amendments. **Cost of an IT Investment includes the cost of any services and/or supplies purchased and five years of anticipated operational costs** (e.g., licensing costs, and hardware/software maintenance).

** For more detail on oversight thresholds see DAS Policy 107-004-130

*** For more detail on Cloud and Hosted thresholds see DAS Policy 107-004-150

DHS Oregon Department of Human Services

Oregon Health Authority

DHS|OHA

Business Case

COMPASS Modernization Portfolio

VERSION LOG

Version	Description	Author	Date
1.0	Initial Draft	G. Mason	5/17/18
1.1	Edits and Review	S. Weeks, K. West	5/18/18
1.2	Revised	G. Mason, A. Bellair	5/21/18
2.0	Final Draft	S. Weeks, K. West, G. Mason	5/23/18
2.1	Edits based on discussion with DAS Oversight	D. Southmayd	3/5/19
2.2	Completed Section 4 the Alternative Analysis	D. Martushev	12/3/19
2.3	Accepted Track changes by M. Callaghan & R. Richey	D. Martushev	01/25/20
2.4	Updated to reflect Steve W. input. Removed subtitle “BH Data Warehouse and MOTS replacement” from cover page and added an alternative analysis disclaimer in section 4.6.	D. Martushev	02/10/2020

SIGN-OFF

Version	Role	Name	Comments	Date
2.3	EIS Analyst	Shelly Lofgren		1/31/2020
2.3	Process Owner	Steve Westberg		02/10/2020

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1. Business Case Summary

1.1. Executive Summary

COMPASS (Community Outcome Management and Performance Accountability Support System) is a collaborative information technology approach to the administration, planning and monitoring of Substance Use Disorder and Mental Health treatment programs. The purpose of COMPASS is to collect data from a variety of internal and external data systems and electronic health records systems and provides multi-functional reporting to support OHA, treatment providers and state and federal stakeholders. By aligning business processes and data, the system will facilitate cooperation and collaboration between stakeholders and improve reporting of, and access to contract and client encounter information in compliance with HIPAA and 42CFR regulations.

The current COMPASS software applications are running on a mixture of platforms and languages. Most are outdated and in need of upgrading or decommissioning. The underlying data storage for the applications is incomplete, insular, outdated, and expensive to maintain. The current database design contains some gaps in which referential integrity has been compromised, creating data quality issues. These data design issues have been masked by their current applications, creating a heavy reliance on these applications to provide the necessary context for the data. This makes integration and reporting from the data difficult, inaccurate, and time consuming.

Modernization of the COMPASS universe would significantly improve interoperability of OHA's data systems and could be leveraged across numerous program areas. The current lack of integration with other state data systems creates barriers and challenges for service providers to report data to OHA. In addition, OHA personnel have additional workload and must manually perform required tasks to meet agency, state, and federal reporting requirements.

The COMPASS modernization project supports the following initiatives, missions and strategic technology plans by ensuring efficient data collection, management, system integration, and data reporting on behavioral health service outcomes for Oregonians.

1. Governor's Executive Order 18-01: Building Oregon's commitment to addiction prevention, treatment, and recovery priorities, and setting deadlines for statutory requirements, and declaring a public health crisis.

2. Health and Human Services Agencies Information Resource Management 2017-2019, Governor Brown's Strategic Initiatives for Healthy, Safe Oregonians:
    a) Ensure that every Oregonian who needs alcohol and other drug treatment or mental health services can easily get it.
    b) Ensure all Oregonians have equitable and appropriate access to affordable, high quality health care.
    c) Keep communities safe through mindful law enforcement and using data and analytics to balance accountability, reformation and treatment in order to reduce recidivism and prevent future victimization.

3. OHA Mission: Helping people and communities achieve optimum physical, mental, and social well-being through partnerships, prevention and access to quality, affordable health care.

4. DHS/OHA Strategic Technology Plan:
    a) Provide Trusted Services for accurate health care outcomes data by effectively collecting, maintaining, and organizing information to enable informed decision-making and support internal and external data sharing.
    b) Enable Business Automation via workflows and business rules, reducing manual, paper-based processes while increasing effectiveness.
    c) Enable Connectivity Anytime, Anywhere, in Multiple Ways by providing self-service, role-based capabilities with remote access to information meeting the diverse needs of staff and partners.
    d) Use Dynamic Services Supporting Dynamic Needs by supporting provider modular, common services and capabilities, which promote agility, reuse, and best practices leveraging enterprise capabilities.

Improved data collection and integration of the COMPASS software applications would allow the agency to improve reporting on outcomes, expenditures and contract compliance as well as collaborate with providers to track the implementation and effectiveness of services, identify service gaps, predict the specific timing of service needs, and better request and allocate funding to facilitate individual's progress through the system.

2. Background

COMPASS is a collaborative information technology approach to the administration, planning and monitoring of Substance Use Disorder and Mental Health treatment programs. The purpose of COMPASS is to collect data from a variety of internal and external data systems and electronic health records systems and provides multi-functional reporting to support OHA, treatment providers and state and federal stakeholders. By aligning business processes and data, the system will facilitate cooperation and collaboration between stakeholders and improving reporting of, and access to contract and encounter information securely and in compliance with HIPAA and 42CFR regulations.

The Oregon Health Authority (OHA) requires complete and accurate data to meet mandatory reporting requirements at the federal and state level. The agency is required to make available information related to:

1. Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant.
2. U.S. Department of Justice (USDOJ) Performance Plan.
3. Oregon State Police reporting to the NICS database for background checks.
4. Treatment Episode Data Set (TEDS), including National Outcome Measures (NOMs)

OHA has been unable to comply with the monthly data submissions required by SAMHSA. Continued noncompliance with this requirement places millions of dollars for mental health and addictions services at risk.

The behavioral health care delivery system in Oregon has changed dramatically with the integration of new partners into a comprehensive care model. Additionally, recent legislative changes require that the agency find a solution for real time tracking of the availability of some behavioral health services. The emphasis on Coordinated Care Organization (CCO) metrics and the ability to track both quality of care and service outcomes makes the ability to gather and analyze data across systems an integral need for OHA programs.

The COMPASS constellation is comprised of many data systems used internally by OHA and externally by contracted partners. See *Appendix A – Current Business System Areas Supported* for a complete list of systems and their respective area of focus. The COMPASS applications are intended to be an essential behavioral health data collection system for the Health Systems Division (HSD). Originally designed to improve data collection for Medicaid and non-Medicaid behavioral health care provided by programs licensed by the Health Systems Division, the stand-alone systems are aging and exist on platforms that are outdated, expensive to service or modify, and difficult to acquire technical support.

A new solution is required to collect necessary data from multiple sources, consolidate data systems, interface with external systems, and integrate into the enterprise environment. Existing data systems need to be retired and a new solution implemented with the agency's long-term enterprise technology strategy.

2.1. Stakeholders

Primary stakeholders include, but are not limited to:

1. OHA, Health Systems Division
2. OHA, Health Policy & Analytics
3. OHA, Oregon State Hospital
4. OHA, Office of Information Services
5. OHA, Office of Budget and Forecasting
6. OHA, Office of Contracts and Procurement
7. Federal partners: Substance Abuse and Mental Health Services Administration (SAMHSA) and U.S. Department of Justice (USDOJ)
8. Oregon State Police
9. Electronic Health Record (EHR) and other software providers
10. Providers of behavioral health services
11. Clients receiving behavioral health services
12. Providers of substance use treatment services
13. Clients receiving substance use treatment services

2.2. Other Considerations/Drivers

The agency is at risk of losing grant funds, including the State Targeted Response grant, the Medication Assisted Treatment – Prescription Drug and Opioid grant (both dealing with opioid addiction), and not being able to forecast general fund need accurately and in a timely manner. The agency is currently behind or using complicated and time-consuming workarounds to meet mandatory federal reporting of behavioral health data for SAMHSA, both the mental health substance abuse block grants (NOMs/TEDS) and the USDOJ Oregon Performance Plan.

Recent reviews and process changes at OHA determined that COMPASS systems are not receiving and maintaining sufficient documentation to support data being provided to Oregon State Police (OSP) for the National Instant Criminal Background Check System (NICS). A scheduled audit in June 2018 by the Federal Bureau of Investigation (FBI) could result in penalties or sanctions against the agency for failing to address the flawed data systems.

3. Problem and Opportunity Definition

3.1. Problem Definition

With Oregon's Health Care Transformation, the introduction of Coordinated Care Organizations (CCOs), and investments in Electronic Health Record (EHR) systems, the current data environment does not allow for data integration to meet the need for reporting on treatment outcomes and investment efficiency. Many of the COMPASS systems were designed to measure outcomes based on a different funding model from the service element model currently in use. In addition, the system requirements and data elements were not fully defined in the original build.

In 2017, the OHA COMPASS Task Force identified issues with disjointed and siloed data from systems for HSD Contracting, Licensing and Certification, and Client Outcomes. Additional operational deficiencies were noted in the following areas of the COMPASS universe:

1. Contract deliverables are not met and/or enforced and data is not validated as accurate;
2. Subcontractors cannot be identified in collected data;
3. Provider licensing and certification is not integrated with current data systems;
4. Data systems lack defined relationship and correlation between data elements;
5. Missing data elements in collection and reporting process;
6. Difficulty assessing if contracted services are provided in compliance with contract.

OHA is unable to conduct mandated state and federal reporting. OHA and our partners at DHS continue to fall short of the expectations of advocates by failing to meet the needs of transitioning clients; this leaves the agency with continuing risk of additional investigation and potential litigation. OHA remains unable to adequately forecast service need or coordinate treatment for individuals entering and leaving the state hospital. *Olmstead v. LC*, a US Supreme Court ruling, requiring states to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs. Inability to appropriately forecast need for state

hospital resources puts the agency at risk of losing needed budget and Oregonians at risk of inadequate care.

The COMPASS data systems lag behind OHA business partners who are further down the integrated systems path. The file structure and business process are a couple of generations behind the EHR industry and has proven challenging for some partners to provide data to OHA for that reason. Separate work flows are required for COMPASS data applications as they do not compliment or integrate with normal EHR operations.

The current Health Systems Framework applications are running on ColdFusion. The underlying data storage for the COMPASS applications resides in several DB2 databases running on AIX servers, which are outdated and expensive to maintain. The current database design contains gaps in which referential integrity has been compromised, creating data quality issues. These design problems have been masked by the application, creating heavy reliance on the application to provide necessary context for the data.

The tightly-coupled relationship between the database and the application makes improvement and integration projects more difficult because it restricts the developer within the confines of both an aging toolset and a flawed data model. This data model makes integration with other systems and utilization of the data for reporting by Business Objects and other reporting engines more problematic. As new projects are undertaken using the tightly-coupled architecture in COMPASS, they will become riskier as the number of records and users increase, while the toolset falls further out of support.

Over time, the IT system-related risks will increase as the number of developers knowledgeable in older Cold Fusion/DB2 development projects dwindles, and it becomes a specialty realm for contract support. Add to this the growing number of retiring mainframe, Rbase and other legacy applications that will need to be integrated into the Health Systems Framework, and the question of available qualified in-house resources becomes critical going forward.

3.2. Opportunity Definition

Alignment with client need, the ability to track available resources, CCO reporting requirements and the analysis and tracking of behavioral health data across systems will be critical to the successful integration of behavioral health treatment into the CCO environment.

Modernization of the COMPASS universe of systems will:

1. Increase the agency's ability to measure and report on behavioral health outcomes.
2. Increase the agency's ability to tie reporting deliverables to payment.
3. Improve the standardization of data in the agency.
4. Increase the agency's ability to track outcomes by client, demographic group, or location of clients.
5. Permit the agency to meet required reporting responsibilities.
6. Develop a standardized reporting system for behavioral health services.
7. Support the provision of more timely, appropriate, cost-effective services for Oregonians.
8. Reduce the administrative burden on contracting providers.

9. Streamline and update business processes
10. Improve the standardization of data in the agency.
11. Collect data to increase the agency's ability to measure and report on behavioral health outcomes.
12. Implement a solution that includes data elements necessary for tracking outcomes and providing non-Medicaid data for a 360 view of the client.
13. Permit the agency to meet required reporting responsibilities.
14. Build a data warehouse that allows interfaces from a variety of systems to meet data quality standards, to create a 360 view of the client, and to include data necessary for accurate cross-agency reporting.

The 2017 COMPASS Task Force report provided opportunities including:

1. Replace COMPASS systems to reflect the present continuity of care model and reexamine old business processes.
2. Improve and update business processes to better align with COMPASS systems.
3. Align siloed systems to integrate CCO data into the service delivery environment.

OHA envisions a data management and processing system for behavioral health service outcomes that can hold millions of individual records, directly interface with a variety of internal and external data systems, and electronic health records systems, and provide multi-functional reporting to support state and federal requirements. Additionally, the work is expected to support improved treatment outcomes for Oregonians through the exchange, analysis and reporting of data; support improved business practices and reduced administrative burden for OHA through the ability to better analyze and forecast outcomes and need; and support improved customer service and reduced administrative burden to providers.

The project and resulting system should provide a variety of business support functions including the following:

1. Compliance with Personally Identifiable Information (PII) Privacy Act;
2. Compliance with Health Insurance Portability and Accountability Act (HIPAA);
3. Compliance with Health Information Technology for Economic and Clinical Health (HITECH) Act;
4. Reduce silos around system maintenance in OHA's OIS team;
5. Increase the agency's ability to tie contract deliverables / reporting responsibilities to payment;
6. Improve the standardization of data in the agency;
7. Increase the agency's ability to measure behavioral health outcomes for individual clients and groups;
8. Reduce the administrative workload on contracting providers and staff;
9. Create integrated and adjustable reports that meet federal reporting requirements;
10. Upgrade requirements for federal and state legislation, rules, and business needs;

11. Migrate data from or interface with multiple data collection systems including, but not limited to: Consolidated Database (CDB), Acute Care Reporting (ACR), Medicaid Management Information System (MMIS);
12. Streamline and update business processes;
13. Provide ongoing maintenance and support; and
14. Support required functionality for 5 – 10 years.

The redesign of the COMPASS constellation provides OHA with an opportunity to examine and update business process and better align to the agency's current vision and the continuity of care model. Part of this business process alignment will include the interface of provider reporting and contracting requirements, ensuring that the agency is better tracking the services it is paying for and that Oregonians are receiving the benefit of service dollars contracted through the agency. OHA has the opportunity to reduce silos and begin the process of integrating CCO's into the behavioral health service delivery model.

The COMPASS modernization project supports the following missions and strategic technology plan by ensuring efficient data collection, management, system integration, and data reporting on behavioral health service outcomes for Oregonians.

1. Governor's Executive Order 18-01: Building Oregon's commitment to addiction prevention, treatment, and recovery priorities, and setting deadlines for statutory requirements, and declaring a public health crisis.

2. Health and Human Services Agencies Information Resource Management 2017-2019, Governor Brown's Strategic Initiatives for Healthy, Safe Oregonians:
    a) Ensure that every Oregonian who needs alcohol and other drug treatment or mental health services can easily get it.
    b) Ensure all Oregonians have equitable and appropriate access to affordable, high quality health care.
    c) Keep communities safe through mindful law enforcement and using data and analytics to balance accountability, reformation and treatment in order to reduce recidivism and prevent future victimization.

3. OHA Mission: Helping people and communities achieve optimum physical, mental, and social well-being through partnerships, prevention and access to quality, affordable health care.

4. DHS/OHA Strategic Technology Plan:
    a) Provide Trusted Services for accurate health care outcomes data by effectively collecting, maintaining, and organizing information to enable informed decision-making and support internal and external data sharing.
    b) Enable Business Automation via workflows and business rules, reducing manual, paper-based processes while increasing effectiveness.

c) Enable Connectivity Anytime, Anywhere, in Multiple Ways by providing self-service, role-based capabilities with remote access to information meeting the diverse needs of staff and partners.
d) Use Dynamic Services Supporting Dynamic Needs by supporting provider modular, common services and capabilities, which promote agility, reuse, and best practices leveraging enterprise capabilities.

4. Alternatives Analysis

4.1. Assumptions

The Project assumptions identified would include the following:

1. There is more than one qualified vendor.
2. Total cost of project and 5-year maintenance and operations will be within available funding.
3. Only purchase a solution using OIS supported technology or include funding to for contracted O&M by vendor for operations and maintenance support for the selected technology support.
4. Modular solution with major components as individual modules.
5. Agile approach is preferred in order to receive functionality throughout the system development.
6. The time required to adequately research, document, design, plan and implement the projects as described will be available.
7. The Business understands and can articulate the outcome measures they require.
8. Legislative mandate changes will not significantly affect the project deliverables.

4.2. Constraints

Below is a list of known constraints:

- Internal resources have limited availability (Program Support, Program) to support implementation.
- No funding to support implementation in biennium 2019/2021

4.3. Selection Criteria and Alternatives Ranking

The core criteria that we are using to compare alternatives are:

- Time to implement (duration)
- Cost (both project costs and ongoing annual costs)
- Benefits
- Risks

4.4. Solution Requirements

OHA requires the following system functionality:

- Secure data intake, storage, and output
- Data quality and validation processes that does not let providers enter inaccurate information
- Data gathering processing functions like versioning, creating crosswalks, data dictionary, de-duplication of data submissions.
- Secure, unobstructed, and quick access to data warehouse by role-based credentials
- Multi-functional reporting ability to create accurate reports with reliable data.: scheduled and ad hoc reporting
- Cloud based solution providing the ability to support future program data collecting and behavioral health reporting needs.
- Application Programing Interface (API) for any other data systems to send the data to the BH data warehouse.
- Behavioral Health (BH) data warehouse with the ability to accept data from other data systems.
- Provide training and training material to OHA staff and Providers
- Bi-Directional interface to obtain master client unique ID
- One-way interface with the following existing internal and external data systems:
    - Electronic Health Records (EHR) systems and health information data exchanges (ex. OWITS)
    - AMHI/Choice Model – Community Mental Health
    - Avatar the Oregon State Hospital's Electronic Health Record system.
    - Justice or State Patrol for Criminal History
    - Medicaid Management Information System (MMIS)
- 5 years of on-going operations and maintenance (O&M) support

**For more detailed solution requirements see Behavioral Health Data Warehouse Project Solution requirements and MOTS Replacement solution requirements.*

4.5. Vendor Requirements

OHA seeks to obtain the services of a data vendor with the capacity and technical expertise to perform all Behavioral Health data collection, aggregation, enhancement, and quality assurance functions. This includes but is not limited to: design, development and implementation of the vendor's solution, migrating the existing data hosted at the state Data Center Services (DCS) to the new solution; secure and streamline data collection and aggregation; processing and validating data submissions; providing data access and reports to approved users; and optimizing data for mandated reports. Mandatory tasks include:

Project Planning and Implementation
The Contractor chosen by OHA will be required to provide detailed documentation to OHA including a project plan that includes standard technical documentation covering Design Development and Implementation (DDI) of the proposed solution, a comprehensive transition-in plan and an extensive Data Quality and Business Rules document that details all methodologies used to enhance and validate data submissions. As part of this task, a new Contractor must

securely transfer all data from the DCS and in doing so, retain processed historic data, but also reprocess raw historic data. Finally, the Contractor must provide expert project management and technical support across all activities throughout the contract term.

Data Management
The Contractor will be responsible for all Behavioral Health front-end data collection and aggregation. As part of this task, the contractor must implement and manage data intake processes; perform regular extract, transfer, load (ETL) processes; actively manage data collection; implement pre-load quality assurance checks; and participate in data submitter relations and engagement. After data collection, the contractor must perform data enhancement tasks like creating member, provider, and facility crosswalks; claims processing and de-duplicating; as well as other value-added components like creating benchmarks. Finally, the Contractor must warehouse the processed data and perform post-load quality assurance on the data.

Data Access and Reporting
The Contractor must provide to OHA complete access to all levels of the data warehouse in a secure, unobstructed, and efficient manner. Part of this will be to provide role-based credentials and access to a shared work area within the data environment for users to develop and save tables, cubes, program code, etc. The Contractor must also provide detailed data warehouse documentation, training, and technical support as well as furnish prescribed data sets on a quarterly basis and produce additional data extracts as needed.

Data for Public Mandated Reports
The Contractor must work closely with OHA to optimize the Behavioral Health data for creating and standardizing Mandated reports (SAMHSA) based on stakeholder feedback, content development, and ongoing operations.

4.6. Alternatives Identification

OHA has considered the following alternatives:

- Alternative 1: Status Quo
- Alternative 2: Build - Integrate Existing System
- Alternative 3: Buy - RFP COTS SaaS
- Alternative 4: Build – OIS Development Build
- Alternative 5: Build – Basecamp Development
- Alternative 6: Build – Transfer Technology State

**The Alternatives captured in this analysis is for the Behavioral Health Data Warehouse and MOTS Replacement projects. Alternative Analysis will be completed for each project under the Compass Modernization Portfolio.*

4.7. Alternatives Analysis

Alternative 1: Status Quo (Not Selected)

- Description: Continue to use existing systems and tools to support programs.
- Implementation Duration: 0 months
- Total Cost: $8,432,178
    - Implementation Cost: $0
    - 5 Years of O&M: $8,432,178
- Benefits:
    - No changes needed.
    - Lower cost in short term.
    - Funding can be re-assigned to other Behavioral health needs
- Risks:
    - Unable to achieve all solution requirements
    - Continue to experience pain points:
        - Not meeting reporting needs
        - Not meeting operational needs
        - Receiving incomplete and inaccurate data
        - Complex manual data submissions
        - Missed grant funding (Fed, State, Foundation) opportunities because unable to provide reports and outcomes

Alternative 2: Build - Integrate Existing System (Not Selected)

- Description: Gathering the business requirements and building (writing code) an interface between existing systems using OIS Resources
- Implementation Duration: 48 months
- Total Cost: $17,853,047
    - Implementation Cost: $ $9,131,386
    - 5 Years of O&M: $8,721,661
- Benefits:
    - Lower cost
    - Lower implementation duration
    - Improves the ability to provide data needed for “telling a story” or any future reporting needs.
- Risks:
    - Existing systems are too old to support APIs or integration and will need extensive re-work to be accomplished.
    - Unable to meet all reporting requirements (data elements missing)
    - Unable to support scalability for future technology needs (mis. Paper is one of the systems).

Alternative 3: Buy - RFP COTS SaaS (Selected)

- Description: Utilize Request for Proposal (RFP) to procure and execute a new contract for development and implementation of a Commercial off the Shelf (COTS)/Software As A Service (SAAS) and modify using OIS Resources
- Planning Duration: 21 months
    - *Note: Implementation duration will be determined through RFP. According to the market analysis research implementation duration provided by a vendor ranges between 12-18 months.*

- Total Cost: TBD
  - Planning Cost: $1,979,606
  - Implementation Cost: To Be Determined through RFP
  - 5 Years of Maintenance and Operations: To Be Determined through RFP
  - *Note: According to the market analysis research implementation cost provided by a vendor ranges between $1M - $2.5M and 5 years of O&M ranges between $2.5M-$4M.*
- Benefits:
  - Possibility for lower cost
  - Possibility for better support
  - Implementation duration is less
  - Use of most up to date technology
  - Supports scalability for enterprise needs:
    - Expansion within BH domain
    - Expansion within external agencies (DHS)
    - Supporting BH Technology Roadmap
- Risks:
  - Project takes an additional 6-12 months for RFP effort.
  - Customizations increase implementation & O&M costs
  - Technology solution and data is owned by the vendor and changes to the system must be made by the vendor which increases costs.

Alternative 4: Build – OIS Development Build (Not Selected)

- Description: Build new system using OIS Resources
- Implementation Duration: 54 months
- Total Cost: $27,364,225
  - Implementation Cost: $15,286,399
  - 5 Years of O&M: $12,077,826
- Benefits:
  - Allocated resources used to support O&M and enhancements resulting in lower long-term costs
  - Address new regularity requirements faster (no amendments required)
- Risks:
  - High degree of customization needed which drives up cost and timeline to implement.
  - Time to complete the project may increase because same resources provide operations support for these specific State software applications
  - Other higher priority project may affect the resource availability to support the project and extend project timeline.

Alternative 5: Build – Basecamp Development (Not Selected)

- Description: Using external contracting resources to build (writing code) a system that would meet all your requirements to do work, run reports and track clients.
- Implementation Duration: 54 months
- Total Cost: $29,101,831
  - Implementation Cost: $17,024,005

  - 5 Years of O&M: $12,077,826
- Benefits:
  - Allocated resources used to support O&M and enhancements resulting in lower long-term costs
  - Address new regularity requirements faster (no amendments required)
- Risks:
  - The following activities increase cost and duration:
    - High Customizations
    - Contract resource turnover
    - Contract administrative support
  - Same resources used to support project and O&M which may result in project delays.

Alternative 6: Build – Transfer Technology State (Not Selected)

- Description: Acquire other state solution and have OIS customize solution
- Implementation Duration: 66 months
- Total Cost: $29,703,015
  - Implementation Cost: $17,625,189
  - 5 Years of O&M: $12,077,826
- Benefits:
  - Solution already built and in production with “lessons learned”
  - Ability to share knowledge and compare reports with other state organizations
- Risks:
  - Longer duration and higher cost
  - May have to customize software because of state laws, process differences
  - May require State to purchase other integrated software not currently owned.

4.8. Cost

The below implementation cost analysis and 5 years of O&M includes a breakdown for each alternative by the following categories:

- **Program Resources** are the Behavioral Health program subject matter experts
- **Program Support Resources** are the Business Analysts working with the program subject matter experts. Resources are from the Compass Support team within Oregon Health Authority and Covendis Contractors.
- **State Resources** are the technical resources such as technical manager, project managers, project coordinator, security analyst, DAS procurement services, and OIS Business Operations.
- **Vendor Resource** is for a Quality Assurance vendor.
- **Software** for developing the technology solution (W) MSDN Visual Studio, (W) Visio x 5, (W) Password Agent, (W) Toad, (W) Beyond Compare (W) XML Tool,
- **Hardware** are servers that are currently hosted at the Data Center Services (DCS)
- **DCS Operations** is the service cost for hosting the technology solution.

Implementation Cost and Duration Summary:

COMPASS Modernization Alternatives High Level Cost and Duration Estimates Summary (50%+/-)

	Implementation								
Alternatives	**Program Resource Cost**	**Program Support Resource Cost**	**State Resources Cost** (OIS, DAS, ESO, OC&P)	**Vendor Resources Cost**	**Purchased Software Cost (Original Fee)**	**Hardware Cost**	**DCS Operations Cost**	**Total Implementation Cost**	**Implentation Duration (Months) *RFP only**
1 Status Quo	$ -	$ -	$ -			$ -	-	$ -	0
2 Integrate Existing System (Build)	$ 742,020	$ 2,035,922	$ 5,148,589	$ 570,710	$ 128,348	$ 346,522	$ 159,274	$ 9,131,386	48
*3 COTS/SaaS - Buy - (RFP)	$ 171,935	$ 611,701	$ 1,195,970	TBD	TBD	TBD	TBD	$ 1,979,606	21
4 OIS Development Build	$ 2,626,608	$ 4,303,176	$ 6,660,915	$ 978,530	$ 128,348	$ 429,547	$ 159,274	$ 15,286,399	54
5 BaseCamp Development (Build)	$ 2,047,607	$ 4,286,214	$ 8,823,376	$ 1,091,318	$ 186,669	$ 429,547	$ 159,274	$ 17,024,005	54
6 Transfer Techology from another State	$ 2,688,589	$ 5,033,274	$ 8,050,544	$ 1,135,613	$ 128,348	$ 429,547	$ 159,274	$ 17,625,189	66

*Please note alternative *3 COTS/SaaS – Buy (RFP) only includes Total Implementation cost estimates through planning.*

5 Years of Operations and Maintenance Summary:

	5 Years of Operations & Maintenance (O&M)							
Alternatives	**Program Resource Cost**	**Program Support Resource Cost**	**State Resources Cost**	**Vendor Resources Cost**	**Purchased Software Cost (Annual Fee)**	**Hardware Cost**	**DCS Operations Cost**	**5 Years Total O&M Cost**
1 Status Quo	$ 55,178	$ 3,152,958	$ 4,590,131		$ 128,348	$ 346,289	$ 159,274	$ 8,432,178
2 Integrate Existing System (Build)	$ 1,714,992	$ 409,567	$ 5,962,957		$ 128,348	$ 346,522	$ 159,274	$ 8,721,661
*3 COTS/SaaS - Buy - (RFP)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
4 OIS Development Build	$ 1,452,553	$ 4,980,947	$ 4,927,156		$ 128,348	$ 429,547	$ 159,274	$ 12,077,826
5 BaseCamp Development (Build)	$ 1,452,553	$ 4,980,947	$ 4,927,156		$ 128,348	$ 429,547	$ 159,274	$ 12,077,826
6 Transfer Techology from another State	$ 1,452,553	$ 4,980,947	$ 4,927,156		$ 128,348	$ 429,547	$ 159,274	$ 12,077,826

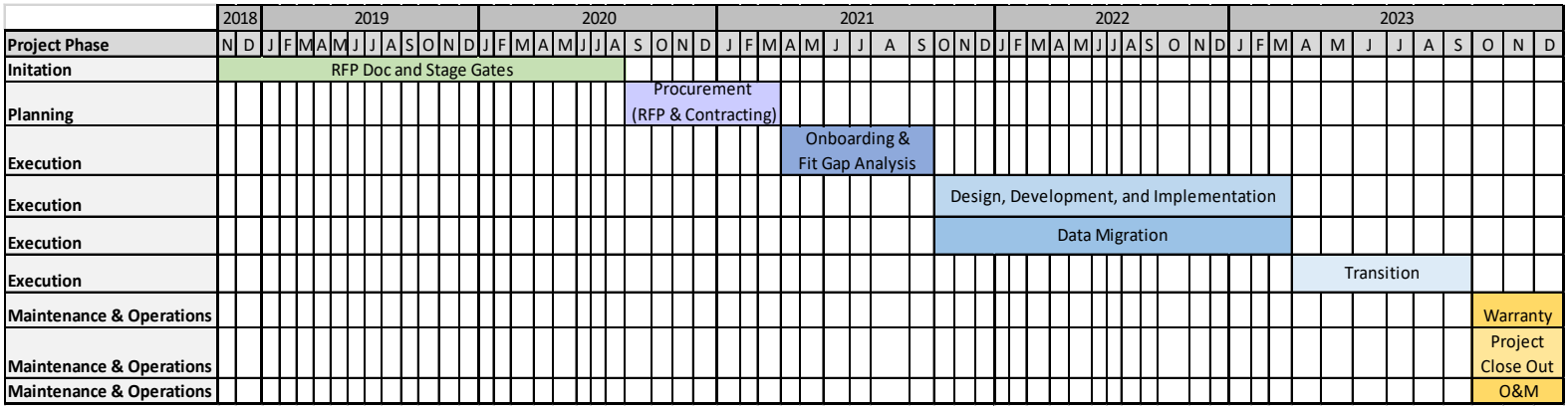
Implementation and 5 Years of Operations and Maintenance Cost Summary:

Alternatives	Total Implementation Cost	Implentation Duration (Months) *RFP only	5 Years Total O&M Cost	Grand Total
1 Status Quo	$ -	0	$ 8,432,178	$ 8,432,178
2 Integrate Existing System (Build)	$ 9,131,386	48	$ 8,721,661	$ 17,853,047
*3 COTS/SaaS - Buy - (RFP)	$ 1,979,606	21	TBD	TBD
4 OIS Development Build	$ 15,286,399	54	$ 12,077,826	$ 27,364,225
5 BaseCamp Development (Build)	$ 17,024,005	54	$ 12,077,826	$ 29,101,831
6 Transfer Techology from another State	$ 17,625,189	66	$ 12,077,826	$ 29,703,015

*Please note alternative *3 COTS/SaaS – Buy (RFP) Total Implementation only includes cost estimates through planning.*

4.1. Timeline

Below is a high-level estimate of the project schedule, and a narrative description of the key activities in each phase.



Stage/Phase	Key Tasks	Description	Timeline
Initiation	• Set up Project • Secure Planning Funds • Create current state process maps and reports • Create solution requirements • Create business case • Market research and alternatives analysis • Develop RFP and secure approvals • Secure Stage Gate endorsement	OHA is required to provide complete and accurate data to meet mandatory reporting requirements at the federal and state level. The agency is required to make available information related to Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant, U.S. Department of Justice (USDOJ) Performance Plan, Oregon State Police reporting to the NICS database for background checks OHA's main goal with this project is to choose a data vendor that ensures the best overall return on investment. OHA is developing an RFP that outlines the minimum necessary requirements and will help staff evaluate proposals.	November 2018 —August 2020
Planning	• Post RFP • Review proposals • Select vendor • Execute new contract • Finalize Budget and Schedule • Secure Implementation Funding	This phase will see the review and selection of a data vendor based on the proposals received. A new contract will be executed that outlines tasks and deliverables to be supplied to OHA.	September 2020 – March 2021
Execution	• Onboard Vendor to access Project Site • Complete Fit Gap Analysis	Starting in April 2021 the new data vendor will start delivering tasks and products outlined in the new contract.	April 2021 – September 2023

Stage/Phase	Key Tasks	Description	Timeline
	• Transition data from DCS to new data vendor • Monitor kick-off tasks and receive deliverables from new vendor • Quality test new data vendor and its processed data • Monitor transition activities and artifacts such as Finalize Implementation Plan, Transition Plan, User Manuals, Disaster Recovery Plan, Training Plan, etc.	Starting in October 2021 vendor will work with DCS to transfer historic data and processing it using data vendor's methodology. MOTS will continue to collect, load, and process current data submissions until March 2023 which will also eventually be transferred to the new data vendor. During this phase, OHA will be working with the new data vendor to ensure that historic and current data are being transitioned and processed appropriately.	
Project Close	• 90 Day Warranty Period • Lessons learned • Project closeout activities • Start O&M phase of new contract	OHA will embark on evaluation of the project and document successes, failures, and lessons learned and transition to O&M support.	October 2023 – December 2023

4.2. Funding

The project has secured $1.8 million of funding for the Compass Modernization project already; however there are still some decisions that will be made by Legislative in February 2021 short session to obtain the balance of the funds needed for biennium 2019/2021.

Funding sources include:

- General funds - $1.5M

Implementation funds for the project will be requested in a new POP for session 2021/2023.

4.3. Critical Success Factors

For Initiation, success will be measured by:

- Approval of the business case and risk assessment
- Obtain necessary program approvals
- Secure funding
- Completion of RFP
- DAS OSCIO Stage Gate 1 and 2 endorsement

For Project Planning, success will be measured by:

- Release of RFP and selection of vendor
- DAS OSCIO Stage Gate 3 endorsement
- Execution of new contract for implementation and 5 years M&O

For Project Execution, success will be measured by:

- Transfer of data from DCS is completed with minimal disruption of service to data submitters, OHA, and data users
- All functionality and other requirements described in contract Statement of Work are delivered and approved by OHA in timeframe outlined
- All test exit criteria have been met
- Data submitters are able to submit data with the new technology solution, as necessary.
- OHA has full access to data as outlined in the requirements

For Overall Project Phases:

- Project scope met, within 15% +/- approved budget and schedule.

Long term project benefits will be measured by:

- 95% of the time completing SAMHSA reports on time.
- 100% of the time completing OHA dashboards and standardized reports on time.
- 100% of existing manual reports will be automated or eliminated and also meeting the "Must have" requirements.
- More reliable data – measured by number of data issues identified from current MOTS quality assurance reports.

5. Conclusions and Recommendations

5.1. Conclusions

OHA is currently attempting to aggregate data from seven behavioral health reporting systems, including at least three legacy systems and one system designed for reporting on a different funding mechanism than the one currently in use by the agency. The disparate systems further complicate data validation. It is impossible to correlate provider licensing and contracting requirements with treatment outcomes thereby ensuring value for the payment of contracted services. The current administrative burden for providers and OHA staff creates inefficiencies and puts the agency at risk of providing inadequate services to clients and providers, risks losing providers and staff, and risks the agency's image and funding.

A comprehensive analysis of the agency's business need is required with the expectation of creating and implementing a system designed to be flexible and aligned with the enterprise technology vision. This work will create efficiencies for providers and agency program staff; free the agency from committing OIS staff to the maintenance and operations of expensive and outdated systems; allow the agency to meet state and federal requirements to maintain funding; and improve both service delivery and budget forecasting.

5.2. Recommendations

Acquire or construct a technology solution for behavioral health reporting that allows the agency to interface with multiple systems currently in place. This would include:

1. Meeting with Behavioral Health leadership to understand the future vision for behavioral health services in order to promote and align systems work with business vision.
2. Collaborating with business teams on business process improvement and documentation of processes related to contracting and reporting.
3. Collaborating with Behavioral Health teams to define required reporting data for evaluation of contract fulfillment and agency metrics around successful service recipient outcomes.
4. Collaborating with HPA and HSD teams to define reporting requirements for SAMHSA.
5. Collaborating with teams in HPA and HSD to standardize data field definition for entry into the data warehouse and aligning those with contract specifications.
6. Assessing existing “out-of-the-box” systems for suitability for agency use and making recommendations.
7. Assisting with the creation of RFP and scoring model or project plan for procurement of resources if custom build.
8. Assisting with procurement of goods or services to complete project.
9. Assisting with the development of internal and external training resources for successful launch of the new system and business processes.

5.3. Consequences of Failure to Act

Failure to conduct a wide-ranging upgrade of the COMPASS systems and related business processes will result in devastating impacts to Oregon’s most vulnerable population including:

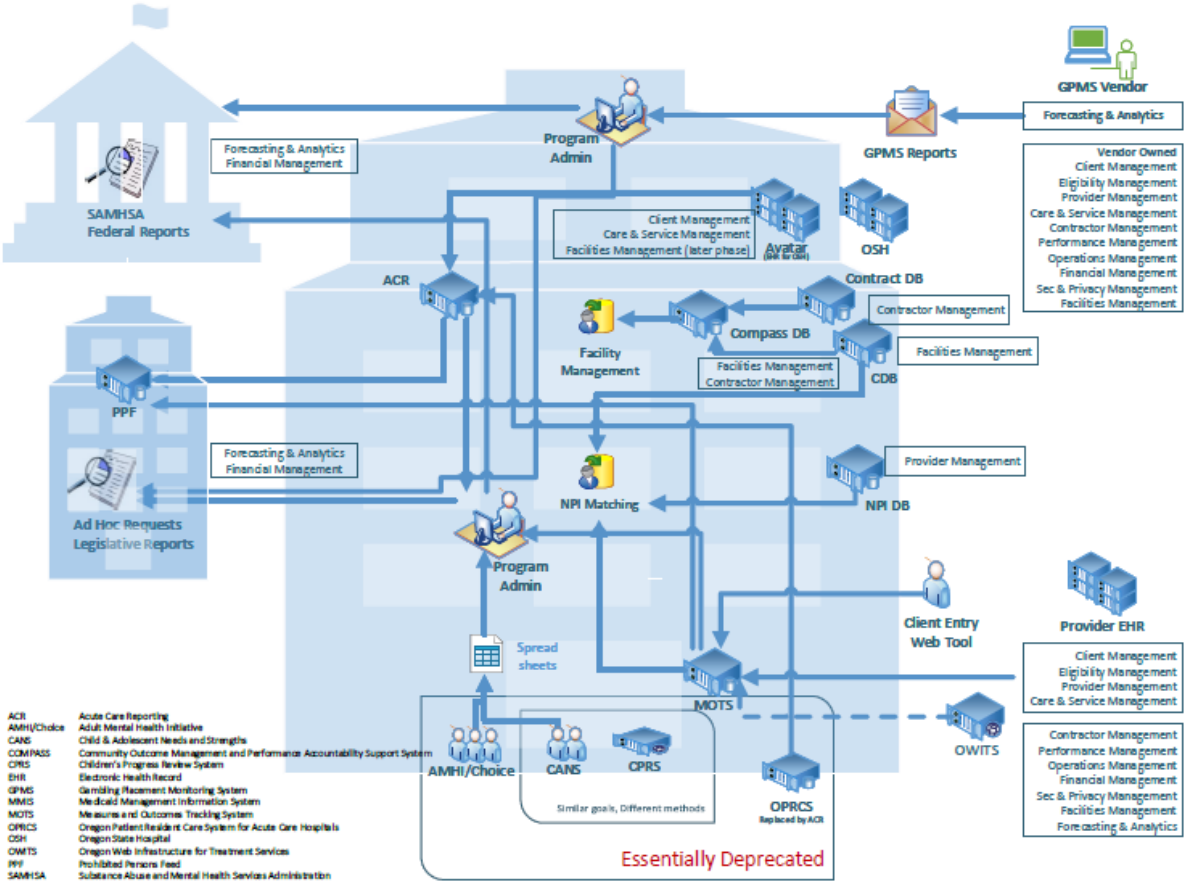
1. Poor coordination of care between facilities and providers
2. Delay or failure to receive treatment or services
3. Increased length of hospital commitment
4. Potential for civil rights violations

Without a change to the current behavioral health data systems, challenges to the State and its external partners will continue to compound in the following areas:

1. Increased administrative burden for CCO’s and other behavioral health providers
2. Lack of compliance with legal and federal requirements
3. Lack of IT staff resources to support outdated and ineffective data systems
4. Loss of state and federal funding
5. Loss of public trust

6. Appendixes and References

Appendix A – Current Business System Areas Supported



Appendix B – COMPASS Task Force Report

The 2017 COMPASS Task Force report is provided externally to this business case.

OSCIO IT Investment form

IT Investment Name:	Compass Modernization	Date:	2/27/19
Agency:	OHA	Division:	Behavioral Health
Agency Contact:	Dale Southmayd	Phone Number:	541-884-5960
Approving Business Owner:	Keely West	Phone Number:	503-945-6292
Approving Technology Mgr:		Phone Number:	

Approving Business Owner Date

Approving Technology Manager Date

Information Technology Investment Type(s):

☒ New Investment ☐ Renew/Life Cycle Replacement ☐ Other:

Information Technology Investment Description (What is being proposed and why):

Summary:

COMPASS (Community Outcome Management and Performance Accountability Support System) is a collaborative information technology approach to the administration, planning and monitoring of Substance Use Disorder and Mental Health treatment programs. The purpose of COMPASS is to provide software that directly interfaces with a variety of internal and external data systems and electronic health records systems and provides multi-functional reporting to support OHA, treatment providers and state and federal stakeholders. By aligning business processes and data, the system will facilitate cooperation and collaboration between stakeholders and improving reporting of, and access to contract and encounter information securely and in compliance with HIPAA and 42CFR regulations.

The current COMPASS applications are running on a mixture of platforms and languages. All are outdated and in need of upgrading or decommissioning. The underlying data storage for the applications is insular, outdated, and expensive to maintain. The current database design contains some gaps in which referential integrity has been compromised, creating data quality issues. These data design issues have been masked by their current applications, creating a heavy reliance on these applications to provide the necessary context for the data. This makes integration and reporting from the data difficult, inaccurate, and time consuming.

Modernization of the COMPASS universe would significantly improve interoperability of OHA's data systems and could be leveraged across numerous program areas. The current lack of integration with other state data systems creates additional workload for service providers and OHA personnel who must manually perform required tasks outside of those systems to meet agency, state, and federal reporting requirements.

The COMPASS modernization project supports the following initiatives, missions and strategic technology plans by ensuring efficient data collection, management, system integration, and data reporting on behavioral health service outcomes for Oregonians.

1. Governor's Executive Order 18-01: Building Oregon's commitment to addiction prevention, treatment, and recovery priorities, and setting deadlines for statutory requirements, and declaring a public health crisis.

2. Health and Human Services Agencies Information Resource Management 2017-2019, Governor Brown's Strategic Initiatives for Healthy, Safe Oregonians:
    a) Ensure that every Oregonian who needs alcohol and other drug treatment or mental health services can easily get it.
    b) Ensure all Oregonians have equitable and appropriate access to affordable, high quality health care.
    c) Keep communities safe through mindful law enforcement and using data and analytics to balance accountability, reformation and treatment in order to reduce recidivism and prevent future victimization.

3. OHA Mission: Helping people and communities achieve optimum physical, mental, and social well-being through partnerships, prevention and access to quality, affordable health care.

4. DHS/OHA Strategic Technology Plan:
    a) Provide Trusted Services for accurate health care outcomes data by effectively collecting, maintaining, and organizing information to enable informed decision-making and support internal and external data sharing.
    b) Enable Business Automation via workflows and business rules, reducing manual, paper-based processes while increasing effectiveness.
    c) Enable Connectivity Anytime, Anywhere, in Multiple Ways by providing self-service, role-based capabilities with remote access to information meeting the diverse needs of staff and partners.
    d) Use Dynamic Services Supporting Dynamic Needs by supporting provider modular, common services and capabilities, which promote agility, reuse, and best practices leveraging enterprise capabilities.

Improved data collection and standardization in the COMPASS systems would allow the agency to improve reporting on outcomes, expenditures and contract compliance as well as collaborate with providers to track the implementation and effectiveness of services, identify service gaps, predict the specific timing of service needs, and better request and allocate funding to facilitate individual's progress through the system.

Problem Definition:
With Oregon's Health Care Transformation, the introduction of Coordinated Care Organizations (CCOs), and investments in Electronic Health Record (EHR) systems, the current data environment does not allow for data integration to meet the need for reporting on treatment outcomes and investment efficiency. Many of the COMPASS systems were designed to measure outcomes based on a different funding model from the model currently in use. In addition, the system requirements and data elements were not fully defined in the original build.

In 2017, the OHA COMPASS Task Force identified issues with disjointed and siloed data from systems for HSD Contracting, Licensing and Certification, and Client Outcomes. Additional operational deficiencies were noted in the following areas of the COMPASS universe:

1. Contracting process, tracking, and enforcement are not integrated with data systems;
2. Subcontractors cannot be identified in collected data;
3. Provider licensing and certification is not integrated with current data systems;
4. Data systems lack defined relationship and correlation between data elements;
5. Missing data elements in collection and reporting process;
6. Difficulty assessing if contracted services are provided in compliance with contract.

The lack of integrated behavioral health treatment data exposes the State to potential federal litigation related to violation of an individual's second amendment rights. Recent reviews and process changes at OHA determined that COMPASS systems are not receiving and maintaining sufficient documentation to support data being provided to Oregon State Police (OSP) for the National Instant Criminal Background Check System (NICS). A scheduled audit in June 2018 by the Federal Bureau of Investigation (FBI) could result in penalties or sanctions against the agency for failing to address the flawed data systems.

Further, OHA is unable to conduct mandated state and federal reporting. OHA and our partners at DHS continue to fall short of the expectations of advocates by failing to meet the needs of transitioning clients; this leaves the agency with continuing risk of additional investigation and potential litigation. OHA remains unable to adequately forecast service need or coordinate treatment for individuals entering and leaving the state hospital. *Olmstead v. LC*, a US Supreme Court ruling, requiring states to ensure that persons with disabilities receive services in the most integrated setting appropriate to their needs. Inability to appropriately forecast need for state hospital resources puts the agency at risk of losing needed budget and Oregonians at risk of inadequate care.

The COMPASS data systems lag behind OHA business partners who are further down the integrated systems path. The file structure and business process is a couple of generations behind the EHR industry and has proven challenging for some partners to provide data to OHA for that reason. Separate work flows are required for COMPASS data applications as they do not compliment or integrate with normal EHR operations.

The current Health Systems Framework applications are running on ColdFusion, which is no longer supported by the vendor. The underlying data storage for the COMPASS applications resides in several DB2 databases running on AIX servers, which are outdated and expensive to maintain. The current database design contains gaps in which referential integrity has been compromised, creating data quality issues. These design problems have been masked by the application, creating heavy reliance on the application to provide necessary context for the data.

The tightly-coupled relationship between the database and the application makes improvement and integration projects more difficult because it restricts the developer within the confines of both an aging toolset and a flawed data model. This data model makes integration with other systems and utilization of the data for reporting by Business Objects and other reporting engines more problematic. As new projects are undertaken using the tightly-coupled architecture in COMPASS, they will become riskier as the number of records and users increase, while the toolset falls further out of support.

Over time, the IT system-related risks will increase as the number of developers knowledgeable in older Cold Fusion/DB2 development projects dwindles, and it becomes a specialty realm for contract support. Add to this the growing number of retiring mainframe, Rbase and other legacy applications that will need

to be integrated into the Health Systems Framework, and the question of available qualified in-house resources becomes critical going forward.

Opportunity Definition:
Alignment with client need, the ability to track available resources, CCO reporting requirements and the analysis and tracking of behavioral health data across systems will be critical to the successful integration of behavioral health treatment into the CCO environment.

Modernization of the COMPASS universe of systems will:

1. Support the provision of more timely, appropriate, cost-effective services for Oregonians.
2. Reduce the administrative burden on contracting providers.
3. Increase the agency's ability to tie reporting responsibilities to payment.
4. Improve the standardization of data in the agency.
5. Increase the agency's ability to track outcomes.
6. Permit the agency to meet required reporting responsibilities.
7. Develop a standardized reporting system for behavioral health services.
8. Eliminate the use of four to five outdated systems, reducing silos around system maintenance in OHA's OIS team.

The 2017 COMPASS Task Force report provided opportunities including:

1. Replace COMPASS systems to reflect the present continuity of care model and reexamine old business processes.
2. Improve and update business processes to better align with COMPASS systems.
3. Align siloed systems to integrate CCO data into the service delivery environment.

OHA envisions a data management and processing system for behavioral health service outcomes that can hold millions of individual records, directly interface with a variety of internal and external data systems, and electronic health records systems, and provide multi-functional reporting to support state and federal requirements. Additionally, the work is expected to support improved treatment outcomes for Oregonians through the exchange, analysis and reporting of data; support improved business practices and reduced administrative burden for OHA through the ability to better analyze and forecast outcomes and need; and support improved customer service and reduced administrative burden to providers.

The project and resulting system should provide a variety of business support functions including the following:

1. Compliance with Personally Identifiable Information (PII) Privacy Act;
2. Compliance with Health Insurance Portability and Accountability Act (HIPAA);
3. Compliance with Health Information Technology for Economic and Clinical Health (HITECH) Act;
4. Reduce silos around system maintenance in OHA's OIS team;
5. Increase the agency's ability to tie reporting responsibilities to payment;
6. Improve the standardization of data in the agency;
7. Increase the agency's ability to measure behavioral health outcomes;

8. Reduce the administrative burden on contracting providers and staff;
9. Create integrated and adjustable reports that meet federal reporting requirements;
10. Upgrade requirements for federal and state legislation, rules, and business needs;
11. Migrate data from multiple data collection systems;
12. Streamline and update business processes;
13. Provide ongoing maintenance and support; and
14. Support required functionality for 5 – 10 years.

The redesign of the COMPASS constellation provides OHA with an opportunity to examine and update business process and better align to the agency's current vision and the continuity of care model. Part of this business process alignment will include the interface of provider reporting and contracting requirements, ensuring that the agency is better tracking the services it is paying for and that Oregonians are receiving the benefit of service dollars contracted through the agency. OHA has the opportunity to reduce silos and begin the process of integrating CCO's into the behavioral health service delivery model.

Alternatives:
A complete alternatives analysis has not been conducted for this project.

Assumptions

The Project assumptions identified would include the following:

1. The time required to adequately research, document, design, plan and implement the projects described will be available.
2. The Business understands and can articulate the outcome measures they require.
3. Legislative mandate changes will not significantly affect the Project deliverables.

Solution Requirements

Solution requirements have not been fully defined at this time.

Alternatives Identification

Alternative 1: No Replacement of Existing COMPASS systems

Alternative 2a: Replace COMPASS with solution developed in house

Alternative 2b: Replace COMPASS with solution procured from third party vendor

Alternatives Analysis

No alternatives analysis completed at this time.

Cost

Initial estimates of cost for the COMPASS modernization project is between $4 and $7 million. Work is ongoing to finalize the project scope, after which we will analyze alternatives. Better cost estimates will be available at that time.

OSCIO IT Investment form

POP 414 has been submitted as part of the Governor's budget for the 2019-2021 State of Oregon Budget. The POP requested amount is $6,739,793.

		Yes	*No*
1)	Is the investment a project?	☒	☐
2)	Will the investment have a Project Manager?	☒	☐
3)	Will the investment include other agencies?	☐	☒
4)	Will the investment include Information Asset Classification Level 3 or 4 data? (see DAS Policy 107-004-050)	☒	☐
5)	Will the investment be for Cloud Services (as defined in Policy #107-004-150)	☐	☐

IT Investment Estimated Cost Summary

Hardware:	TBD	**Software:**	TBD
Services/Maintenance (projected over five years):	TBD	**Personnel (Project):**	TBD
Source of Funding:	General Fund	**Deadline for fund use:**	mm/dd/yyyy
Anticipated Start Date:	7/1/19	**Anticipated End Date:**	TBD
		TOTAL:	**TBD**

DHS Oregon Department of Human Services

Oregon Health Authority

DHS/OHA Office of Information Services Issue Brief

Enterprise Collection Management System

DHS/OHA – Shared Services: Shawn Jacobsen OFS, Nicky Jeffreys OPAR

Overview

The Office of Financial Services (OFS) is a Shared Service that provides full financial cycle accounting to the Department of Human Services (DHS) and the Oregon Health Authority (OHA). This work is accomplished through a combination of agency-supported program-specific data systems and the Oregon Statewide Financial Management Application (SFMA). OFS supports programs throughout both agencies to identify, invoice, and manage accounts owed to the agencies. Revenue generated from these activities is essential to meeting outcomes for various services and programs throughout the agency.

The Office of Payment Accuracy and Recovery (OPAR) is a Shared Service that provides recovery and collection services to both the Department of Human Services and the Oregon Health Authority. OPAR ensures program integrity by improving payment accuracy and recovering overpayments of both clients and service providers. Funds recovered by OPAR are returned to the various DHS/OHA programs, allowing these funds to be available for current and future clients.

Both OFS and OPAR are working towards a shared goal of identifying an Enterprise Collection Management solution to replace the Integrated Collection Management System (ICM) currently in use by OPAR. This new Enterprise solution would provide the integration needed for both groups to reduce redundant system updates and manual workarounds to optimize their business deliverables and workload.

OFS requests ISMC approval for a solution that will enable the Enterprise Collection Management System to be the primary source system for accounts receivable transactions generated in the new OFS Enterprise Financial system (as identified in the OFS Policy Option Package) for interfacing with SFMA.

OPAR requests ISMC approval for an Enterprise Collection Mangement System that meets regulatory needs, provides improved automation in order to lower costs, and utilizes state of the art technology to assist in settling collections.

Background

OFS: OFS invoices for agency services such as newborn screening, background checks, licensing and overpayments. The billing and account management requests are received through a variety of methods, such as Excel documents, emails, and the use of payment subsystems. Many DHS/OHA programs manage a portion of the receivables process before referring the account to OFS. These requests can be initiated for at any time during the receivables process. The receivables process is as follows:

- Identification of amount owed, notification to debtor (invoice)
- Management of account notices and repayment options
- Adjusting existing receivables
- Referral for collections to the Department of Revenue – Private Collections

Most of these requests are then entered in SFMA manually or through a macro and then invoices, if needed, are manually generated using a template in Excel. Direct payments are received through a lockbox, meaning

checks sent to bank, or credit card transaction. Transfers from other agencies, including the Department of Revenue, are also received. Posting these payments to accounts in SFMA is a manual process.
Ease of payment is challenging at best. Only two options exist to make payments: checks and credit cards. For credit cards, reaching the portal is outdated and does not retrieve current account information. Requests for account balances for those with payment plans must be created manually.

Many DHS/OHA programs extract information from program databases and send it to OFS, creating unnecessary reentry of data. For programs that require updated payment information to manage their business relationships, read-only access is granted in SFMA and account information is relayed back to the program so the account can be viewed. Otherwise, data reports are generated for the program on demand.

The financial accounting of receivables in our agencies' business environment is complicated due to the federal and state regulations, federal matching rates, and required statewide accounting practices.

OPAR: In 2013 when the FICO system contract was created, the Office of Information Services (OIS) team assisted in developing an in-house application that would support OPAR's needs.
The current FICO system is a robust application for which OPAR only requires a portion of the functionality to execute its program deliverables. The system does not effectively support OPAR business needs and some features of the system are more focused towards an agent debt collection system. FICO does not offer auditing or compliance functionality, critical components of OPAR business flow.
The support received from FICO is very limited and is not meeting OPAR business needs. The OIS Solution Development and Delivery team has had to build around the current FICO system to incorporate smaller in-house applications to meet business needs. The FICO system is used by multiple units within OPAR and causes some of these teams having to manage two different systems to complete their work. Workflow duplications within OPAR would include these systems:

- Personal Injury Liens- MMIS
- Estate Administration Unit - MMIS, DSURS
- Overpayment Writing Unit - PIPS

Future Vision and Scope

OFS: An agency receivables system should meet the needs of our business partners, allowing ease of upload and retrieval of information.

The system should enable:

- Single data entry of account information that can be used to generate invoices
- Manage account balances
- Generate reports
- Research history
- The system must allow for entry of account at any point in the receivables process
- Generate reports, documents and templates, as well as management reports either from the system or from a query tool

- Needs to meet all current OFS business rules
- System must interface with SFMA
- System must be compatible with any future agency-wide financial application
- Must meet all statewide reporting needs including counts and reason codes
- Have the flexibility for modification as data needs change
- The accounting rules for the system will be similar, if not identical, for client and provider billings (OPAR and OFS).

OPAR: In partnership with the OIS Solution Development and Delivery team, a new system could be built to meet all the business needs, incorporate all the smaller add ons that were needed due to FICO not meeting 100% of business needs.

The new solution would include these capabilities:

- Amount owed
- Payments
- Sends notices, automatic, OnDemand
- Day to day activities
- Narration – TRACS
- Maintain workload

Other Considerations/Drivers

OFS: DHS and OHA are currently preparing a Policy Option Package request for a planning effort defining the criteria to develop a cross-agency financial system and modernize the underlying technology.

In developing a receivables system, many agency business partners may be interested in interfacing with other regulatory systems to exchange data and meet their strategic objectives.

OPAR: The current contract with FICO has approximately two years remaining is identified as a two-year project. We may possibly need to amend the current contract again to extend the time, which will add additional costs.

The FICO production site is an issue for the following reasons:

- Written in Java J2EE – This is not a good fit for the team to support as they are not versed in this technology and it no longer aligns with current technology strategy of the organization.
- The system is supported in Windows using technologies that do not support Windows as their primary platform, often requiring installation of custom versions/builds into the computing environment.
- We don’t use the same technologies in other supported systems – this is a “one off” in our current environment.
- We were required to purchase and maintain a costly RedHat subscription for the last and all future upgrades.

DHS/OHA Office of Information Services Issue Brief

Enterprise Collection Management System

DHS/OHA – Shared Services: Shawn Jacobsen OFS, Nicky Jeffreys OPAR

- Additional Java licensing will be required for any future upgrades.
- We currently use less than 30% of the existing functionality.
- The Debt Manager product is geared towards private collections. It is moving further away from programming that adheres to governmental needs. Each new upgrade brings with it features that, while useful to other companies, cause additional complications to our agency.
- The older versions of software required for FICO Debt Manager creates technical debt for Shared Services necessitating expensive rework as versions are deprecated.
- The system has poor data entry edits, necessitating OIS to create compensating software outside FICO Debt Manager to help monitor data quality and integrity
- The vendor only provides full support for the current version of Debt Manager. Updates released multiple times a year, OIS staff must constantly rebuild and reinstall FICO Debt Manager in order to upgrade the system and take full advantage of our support agreements.
- Upgrade packages for FICO Debt Manager often contain incomplete, out-of-date, or missing documentation, making updates very risky and error prone.
- Upgrades for FICO Debt Manager have a high degree of complexity, since FICO Debt Manager bundles over two dozen 3rd-party software products (both commercial and open-source) that are needed to operate the system.
- FICO only provides bug fixes for previous versions of FICO Debt Manager in extraordinary circumstances.
- FICO introduced a new, vendor-owned rules engine (Blaze) into the product with our most recent upgrade replacing a previous, 3rd party rules engine. This required the agency business rules to be rewritten to the new product.
- FICO had issues providing training on the new rules engine to agency staff. The agency had to pay FICO for conversion of the rules to the new engine since training could not be provided.
- FICO has not been able to provide bug fixes or mitigations for all issues that have been discovered in FICO Debt Manager. As a result, some issues have remained open with FICO for multiple years, with currently very little expectation of resolution.
- FICO does not have a normal practice of communicating known bugs and issues to customers. When the agency discovers a bug or other issue, some of these are only communicated as previously known issues after a support ticket has been opened and potentially charged to the agency.
- The agency currently has 5 outstanding product modification requests for FICO Debt Manager that date back to 2013.

Proposed Approach, Actions and Outcomes

The proposed approach for this request is to develop a new Enterprise Collection Management System that supports an updated and integrated modular solution to address the needs of OFS and OPAR, to meet regulatory needs, and adhere to business rules. If ISMC approval is reached, this request would be reviewed for approval at the DHS Technology Council for prioritization for OIS resource assignment.

DHS/OHA Office of Information Services Issue Brief

Enterprise Collection Management System

DHS/OHA – Shared Services: Shawn Jacobsen OFS, Nicky Jeffreys OPAR

Estimate for Proposed Action

Estimating this project to span over a two-year timeframe, utilizing the resources below +/- 100%:

Technical Resources:

- ISS8 Architect, fully loaded – 10% Team Lead and COLA included for 24 months = $342,502 Hourly = $82.33
- ISS8 Developer, fully loaded – top step with COLA included for 24 months = $308,256 Hourly = $74.10
- ISS7 Developer, fully loaded – top step with COLA included for 24 months = $291,393 Hourly = $70.04
- ISS7 BA/Developer, fully loaded – top step with COLA included for 24 months = $291,393 Hourly = $70.04
- PM3 at 90%, fully loaded – top step with COLA included for 24 months = $267,387.00 Hourly = $71.42
- PM1 at 50%, fully loaded – step 2 with COLA included for 24 months = $91,684.00 Hourly = $44.08
- **Total = $1,592,615.00**

OPAR Business Resources:

- Revenue Agent 2 – Tester
- Operation & Policy Analyst 2/ICM SME – 85%
- Operation & Policy Analyst 2/ICM SME – 75%

Estate Administration Unit:

- Administrative Specialist 1 LW – 15%
- Compliance Specialist 2 LW – 15%
- Compliance Specialist 3 LW – 15%

Personal Injury Liens Unit:

- Compliance Specialist 2 – 15%
- Administrative Specialist 1 – 15

OFS Business Resources:
Systems

- Operations and Policy Analyst 3/Systems SME – 85%
- Accountant 2/Systems SME – 85%

Accounts Receivable

- Accountant 3/AR SME – 75%
- Accountant 2, tester
- Accountant 1, tester

Receipting

- Accountant 3/Receipting SME – 75%

DHS/OHA

ONE IE & ME Project Business Case

Department of Human Services

Oregon Health Authority

ONE Integrated Eligibility & Medicaid Eligibility Project (ONE IE & ME)

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Version Log

Version	Description	Author	Date
1.0	Initial Draft	Karl Olmstead	11/24/2015
1.1	Revised based on feedback from Ed Arabas	Karl Olmstead	12/15/2015
1.2	Revised Draft preparing for Stage Gate 3 Submission Incorporated changes from Sarah's review	Karl Olmstead	7/9/2016
1.3	Updated high-level requirements language. Finished M&O strategy section	Karl Olmstead	7/10/2016
1.4	Swapped in high-level requirements language to align with final SOW; expanded risk section and revised M&O strategy per SM	Karl Olmstead	7/12/2016
1.5	Added financial table attachment; revised cost numbers and narrative elsewhere; cleaned up for submission for QC review	Karl Olmstead	7/13/2016
1.6	Final edits; labeled final draft; awaiting final financial numbers only.	Sarah Miller	7/21/2016
2.0	Version for Stage Gate 3 Submission	Karl Olmstead	7/22/2016
2.1	General updates from Wayne Haddad	Rick Schlachter	3/31/2017
2.2	Re-baseline updates	Rob Midtun	7/7/2017
2.3	Updates from PMO, IPD, and 2017 federal IAPDU submission.	Rob Midtun	8/2/2017
2.4	Updates from Management Team review	Rob Midtun	8/18/17
3.0	Updated to incorporate System Integrator Amendment #4 and Quality Assurance Amendment #3; Revalidates Stage Gate 3 Authorization	Tony Black	2/2/18

SIGN-OFF

Version	Role	Name	Comments	Date
3.0	Governance	Exec Steering Committee	Approvals via email	2/12/2018

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1 Business Case Executive Summary

1.1 Overview

The purpose of the Oregon Department of Human Services (DHS) OregONEligibility Integrated Eligibility & Medicaid Eligibility (ONE IE & ME) Project or, the "Project," is to extend the Modified Adjusted Gross Income (MAGI) Medicaid enrollment and eligibility determination functionality to include Non-MAGI Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Employment-Related Day Care (ERDC). Combining these disparate systems into a single, integrated solution, will create a seamless end-to-end service offering with multiple access methods for eligible enrollees. This new system will also provide checks and balances to ensure that Oregonians who qualify for benefits receive accurate and timely payments, and to ensure that those who don't qualify for services do not receive benefits.

This business case update is intended to articulate changes in Project scope, schedule, and budget to inform the Project Team, governing bodies, stakeholders, and decision-makers of changes that deviate from prior versions of this document.

The last iteration of the Project schedule indicated completion of design, development, and implementation (DDI) on Non-MAGI Medicaid, SNAP, TANF, and ERDC in June 2019. This update describes an extension of this timeline to commence Pilot implementation in late August 2019. The Pilot implementation will be deployment of the new system to both Jackson and Josephine Counties, followed by a statewide roll-out in three waves that will be completed in late July 2020. This added duration of the Project was the combined result of extending System Integration Testing (SIT) from two months to five months, extending User Acceptance Testing from four months to six months, extending the Pilot phase from three months to five months, adding a one-month stabilization period after each of the three roll-out waves, and increasing the number of data conversion mock runs from three to five.

As many of the System Integrator (SI) Deliverables were shifted from the 17-19 biennium to the 19-21 biennium, the Project Team is estimating an ending balance for this biennium to be approximately $30 million, with a Project spend of approximately $165 million vice the budgeted $195 million. The Project Team is estimating the need for $144 million in the 19-21 biennium for data conversion, testing, and implementation, and an additional $44 million for Maintenance and Operations (M&O) and enhancements after Project close.

With the expiration of the OMB A-87 cost allocation exception in December 2018, the Team is projecting the Federal portion of this $188 million for the 19-21 biennium to be approximately $134.8 million. If approved, the State funding will consist of approximately $39.2 million in bond sales and approximately $15.6 million General Fund.

1.2 Background

In January 2015, a project was initiated to modernize MAGI Medicaid eligibility determinations and enrollment. This was called OregONEligibility, or simply the "ONE" system. This system development was approached by utilizing code similar in desired functionality from the State of Kentucky, which they call *kynect*.

In June 2015 during the ONE system Design, Development, and Implementation (DDI), House Bill (HB) 2219 was signed into law. This bill directed DHS to convene a work group with staff

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from human service agencies, including: The Housing and Community Services Department, the Oregon Health Authority, the Department of Education, the Employment Department, the Office of Child Care (inside the Early Learning Division), and the Higher Education Coordinating Commission, as well as, the State Chief Information Officer and other individuals who the department deemed necessary. The work group was to study how to create a consolidated application process for residents of the state to apply for and obtain assistance in accessing food, housing, medical care, education, employment services, child care and other social services. The work group was tasked with developing and submitting a recommendation to the Legislative Assembly by September 15, 2016.

In December 2015, the ONE system was placed into production. Also in December 2015, version 1.1 of this business case was submitted to the Office of the State CIO (OSCIO) and to the Legislative Fiscal Office (LFO). It was this version of the business case that received Stage Gate 2 endorsement to continue planning to extend the functionality of the ONE system to include Non-MAGI Medicaid, SNAP, TANF, and ERDC programs. A copy of business case v1.1 is attached as Appendix D.

In August 2016, an update to this business case, version 2.0, was submitted to the OSCIO and LFO, and was used to obtain Stage Gate 3 approval to commence execution of the new ONE IE & ME Project. Again, the software development methodology was to capitalize on additional code from the State of Kentucky they had used to assimilate similar programs. Kentucky called this integrated eligibility system *benefind*, which they have shared with the State of Oregon. A copy of business case v2.0 is attached as Appendix E.

Also in August 2016, the Project Team reported back to the Legislative Assembly on HB 2219 with recommendations including the development of a single application for financial eligibility for the Department of Human Services (DHS) and Oregon Health Authority (OHA) programs. Consolidating the application process for multiple programs among two large state agencies was an incremental step in the vision towards a single application for all health and human service programs. A copy of this report is attached as Appendix F.

In late 2016 and early 2017, the pace of the Project slowed while there were leadership changes at the Director level in both DHS and OHA, and with the Independent Project Director (IPD). In March 2017, a Memorandum of Understanding (MOU) was signed by Agency Directors and by the State CIO to jointly govern the Project as the Joint Governance Board (JGB). In May 2017, the Project Team received go-forward authorization from the Executive Steering Committee (ESC) and the JGB. It was soon thereafter that negotiations commenced to update SI and QA contracts. These Amendments are now complete (pending federal approval of the QA Amendment) and the Team has re-baselined the Project's scope, schedule, and budget accordingly. These Amendments effectively pushed the Production Pilot and roll-out to September 2019, completing implementation across the State in July 2020.

1.3 Problem Definition

This Project is about serving the most vulnerable of Oregonians in their times of need. Oregon, like most of the nation, has continued to work through the cyclical nature of recessions and budgetary uncertainty. Most of the financial benefits DHS and OHA provide to Oregonians is off-cycle. When the State is in a recession and budgets are tight, DHS and OHA often require more funding to provide safety net and stabilization services for Oregonians. This balancing can place strain on any system.

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Oregon is also continuing to grow both in age and in the general population served. Since 2010, Oregon has experienced a 3% per year growth rate over the national average in the population over the age of 65. Oregon's total population has grown by 1.6%. Like previous years, the majority of this growth (88%) is coming from people moving or migrating to Oregon.

DHS and OHA have seen policy shifts with the implementation of MAGI Medicaid, Cover All Kids, and other program policy changes which continue to provide opportunities for more individuals to receive services. In parallel with this population growth, the complexity of the rules and those served continues to grow. DHS and OHA serves over a million Oregonians through Medicaid, which has multiple programs with different rules about how to determine income, what sources to use, what to include, what to look at, and when to look at it. Family dynamics continue to change, with more and more multi-generational family groups and cases where parents and children can be in multiple households and geographic locations.

DHS and OHA staff currently use multiple systems for eligibility determination for Medicaid, SNAP, TANF and ERDC benefits. Eligibility data are often duplicated within multiple, disparate systems and are not easily shared between these systems. As such, eligibility determinations are not made in a standardized and timely manner and, in some cases, an individual's data needs to be manually entered in more than one system. There are currently few checks and balances across systems to ensure those who are eligible for benefits receive them and, conversely, those who are not eligible don't receive benefits. Some of the systems were designed and implemented in the 1970s and early 1980s. Many have been repeatedly modified from their original format to address the vast number of eligibility, service authorization and payment changes that have occurred over the decades following initial release. Business process improvements have been stifled because of keeping these antiquated systems operational and in compliance with policy changes.

These factors lead to issues with accuracy and access. Oregonians today must go to multiple offices to apply for the same benefits. They provide verifications to multiple sources and are often confused about who needs what, who has shared what, and what their next steps are. While Oregon has continued to remain below the national average for errors in traditional Medicaid systems and the SNAP program, there have been increasing quality control issues causing public discussions on the accuracy of Medicaid determinations. The latter has been an issue of trying to coordinate between IT systems and various agencies to solve who is providing which services and where an individual is being served, causing issues around capitation and reimbursement.

Over the last two years, DHS leadership have heard from staff, advocates, and community members the words, "I don't know". This includes families in crisis looking for services, who cannot answer a question about who they are working with. They receive letters from multiple local offices and messaging from various systems, all directing them to either call, come in, or go on-line. This leaves Oregonians confused, unsure of benefits, afraid of failing or taking the necessary steps to become more self-reliant, or to leave an abusive situation because they don't know what is available, who to talk to, or where to go for help. Staff have also complained about having to say, "I don't know." During the roll-out of MAGI Medicaid, over 1,000 Oregonians a month would come into DHS offices to ask about their MAGI benefits. Some Workers couldn't see into the ONE system, and many of them had their access to MMIS removed because they were not considered a covered entity. This created a system where

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workers would have to say, “I don’t know,” and place the Oregonian on hold for long periods of time, or needing to fax information to the branch processing MAGI Medicaid.

1.4 Opportunity Definition

The ONE system is currently being used to process eligibility determinations for MAGI Medicaid. Oregon has taken the opportunity to extend ONE for eligibility determinations of additional programs by utilizing updated code from the State of Kentucky called *benefind*. Additionally, the Office of Management and Budget (OMB) circular A-87 exception to cost allocation rules was extended by CMS from December 2015 to December 2018. This provides the State of Oregon the opportunity to provide enrollment and eligibility determination services with a single, integrated system utilizing enhanced federal funding for much of the Project cost.

ONE IE & ME SYSTEM	6-Year TCO			Funding Sources		
	DDI	M&O	Total	Federal	State GF	Bonds
15-17 Actuals	33.6	0.0	33.6	28.5	0.5	4.6
17-19 Projected Actuals	164.7	0.0	164.7	148.0	2.3	14.4
19-21 Budgeted	146.0	43.6	189.6	134.8	15.6	39.2
Total Project Cost	**344.3**	**43.6**	**387.9**	**311.3**	**18.4**	**58.2**

DHS and OHA serves over 1 million Oregonians through the Medicaid program. These agencies also serve over 308,000 kids, over 81,000 Children’s Health Insurance Program (CHIP) kids, over 20,000 Foster Medical kids, over 128,000 aged, blind, or disabled Oregonians through traditional Medicaid, and an additional 420,000 adults or parent-caretaker relatives through MAGI Medicaid. On top of this is an additional 41,000 Citizen/Alien-Waved Emergency Medical (CAWEM) individuals, and over 150,000 Oregonians receiving assistance with their Medicare through a Medicare Savings Program, including Dual Eligible individuals. Each of these systems are requiring more complex logic to determine what information to accept and when. This requires worker intervention at an increasing rate.

Beyond Medicaid, there is SNAP, TANF, and ERDC which serve approximately 400,000 Oregonians. In a calendar year, DHS and OHA will serve approximately 1.6 million Oregonians, with individuals coming on and off programs, processing around 2.1 million applications each year. Over 65% of these individuals are applying for multiple programs.

Applicants must apply to multiple offices with multiple workers through various channels, and must provide the same information over and over, which is then stored in different systems that don’t interoperate well. By integrating our systems and service delivery model, Oregon has an opportunity to coordinate benefits. These benefits are currently calculated manually. Workers take information and put it into various systems. There are over 30 Legacy systems needed to complete the work related to these programs, followed by manually determining which exclusions to apply, what benefits should be associated, what the outcome is, and what notices to be sent.

While Oregon has had relatively high accuracy rates in contrast to national averages, moving into a system with automated rules provides opportunities for DHS to work on standardization and coordination to limit the risks identified.

The greatest opportunity is that DHS will be able to better serve Oregonians. Any integration of systems is difficult but with the integration of enrollment and eligibility systems, there will exist standardized processes to apply for Medicaid, SNAP, TANF, and ERDC. Oregonians will be able to apply online or in an office, provide changes and updates from their homes, and see a single coordinated output of what benefits they are eligible for. They will be able to talk to workers who will be cross-trained on programs and able to view information from a single system for most of the financial eligibility benefits individuals are applying for. DHS and OHA will have an updated platform that can conform to federal and State expectations, and allow for opportunities over the next decade to increase automation and access for Oregonians in ways that cannot be offered today. Ultimately this solves the greatest problem and provides the greatest opportunity for eliminating an answer of, “I don’t know.” A single system, a coordinated approach to eligibility, and a stable platform of care for Oregonians that is about serving them in the way they want to be served, will allow us to focus on accurate and effective customer service for some of the most vulnerable Oregonians.

1.5 Alternatives Analysis

Both business case versions 1.1 and 2.0 explored the four Alternatives identified below:

1. Implement Non-MAGI Medicaid Eligibility Determination into the ONE System
2. Implement Integrated Eligibility Determination into the ONE System
3. Acquire External Eligibility Determination Services from another State
4. Do Nothing

Alternative #1 was originally estimated to cost $80.3 million and conclude in December 2018. Additional costs would be incurred now because the *benefind* code would have to be reworked to eliminate the functionality associated with SNAP, TANF, and ERDC. There would be the loss of a significant investment already made in terms of fit-gap, design, development, and human resource to incorporate these additional programs into an integrated system.

Alternative #2 was selected in both cases and the Project Team proceeded accordingly. Given that this Project is now approximately 35% complete, with initial system design nearly complete, and with code development in progress, there is significant risk and cost associated with each option that deviates from the current course, or Alternative #2.

Alternative #3 is not a viable option as there are no service models across the nation that support Oregon acquiring services from another State.

Alternative #4 would require continued spending for Project shutdown activities and vendor contract resolution but the cost of system design and development would be stopped. This Alternative would likely prompt several federal audits that would jeopardize current program funding streams until complete. Oregon would likely be required to pay back federal funds expended to date. Overall, this is the least desirable Alternative of those identified.

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1.6 Conclusions and Recommendations

Continuing with Alternative #2 DDI is the best option at this stage of the Project. It is supported by agency leadership and Project governance. Given the ONE system as a stable base to build from and the shared code from Kentucky (*benefind)*, the methodology employed has been proven successful, using the ONE System as an example. With continued availability of enhanced federal funding, timing is right to offset significant Project cost ($282.1 million federal funding of the estimated $342.1 million total Project cost). The Project Team can now also manage the Project against a solid and actionable scope, schedule, and budget. Failure to act now on this opportunity would have significant adverse effects, such as:

- Service delivery would continue in the current model, meaning the same frustration with the system from end-users and clients would persist, as well as error rates and lack of checks and balances.
- There would be a loss of federal funding and it is likely audits would be triggered.
- There would be a loss of confidence in the State's ability to execute a modernization program.
- There would be damage to the reputation of the State of Oregon.
- There may be accompanying increases in operational costs because of lost federal funding and continuing to operate antiquated systems.
- There would be a loss of the investment already made in delivering intended functionality to Oregonians.

The Project Team is highly recommending continuation of Project execution in alignment with Alternative #2. Cost detail for this Alternative can be found in the Project Budget attached as Appendix C.

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2 Background

2.1 Current State of DHS Eligibility Work

Most of the systems supporting DHS eligibility determination processes were designed and built in the 1970s and early 1980s. Many of these systems have been modified repeatedly to address the vast number of eligibility, service authorization, and payment rule and policy changes that have occurred since then.

2.2 MAGI Medicaid Eligibility Operations

2.2.1 Kentucky Transfer System (*kynect*)

In 2013, Kentucky's Cabinet for Health & Family Services (CHFS) embarked on an ambitious information technology (IT) modernization program to replace a collection of legacy systems that supported Health and Human Services programs. The cabinet's goal was to modernize IT solutions to improve delivery of services and increase worker productivity while maximizing the funding opportunities available from the Affordable Care Act and CMS 90/10 funding. The modernization program, called Kentucky Connect (kynect) included implementation of a state-based Health Insurance Market Place, an eligibility and enrollment system for MAGI Medicaid applicants, and several other enterprise IT capabilities. Kentucky will realize the following outcomes as a direct result of the modernization program:

- *Streamlined Field Operations*– Increased worker productivity, simplified process steps, reduced case processing cycle times, and reduction in total administrative costs of delivering benefits.
- *Transformed Service Delivery* – Transformed service delivery, providing multiple channels of access (walk-in, online, mail, call centers, fax, mobile, imaging, etc.), and interactive processing across geographic units.
- *Program Compliance and Monitoring of Fraud and Error* – Flexibility for worker performance while maintaining strict adherence to program mandated compliance through checkpoints and controls for measurement and proactive response.

As Oregon's designated Medicaid agency, OHA recently implemented a new system for MAGI Medicaid eligibility determinations. That system is called OregONEligibility, or ONE, and is the result of the State of Kentucky sharing the *kynect* code base with the State of Oregon. Originally built by Deloitte Consulting, *kynect* operated as the MAGI Medicaid eligibility determination system of record for more than a year before OHA signed an agreement with the Kentucky Cabinet for Health & Family Services to share their code and associated documentation with the State of Oregon. Oregon then performed a Fit-Gap analysis on Kentucky's code in relation to Oregon's needs. The transferred code was modified as necessary and is now operating as a production system in Oregon's State Data Center. The ONE system will be used by OHA to make approximately 900,000 individual MAGI Medicaid eligibility determinations and redeterminations each year.

OHA accepted the *kynect* production system as meeting the bulk of its business needs and therefore made very few technical changes to the system, instead focusing on making policy and process changes to its business wherever feasible to minimize the risk with the initial system implementation in Oregon.

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2.2.2 Phased Implementation

OHA implemented the ONE system in phases. First, in December 2015, it enabled the Worker Portal for use by eligibility workers to determine MAGI Medicaid eligibility for applicants who apply by mail, fax, phone, or through the Federally Facilitated Marketplace (FFM) at Healthcare.gov.

In February 2016, it implemented a customer facing Applicant Portal, initially limiting access to certain community partners that help Oregonians with MAGI Medicaid benefits and to report changes. The Applicant Portal went live to all Oregonians in December 2016. The Applicant Portal allows Oregonians and community partner assistors to enter and update income, family composition, address and other eligibility-related information, upload documents, communicate with workers assigned to their cases, and participate in re-certification activities, all without having to fill out paper forms, visit a field office, or contact a call center. Over 850,000 Oregonians are now receiving benefits through the ONE system.

2.3 *kynect* becomes *benefind*

The Kentucky state-based marketplace preferred *kynect* to have the look and feel of searching for private insurance rather than state programs, so they developed a separate applicant portal for other human service programs and called it *benefind*. The *benefind* system code was also shared with the State of Oregon as the basis for extending eligibility and enrollment determinations to include Non-MAGI Medicaid, SNAP, TANF, and ERDC. See Appendix G for functionality included in the *kynect/benefind* system. Appendix H, comparing Oregon's needs to Kentucky's *benefind* system, was used to determine if there were enough similarities between the two state's programs to justify obtaining this code as a transfer solution and performing the subsequent Fit-Gap Analysis.

2.4 Non-MAGI Medicaid Eligibility Operations

DHS and AAA staff make more than 150,000 Non-MAGI Medicaid eligibility determinations every year. DHS and OHA's Forecast for the 2017-2019 Biennium estimates the following caseloads:

- Clients of Aged, Blind, and Disabled programs (84,533 cases as of December 2017)
- Clients of the Old Age Assistance program (44,418 cases as of December 2017)
- Clients of the Qualified Medicare Beneficiaries program (27,469 cases as of December 2017)
- Medicare Part A and Medicare Part B supplemental payments (103,461 cases as of December 2017)

Roughly half of those determinations are made by DHS staff in local offices of the department's Aging and People with Disabilities (APD) program. The remainder are made by Area Agency on Aging (AAA) staff in Marion, Polk, Yamhill, Tillamook, Clatsop, Multnomah, Lane, Linn, Lincoln and Benton counties. (Area Agencies on Aging are typically county-chartered organizations that provide assistance and services for people over the age of 65 and people with disabilities who need assistance. In the Oregon counties listed above, AAA deliver DHS's APD Medicaid program under contract with the department, including making initial and ongoing financial eligibility determinations.)

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The Non-MAGI Medicaid eligibility caseload is projected to grow about nine percent over the next four years. Without any improved efficiency in making eligibility determinations, the added case load could require 25 or more eligibility workers at a cost of over $2 million annually to be hired, trained, and deployed across the state to come into standard with the current workload model.

The process of taking applications, reviewing them, and making Non-MAGI Medicaid eligibility determinations is often expensive, slow, and error-prone. For example, recent measures of Non-MAGI Medicaid cases found workers spend an average of 28 minutes screening each application and taking another 110 minutes to make the eligibility determinations. This is for a case that doesn't take coordination. If the case has a connection to a MAGI or medical case, then there is an average of 5 touches back and forth between different workers before a decision to move forward is completed. After the coordination is completed there is, according to a program integrity review, at least a 15% chance that the change won't take effect because of system issues in attempting to integrate across multiple systems (ONE, IE, CM, ORKids, and MMIS).

2.5 Integrated Eligibility (SNAP, TANF, ERDC) Operations

DHS and AAA staff make approximately 130,000 SNAP eligibility determinations every year for APD program clients. (Those 130,000 households include roughly 155,000 individuals.)

Self-Sufficiency Program (SSP) staff make the remainder of the eligibility determinations for SNAP, and make eligibility determinations for the TANF and ERDC programs. The SSP caseload is approximately:

- SNAP: ~285,000 cases (~580,000 individuals)
- TANF: ~23,800 cases (62,800 individuals)
- ERDC: ~7,700 cases (23,545 individuals)

The Spring 2016 DHS/OHA Caseload Forecast predicts a decline in the average number of SNAP cases between the 2015-2017 biennium and the 2017-2019 biennium (from roughly 406,000 households to approximately 371,000 households). The proportion of SNAP cases that are managed in APD/AAA offices is expected to continue to grow. The forecast projects a decline in the number of TANF cases from roughly 23,500 to 20,600 over the same period.

Errors occur in these programs as well. Recent internal quality control review data for the SNAP program found that in a sample of cases where applicants were determined to be ineligible, that decision was inaccurate more than 19 percent of the time. In a sample of SNAP-eligible cases, the difference between the benefit amount awarded and the correct amount averaged a little less than 3 percent of the benefit amount. (Some errors were overpayments. Others were underpayments.) In the TANF program, the difference between the amount awarded and the correct amount exceeded 28 percent of the benefit amount.

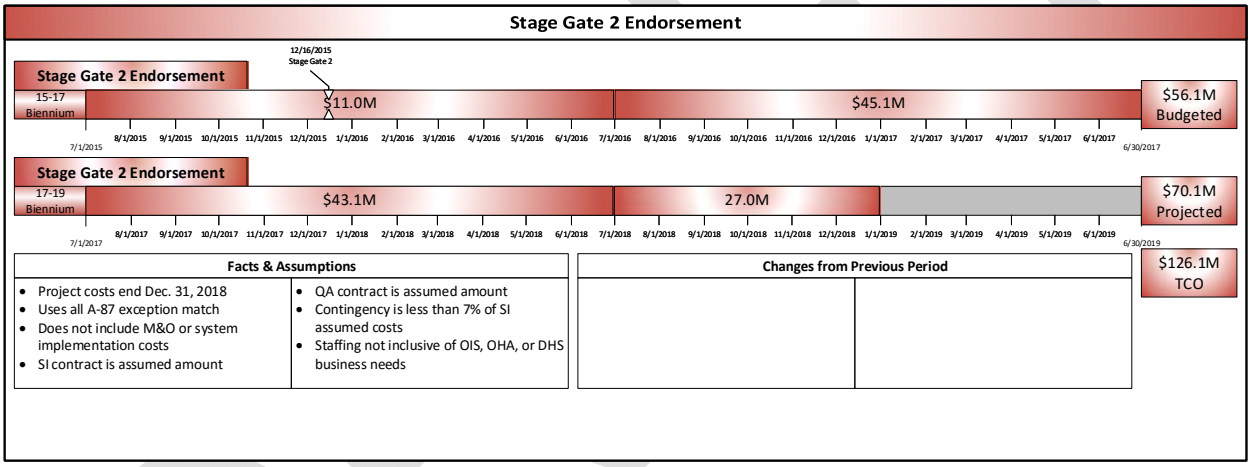
2.6 Schedule Changes Since Last Update

The project timeline has been updated from previous submissions. As Oregon explored work through the iterative design sessions, it became apparent that we needed a shift in our operational model. A decision was made to delegate all Medicaid eligibility determination work

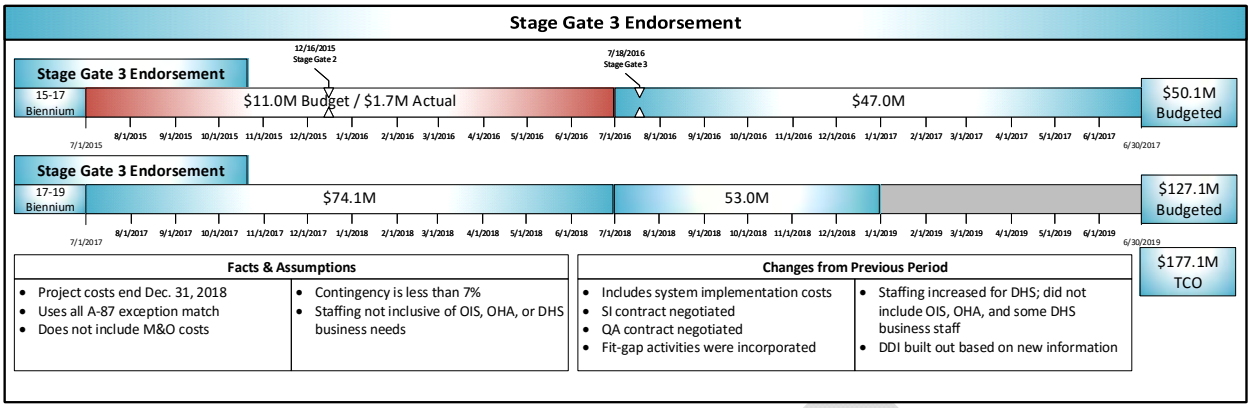
to DHS. As OHA and DHS further engaged with the design and explored opportunities and lessons learned from the initial ONE implementation and other States' experience, Oregon updated the schedule. Additional time for pilot, testing, and the wave roll-outs were added to the schedule. Oregon also contracted with Deloitte to assist with the Legacy Design work with the intent of insuring that Oregon's Office of Information Services (OIS) understands the total scope of work needed and to avoid issues that other States experienced with their projects. As this work continues, Oregon may adjust the Project schedule to ensure that we are accounting for all the opportunities we need to consider in ensuring a quality product is delivered and ultimate accountability to our federal partners and Oregonians is met.

2.7 Project Changes Since Initiation

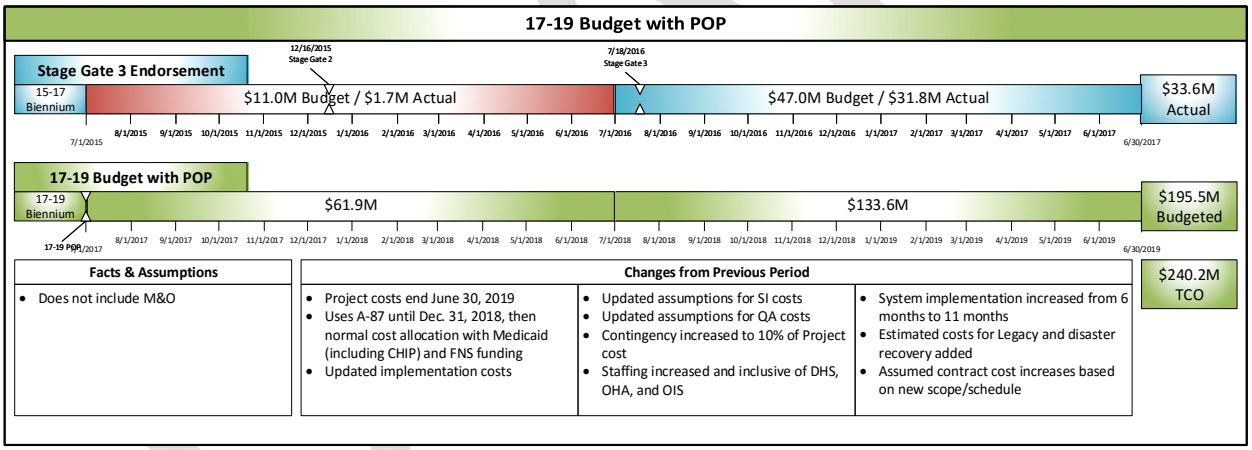
Business Case version 1.1, dated December 16, 2015, was utilized for Stage Gate 2 endorsement. As indicated in the graphic below, there was an estimated Project cost of $126 million with a plan for product availability in December 2018. Product implementation and people readiness activities were not incorporated in this version.



Business Case version 2.0, dated July 18, 2016, was an update for Stage Gate 3 endorsement. The graphic below estimates Project cost to be $177.1 million with a plan for implementation through December 2018. This plan refined SI and QA contract costs and incorporated fit/gap activities. In this estimate were increased staffing for DHS but did not include many needed OIS or business resources from OHA and some of DHS.

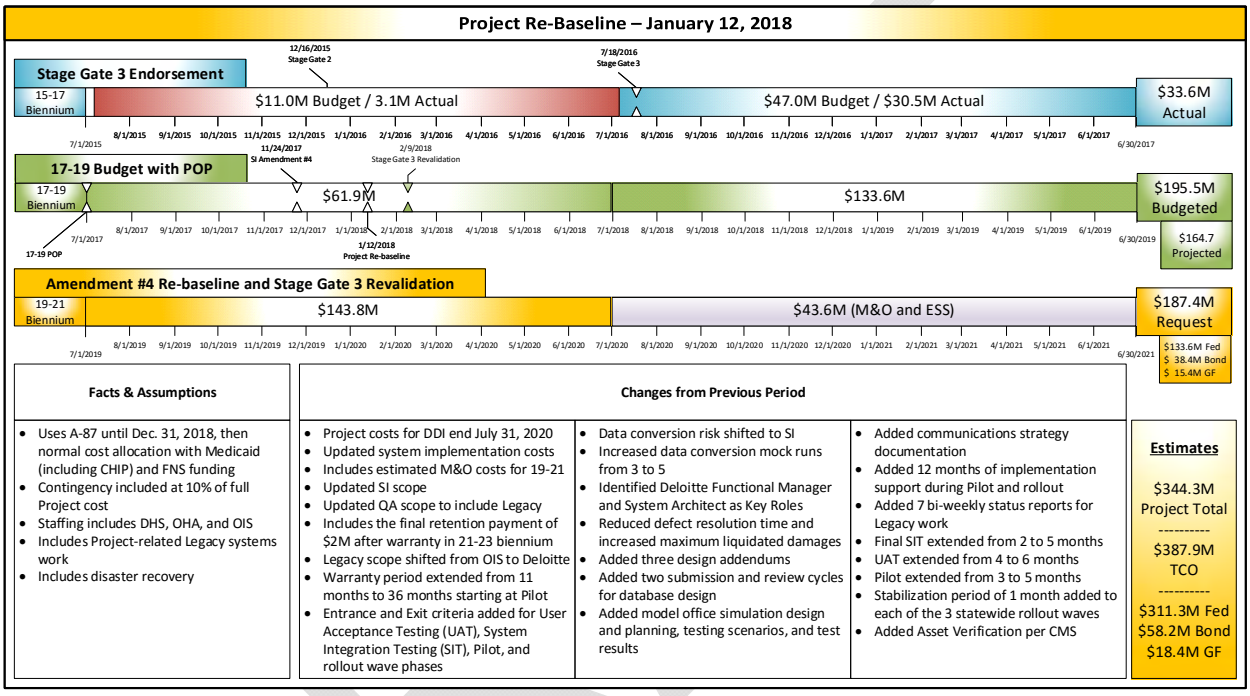


In the 17-19 budget development process, the Project Team received go-forward approval from Project governance after an impact analysis and risk assessment were conducted to validate the viability of a go-forward option. There was an additional $63 million cost identified to extend the Project duration to June 2019, and to incorporate additional staffing needed for an implementation that was increased from 6 months to 11 months. Additionally, Legacy systems design and development were added for both the State and the SI, as well as funding needed for disaster recovery. The SI contract Amendment amount was approximated. Contingency funds were also added to the budget to reflect a 10% prudent person reserve. The total Project cost was estimated to be $240.2 million with $195 million needed for the 17-19 biennium.



The SI contract Amendment was completed in November 2017. The duration of the Project was again extended such that Pilot implementation will begin in September 2019, followed by 3 one-month waves of roll-out and one month stabilization period between each wave. This schedule indicates a complete state-wide deployment by the end of July 2020. There were also extensions of time by adding two extra data conversion mock runs (from 3 to 5), adding 3 design addendums, increasing final System Integration Testing (SIT) from 2 months to 5 months, Pilot implementation from 3 months to 5 months, and User Acceptance Testing (UAT) from 4 months to 6 months. Other additions to scope included the addition of Model office simulation design and planning, communications strategy documentation, updates to QA scope to include ONE/ESS and Legacy design and development, warranty period extension from 11

months to 36 months, and other items identified in the graphic below. These changes increased the Project cost from $240.2 million to an estimated $344.3 million, but with the schedule extension, some of the SI and QA deliverable costs were shifted from the 17-19 biennium to the 19-21 biennium. As such, the Project Team is estimating an ending balance of approximately $30 million at the end of the 17-19 biennium. The 19-21 budget request will be further refined prior to the budget development process but acknowledges there will be funding needed to complete testing and implementation, as well as for Maintenance and Operations (M&O) and Enhancement Support Services (ESS).



3 Problems and Opportunity Definition

3.1 Problems

One of the most common complaints from both clients and workers is the lack of integration between and across DHS and OHA systems, resulting in the need for the same information to be provided and entered into multiple systems. Clients are frequently frustrated with having to provide the same demographic and financial information over and over when applying for different program benefits. Caseworkers are frustrated by the lack of client and case visibility across programs. That forces them to open many systems and juggle many views into those systems simultaneously as they interview clients and process cases. Oftentimes, they don't have access to systems or parts of systems that are needed to support clients effectively.

A good example of this is cases where a worker in an APD/AAA office evaluates a client's eligibility for medical assistance and SNAP and determines the client is SNAP-eligible only. This case will be referred from the APD/AAA office to an SSP office for ongoing case management. The information system used in the APD office (OregonAccess) does not have an interface to the system used in the SSP office (TRACS) so data must either be transferred with a cut-and-paste operation, re-entered from a paper application, or collected from the client again.

Case transfers in the opposite direction (from an SSP office to an APD or AAA office) are also problematic. Anecdotal reports include times where these transferred cases went unnoticed for three to six months. This problem should be resolved by integrating the systems such that handoffs to other agency processing centers is no longer required. Additionally, the new system is tasked based vice case based, meaning workers will monitor a queue that is shared by all. Other reports noted that the likelihood of fraud increases when a household is split between an SSP branch and an APD/AAA branch due to the absence of connections between the systems.

Similar, and often more complicated, coordination problems arise for clients of the Intellectual and Developmental Disabilities (IDD) program. The case managers who provide case coordination for long term care or support in the IDD program are predominantly employees of local county-run Community Developmental Disabilities Programs (CDDP) and Adult Support Service Brokerages. While these offices are under contract with DHS to provide case coordination for IDD services, they do not manage the Medicaid financial eligibility case for their clients. This leaves clients and their families in the position of having to contact and work with the APD or AAA branch closest to their home location. Because service cases are managed in multiple legacy systems, which differ from the systems in which the medical eligibility cases are managed, complex and time-consuming human intervention is required to assure both medical and long-term service benefits are maintained and managed correctly.

3.2 Opportunities

In an integrated solution, the problems described above no longer exist because caseworkers will enter client data once for all in-scope eligibility determinations and they will be cross-trained on these DHS and OHA eligibility-based systems such that clients do not need to be redirected to a different field office. There are other factors identified below that make now the right time to continue expanding the ONE system to include eligibility and enrollment functionality for Non-MAGI Medicaid, SNAP, TANF, and ERDC systems, at a minimum.

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3.2.1 MAGI Medicaid Eligibility System

The ONE system has been in production since December 2015 and has undergone many enhancements and upgrades since that time. There is now opportunity to extend this system to align with the intended outcomes of the IE & ME Project. Examples include:

- Oregonians can set-up an account, apply for and receive real-time eligibility determinations for Medicaid (both MAGI and Non-MAGI), SNAP, TANF, and ERDC using a single application via the Applicant Portal
- Coordination of eligibility determination work between DHS and OHA for mixed households
- Electronic verification information sources minimize documentation that the client will be required to provide
- Operational reports that will allow for workload management across eligibility determination caseloads
- Single system for eligibility determination data for accurate reporting to federal partners
- Centralized and verified enrollment data available for Coordinated Care Organizations for MAGI & Non-MAGI clients
- Consistent high-quality data source for reporting CMS-mandated operational statistics
- Automating manual processes in order to:
    - Reducing the elapsed time between completing an application and making an eligibility determination
    - Reducing staff time spent creating, reviewing, and acting on each application
    - Reducing error rates in making eligibility determinations

3.2.2 Federal Partnership

3.2.2.1 A-87 Cost Allocation Exception

On August 10, 2011, three federal agencies, CMS, FNS, and ACF announced a time-limited, specific exception to the cost allocation requirements set forth in Office of Management and Budget (OMB) Circular A-87 (Section C.3) and Section 200.405 of the superseding “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards” (2 CFR 200 issued December 19, 2014). These provisions generally require the costs associated with building shared state-based information technology systems to be allocated across all benefitting programs. The exception reflected a federal focus on streamlining enrollment and eligibility determinations in health and human services programs while leveraging funding efficiencies at the state-level.

3.2.2.2 Timeline Extension

The original timeline allowed human services programs to benefit from investments in the design and development of state eligibility-determination systems for state-operated Marketplaces, Medicaid, and the Children’s Health Insurance Program (CHIP), through December 31, 2015. On July 20, 2015, the three agencies extended that timeline for an additional 3 years, through December 31, 2018.

The A-87 exception extension, along with an indefinite extension of enhanced Federal funding for Medicaid systems, will enable states to fund the initial development costs needed to retire their legacy eligibility determination systems and to integrate this functionality into new and improved systems. Moreover, the extension will provide states more time to develop, refine, or test integrated systems to fully comply with Affordable Care Act requirements.

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In support of DHS' integrated ONE IE & ME Project, CMS will fund all system components necessary for Medicaid eligibility determinations, including those components that also serve other programs, at its 90/10 match rate. FNS will fund SNAP-only components at its 50/50 match rate, and ACF will allow the state to utilize TANF and ERDC funds to support the development of components that were confined to those programs. After December 2018, CMS will continue to fund Medicaid components at the 90/10 match rate but functionality benefitting all enrollment and eligibility determination programs will need to be allocated at 90/10 Medicaid and 50/50 for SNAP, TANF, and ERDC.

CMS and FNS approved federal fiscal year 2017 funding for project design and development work. The Project Team has regular monthly status reports and status meetings with these federal partners.

3.2.3 System Design

IE & ME Core Design, Conversion Design, and Legacy Design is approximately 90% complete with scheduled completion at the end of March 2018. There is now a greater understanding of system functionality, requirements, and outcomes.

3.2.4 Contract Amendments

3.2.4.1 System Integrator Contract Amendment #4 with Deloitte Consulting.

The SI Amendment #4 to Statement of Work (SOW) #2 for design, development, and implementation (DDI) of the ONE IE & ME system was crafted to capture changes that had been presented to the Legislature during the 17-19 biennium budget process in the form of a Policy Option Package (POP) that extended the duration of the Project and associated costs. This Amendment effectively shifted design scope of the larger and/or more complex Legacy systems from State staff to the SI. Additionally, this Amendment provided the following benefits:

- Contract language position improvements:
    - Warranty Period extended from 11 months to 36 months starting at Pilot.
    - Entrance and Exit criteria added for User Acceptance Testing (UAT), System Integration Testing (SIT), Pilot, and rollout wave phases.
    - Data conversion risk reduction:
        - If the data conversion approach fails to deliver results in accordance with the design or the mock run targets, then the SI will bear its own costs relating to revisions in the data conversion design and the data conversion source code.
        - Increased the number of data conversion mock runs from three to five.
        - Resolved differing opinions regarding the scope of the SI's data conversion extraction and transformation services for Other Related Individuals.
    - Identified two additional SI roles (Functional Mnaager and System Architect) as Key Persons.
    - Service Level Agreements (SLAs): Reduced resolution time for Severity Level 3 Defects and increased the maximu liquidated ddamages per incident form some metrics.
- Deliverable adjustments:

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  - Added three design addenda to incorporate limited functional modifications, as prioritized by the State, to meet business requirements and complete system implementation.
  - Added two submission and review cycles for the Database Design – Data Dictionary, Logical Design, and Physical Design.
  - Added Model Office Simulation design and planning, testing scenarios, and test results.
  - Added communications strategy documentation.
  - Added twelve months of implementation support services during the Pilot and statewide rollout.
  - Added seven bi-weekly status reports to the legacy documentation and design work (SOW #3).
- Increase to Other Support Services:
  - Added $6 million to the Other Support Services funds.
- Schedule adjustments:
  - Final SIT duration extended from two months to five months and aligned with legacy system availability to enable end-to-end testing.
  - UAT duration extended from four months to six months.
  - Pilot duration extended from three months to five months.
  - A one-month stabilization period has been added to each of the threed statewide rollout waves.

The cost for SI services with this Amendment increased from $100 million to $166 million.

Responsibilities between the State and Deloitte in the execution of this Amendment are included as Appendix J.

3.2.4.2 Quality Assurance Contract Amendment #3 with Public Knowledge, LLC.

The QA Amendment #3 to SOW #2 expanded the scope of QA services provided by Public Knowledge, LLC to include modifications to impacted legacy systems, the incorporation of the ONE System Enhancements, and other changes to align with the revised scope and schedule of the Project. ONE System Enhancements means enhancements made to the ONE System through either maintenance and operations (M&O) releases or enhancement support services (ESS) releases. This Amendment has been approved by CMS. FNS approval is pending.

The cost for QA services with this Amendment increased from $4 million to $8.6 million.

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3.2.5 Re-Baselined Scope, Schedule, and Budget.

With the Amendments above, the scope, schedule, and budget were re-baselined. These Project artifacts are attached as Appendices A, B, and C respectively.

3.2.6 *benefind* Code Availability.

As the State of Kentucky expanded their enrollment and eligibility services from their *kynect* product, new functionality they called *benefind* became available for State of Oregon use. This transfer solution is being put in place to the maximum extent practicable in the build of Oregon's new integrated system.

3.2.7 House Bill 2219 (2015) – Single Streamlined Application for Human Service Programs

HB 2219, effective June 2, 2015, required DHS to convene a work group consisting of "human service agencies" to study consolidation of application processes for human and social services and to report recommendation to the Legislative Assembly. This report was submitted to the Legislature on August 15, 2016. In this report, four recommendations were identified and are summarized below:

> Recommendation 1: Develop a single application for financial eligibility for DHS and OHA programs. Convene a cross organization recommending body to develop criteria for the sequence and addition of other agency programs.
>
> Recommendation 2: Take the opportunity with the IE & ME Project to review and revise the application language. Application assistors have provided feedback that current application language can be confusing and potentially trigger trauma for applicants.
>
> Recommendation 3: Utilize the HB2219 work group to research the health and human services program screening tool(s) currently being used in Oregon and explore their functionality, accuracy, maintenance and usage.
>
> Recommendation 4: Continue the HB2219 work group to research and explore the possibility of sharing basic applicant information across programs/agencies, when applicable, to reduce duplication and enhance services to Oregonians.

The consolidated application will allow people to apply for and obtain assistance in accessing food, housing, medical care, education, employment services, child care and other social services. A consolidated application process is expected to: 1) decrease the time an applicant spends filling out similar paperwork for different programs, 2) decrease the time agency staff spend processing paperwork, 3) reduce the burden on applicants to navigate their own way through a complex system of programs, and 4) correctly and appropriately determine eligibility through a common, standards-based process. Eligible Oregonians would get a quick and accurate determination, and those who are not eligible would be promptly notified.

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3.2.8 Meeting Citizen Expectations

Today's consumers increasingly communicate in real time via web-based services accessed from virtually anywhere. Technological advances and experiences in consumer marketplaces have resulted in DHS customer expectations that are much higher than they were just a few years ago. Citizens expect to be able to access information about government programs simply and quickly. They expect to be able to find information and connect with programs without needing to first figure out which programs and benefits are administered by which agencies and levels of government. Some people are beginning to demand virtual "one stop shops" where they can connect with government programs from all agencies that serve people in circumstances like theirs. They expect to access benefits and services without having to report physically to a field office or having to fill out paper forms. They expect online government services to set and meet the highest possible standards for security, confidentiality, and data privacy.

With the new integrated system and associated Applicant Portal, Oregonians will be able to apply for benefits, update case information, upload documents, and determine eligibility across multiple systems from anywhere in the world that they can obtain Internet connectivity.

3.2.9 Field Operations Efficiencies

Eligibility decisions will occur in a timelier fashion with the delivery of an integrated eligibility system. Workers will not be downloading paper applications, manually entering information into multiple screens, or performing manual verification checks in multiple systems. This will result in fewer processing errors and greater integrity of the data in the system. Accuracy of eligibility decisions and benefit amounts will also increase with automation of these activities.

DHS and OHA will be updating the service delivery model to include two levels of office interaction. Virtual Eligibility Centers (VEC) will be established in rural communities where workers will process information coming through the phone or an online application. This creates rural jobs and will build an infrastructure to support the growing movement away from brick-and-mortar offices. Oregonians will continue to have access to offices where services are currently provided. They will also have 24-hour access to information about the status of their eligibility cases. The ability for customers to update their own personal information, with automated processing of those updates, will save worker time in the DHS offices. It will also allow for more efficient communications between workers and their assigned customers, with the ability for customers to email their worker at any time of the day with information or questions about their case.

Staff in DHS and AAA offices will be able to spend more time with people, assisting them with their needs, and less time with paper processes and files. Additionally, DHS staff who are serving customer needs in their own homes, or places of residence, will be able to access information from those locations and update information. This allows for the worker to save time once they are back in the office, as the updates will already be complete. They will no longer have to upload and update information upon return to the office.

While we expect these efficiencies and opportunities, the majority of these will not be seen for at least 18 months, post implementation. In order to automate eligibility and allow Oregonians to be able to provide information, additional questions and functionality is required. These additional fields, which don't exist today and therefore cannot be data converted into the ONE

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system, along with change management have been correlated nationwide with longer eligibility determination times for the first year and a half.

3.2.10 Alignment with Strategic Technology Plan

The DHS/OHA Strategic Technology Plan (STP) includes many strategies that the ONE IE & ME Project will support. Strategy #1 in that plan is titled Business Automation and calls for the automation of workflows, decision-making, and business rules while reducing manual, paper-based processes. This project will automate workflows and the application of business rules in each of the programs within its scope. Strategy #2, Dynamic Needs Supported by Seamless Services, is evident in that this project includes many programs in its “one stop shop” for citizens. Similarly, an integrated eligibility system will provide advances in pursuit of Strategy #5, which calls for assembling a “comprehensive view of clients.” The STP also calls for enabling connectivity “anytime, anywhere,” encouraging the development of on-line self-service capabilities for clients and mobile virtual workplaces for agency staff. An integrated eligibility determination system will provide that functionality. More information related to Project alignment with the STP is attached as Appendix I.

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4 Alternatives

In version 1.1 of this business case, which was utilized for Stage Gate 2 endorsement, four alternatives for the Project were identified and analyzed. They were:

- Implement Non-MAGI Medicaid Eligibility Determination into the ONE system
- Implement Integrated Eligibility Determination into the ONE system
- Acquire External Eligibility Services from Another State
- Do Nothing

The second option was selected, meaning the intent was to extend the functionality and derived benefits of the ONE system to include Non-MAGI Medicaid, SNAP, TANF, and ERDC. Business case v1.1 is included in this document for reference as Appendix D.

In version 2.0 of this business case, which was utilized for Stage Gate 3 endorsement, these same four alternatives were recognized but only options #2 and #4 above were compared further. Business case v2.0 is included for reference as Appendix E.

This version of the business case contains updated information about changes to scope, schedule, budget, and risks. Assumptions and constraints have been updated, validated, and utilized to determine the best course of action (Alternative) going forward.

4.1 Assumptions and Constraints

Below are assumptions considered in the Alternatives Analysis (Section 4.4).

- DHS and OHA leaders support a strategy of minimizing the amount of customization when transferring Kentucky's solution to Oregon. This requires a willingness to change policies and procedures rather than changing the system whenever practicable.
- The Project Team will sufficiently orchestrate the ONE operations and maintenance work, the ONE MAGI enhancement efforts, and the IE & ME system development such that none prevent the others from being successful.
- CMS and FNS will provide timely approval plans for the IE & ME system development throughout the duration of the Project. The approval process is at least 60 days, with the review cycle restarting if there are document revisions.
- The legislature will continue to financially support the IE & ME Project, including providing necessary funding for the maintenance and operations of the new system.
- Per the MOU between OHA and DHS signed in April 2017, OHA will delegate Medicaid eligibility determination to DHS. This transition will occur before the new system goes live.
- A separate open and competitive RFP will be issued for the long-term Maintenance and Operations (M & O) of the new system after Project completion. Deloitte Consulting will provide these services by way of a contract Amendment until a new contract is awarded.
- MAGI Medicaid-related enhancements to the ONE System will be performed by Deloitte Consulting.

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- The Legacy systems documentation will be updated in a timely manner to support the design of the IE & ME system and its interfaces.
- Case management will still be performed in Legacy systems such as TRACS and ORACCESS and will be shared with the new system with interfaces, as appropriate.
- Deloitte will assist in documenting the design of key Legacy system changes and interfaces to support their use with the Integrated ONE System.
- Appropriate modifications to the existing service delivery model and business processes will enable Oregonians to access benefits via Storefronts, the Applicant Portal, or through Virtual Eligibility Centers (VECs).
- Training will be holistic. It will encompass enrollment, eligibility, and benefit issuances in both the new ONE system and the modified Legacy systems.
- The existing ONE system will be merged into the new IE & ME system.
- The roll-out will be conducted in a phased approach. There will be a five-month Pilot period, implementing the new system in both Jackson and Josephine Counties. Following the Pilot, implementation in the remainder of the State will be accomplished in three one-month waves with a one-month stabilization period following each wave.
- Key staff (business leaders, program and policy experts, field/operations representatives, technical experts, clients and potential clients, community partners, counties, and tribes) will be made available in sufficient numbers to the Project when they are needed.
- Changes to the MMIS system will be completed in a timeframe consistent with the IE & ME schedule.
- People readiness for field/operations representatives and other stakeholders will be achieved throughout the IE & ME Project, and will be completed prior to “go-live.”
- DHS and OHA will continue to receive authority to connect, and to utilize the Federal Marketplace.
- ETS will provide timely and consistent services throughout the life of the IE & ME Project and will provide necessary services for the implementation, operation, and maintenance of the new Integrated ONE system.
- There will be continued gubernatorial, OSCIO, and legislative support for the Project.
- All parties to the MOU will continue to abide by the agreement.

The project is subject to these constraints:

- CMS will not provide enhanced funding for a Non-MAGI Medicaid solution that is separate from ONE.
- The exception to the OMB Circular A-87 cost allocation requirements to support integration of other human service programs into the ONE system will expire at the end of December 2018.
- The IE & ME System Integration Testing #2 cannot be performed until ONE, Legacy, and MMIS development and testing is complete.

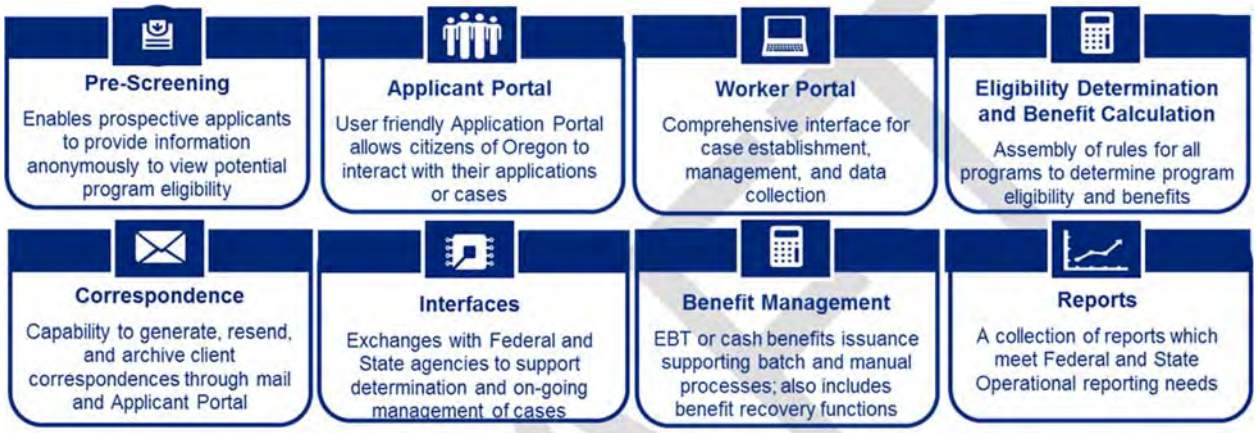
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- State and Federal mandates that require changes will need to be implemented during the Project if they cannot be deferred.

4.2 Solution Requirements

4.2.1 High Level Functional Requirements

The following represents the IE & ME Project high-level business functionality:



Pre-Screening – The Pre-Screening module in the Applicant Portal enables prospective applicants to provide a minimal set of information to the system anonymously to see the programs for which they may qualify. The module will include assessment capabilities for all programs offered by Integrated ONE, including Medicaid (MAGI & Non-MAGI), SNAP, TANF, and ERDC. It is important to note that the pre-screening process is not an official eligibility determination and individuals must formally apply in the Applicant Portal or by contacting a DHS or an OHA office. The data collected during Pre-Screening will be saved.

Applicant Portal (AP) – The Applicant Portal enables the registered users' access to the system to apply for benefits as well as to enable them to take action on their ongoing benefits. The applicant portal allows users to apply for Medicaid (MAGI & Non-MAGI), SNAP, TANF, and ERDC as a part of an Integrated ONE application. The citizens will be able to take actions on their ongoing applications or cases including to report a change, to recertify, to withdraw an application, to discontinue an ongoing program, to upload documents, to view Request for Information (RFI) notices, and/or to start a new application. It will also include additional functionality such as the ability to request an appeal or hearing, to request an EBT or Medicaid Card, to view claims or facts regarding disqualification, to view a TANF summary, and/or to submit a SNAP application. The applicant portal will provide role-based dashboards and will incorporate the user account creation process that is currently established in the MAGI Medicaid ONE system Applicant Portal.

Worker Portal (WP) – Worker Portal allows case workers to manage the lifecycle of an application or case by providing functionality to perform intake on new applications, to determine eligibility and benefit amounts based on the data provided during intake, and/or to disburse benefits and process case changes. It also contains modules for support-functions like

appointments, task management, hearings and appeals, and complaints to help the workers perform daily activities.

Eligibility Determination and Benefit Calculation (EDBC) – As the central repository for business rules defined by policy and administrative procedure, EDBC is the module where the Integrated ONE system determines each person's eligibility and benefit level based on the information collected through the worker or applicant portal and verification status of key data elements that affect eligibility (income, resources, citizenship, etc.) For Medicaid programs, eligibility determination is limited to financial eligibility for Medicaid. Service eligibility determination and authorization for Medicaid and other SSP case management services are not in scope for the initial implementation. For the purposes of determining financial eligibility, the eligibility rules engine will evaluate individuals and households through multiple modules to confirm their compliance with both state and federal program rules. All eligible individuals will be included in the benefit group which will be used to determine the benefit amount or ERDC days of care the individual may receive.

Correspondence – The correspondence module generates the notices required to support a case life cycle. Integrated ONE system generates the notices, which are automatically forwarded to the State's centralized print center for printing and mailing. Case Workers will have the ability to review the notices and determine the accuracy before these notices are mailed out as part of the nightly batch processing cycle.

Interfaces – Interfaces are a critical component of the Integrated ONE system. Interfaces are required to share data with federal agencies, other State agencies and systems, and Trusted Data Sources (TDS) to support critical business processes such as verification, fraud detection, federal reporting, benefit issuance, and recovery. The system will use both batch and real-time interfaces to meet the business needs.

Benefit Management – The Benefit Management module supports two key functions – benefit issuance and benefit recovery. The benefit issuance function allows for automatic benefit issuance through Electronic Benefit Transfer (EBT) cards, checks and direct deposit through Electronic Fund Transfer (EFT). The function also allows authorized users to issue benefits manually outside the constraints of eligibility, if necessary.

The Benefit Recovery function determines overpayments against issued benefits because of case changes. Overpayments are referred to the ICM (Claims Management) System for establishing and maintaining claims. A certain portion of the benefit amount is recouped from future benefits based on the outstanding claims amount received from ICM.

Reports – This module focuses on generating Operational, federal and State reports necessary for the administration of the APD and SSP programs. The operational reports are generated from key business processes that include:

- New Applications
- Reporting a Change
- Redeterminations
- Task Management
- Reports required for audits and quality assurance
- Interface Activity Reports

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The above functionality will be provided in the new system by integrating components of several disparate systems identified below.

- Modified Adjusted Gross Income (MAGI) Medicaid. This program helps low-income people in Oregon with health insurance. MAGI medical benefits can cover working families, children, pregnant women, single adults, and more. This functionality is currently in the ONE system.
- Non-MAGI Medicaid. This includes Oregon Supplemental Income Program (OSIP) Medical, also known as the Aged, Blind, Disabled Medical or SSI based Medical programs, Medicare Savings Programs, and Refugee Medical. These services are currently processed in ORAccess, CM, and MMIS. Scope does not include Hospital Presumptive, Extended Medical, and the Breast and Cervical Cancer Program.
- Supplemental Nutrition Assistance Program (SNAP). This is a federally funded program which offers nutrition assistance to millions of eligible, low-income individuals and families. SNAP is the largest program in the domestic hunger safety net. Scope includes all services provided by SNAP other than the Summer Meals program.
- Temporary Assistance for Needy Families (TANF). This program provides cash assistance to low-income families with children while they strive to become self-sufficient. Cash assistance is intended to meet a family's basic needs such as food, shelter and utilities. Most cash benefits in Oregon are issued via an Electronic Benefit Transfer (EBT) card. This is also known as an Oregon Trail card. Scope does not include case management.
- Employment Related Day Care (ERDC). This is a child care subsidy program for working families.
- Temporary Assistance to Domestic Violence Survivors (TA-DVS). This program provides temporary financial help to support families whose safety is at risk due to domestic violence. Most often, this is when the domestic violence survivor and the children are fleeing domestic violence or at risk of retuning to an abusive situation.

4.2.2 High Level Non-Functional Requirements

High level non-functional requirements include the following:

Security – Provisioning of a secure system with corresponding authority to connect to the federal market place.

Reliability and Availability – The system must meet service level requirements for accessibility and up-time. Maintenance windows must be clearly communicated and be strictly adhered to.

Scalability – The system must scale to meet demand. As demographics change, it is anticipated that the preferred method of accessing services will also change. The system must accommodate this shift.

Performance – The system must meet performance specifications such that the user experience is acceptable with any method of interaction with the system.

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Capacity – System design must accommodate the anticipated volume of cases end-to-end, including interactions with Legacy systems case management functionality.

Recoverability – The system must be recoverable within a reasonable Recovery Time Objective (RTO) with tolerable data loss specified with a Recovery Point Objective (RPO). RTO and RPO will be articulated as part of the Disaster Recovery and Business Continuity business case.

Serviceability – The system must be developed utilizing industry best practices and standard tools and methodologies to be easily maintained, including the application of patches, upgrades, and enhancements.

4.3 Alternatives Identification

In each iteration of this business case, the Project Team explored four alternative courses of action. With more than two years of activity and approximately $57 million invested to date on this Project, it is now approximately 35% complete, including over 90% of design completion. As such, not all the previously developed Alternatives make sense or are even possible. Current state Alternatives are now identified as follows:

Alternative #1: Implement Non-MAGI Medicaid Eligibility Determination into the ONE System
This Alternative is unchanged from prior business case versions and extends the current ONE system to support Non-MAGI Medicaid eligibility determinations and service authorization to community-based care programs only. This approach limits the scope of DHS and OHA programs that would be affected. It requires transfer of the Kentucky system, removal or disabling of the functionality in that system supporting programs like SNAP, TANF, and ERDC, and customization for Oregon's Non-MAGI Medicaid program.

Alternative #2: Implement Integrated Eligibility Determination into the ONE System

This Alternative is also unchanged from prior business case versions and represents the current course of action on this Project. This Alternative extends the current ONE system to support Non-MAGI Medicaid eligibility and SNAP, TANF, and ERDC determinations, as well as providing service authorizations for community-based care programs. This approach involves a wider range of DHS and OHA programs. It avoids the risk and expense of removing functionality for these programs from the Kentucky system. It requires potential customization of a larger number of Oregon programs than Alternative #1.

Alternative #3: Acquire External Eligibility Determination Services from another State

This is not a viable Alternative as there are no service models across the nation that support Oregon acquiring services in this manner.

Alternative #4: Do Nothing

This Alternative requires no additional investment in further development of the ONE system. However, resources with skills needed to deal with contract issues and federal audits would be needed. Improvements to current processes would be limited to those that arise naturally through DHS's continuous improvement program.

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4.4 Alternatives Analysis

In each prior version of this business case, Alternative #2 - Implement Integrated Eligibility Determination into the ONE system, was selected as the best go-forward option. In this business case, Alternatives #1 and #4 are revisited and reviewed against the foundational assumptions and constraints. Consideration is given to the work performed to date in the realization of expected outcomes and factors such as cost, benefit, and risk identified with each alternative.

Alternative #1: Implement Non-MAGI Medicaid Eligibility Determination and Service Automation Only

Cost – The estimated total cost of implementing this Alternative was $80.3 million. (See estimate details in Business Case v1.1, Appendix D.) Compared to the Integrated Eligibility Alternative #2, this Alternative would have minimized the overall costs of Fit-Gap analysis, design, configuration, customization, testing, and training by removing scope for all components other than Non-MAGI Medicaid. Savings would be reduced by the cost of removing or disabling SNAP, TANF, and ERDC from the Kentucky system code. Nearly $60 million invested to-date for enhanced eligibility determination functionality would produce little or no value.

Benefits – This Alternative will achieve the high-level requirements associated with the Medicaid program. Clients seeking Non-MAGI Medicaid eligibility will be able to apply online and they will receive faster eligibility determinations. Non-MAGI Medicaid eligibility workers in APD and AAA offices will be more productive and make fewer eligibility determination errors. Problems associated with the handoff of cases between DHS and OHA will be reduced, if not eliminated.

Risk – This Alternative has the risks associated with large information technology projects involving complex requirements and a lengthy schedule. This Alternative will impose substantial policy and procedure changes on Non-MAGI Medicaid eligibility workers. The need to remove substantial components from an existing application adds some technical risk that is not present in the other alternatives. DHS workers will need to use two or more systems to provide some clients with basic case management. There is also significant risk in splitting APD cases from SNAP cases.

Alternative #2: Implement Integrated Eligibility Determination

Cost – The five-year total cost of ownership between August 2015 and June 2020 is estimated to be $334 million. (See Appendix C, Project Budget). This alternative includes the full cost of Fit-Gap analysis, design, configuration, customization, testing, and training for the SNAP, TANF, and ERDC programs. Also Non-MAGI Medicaid all modifications to 35 Legacy systems, and disaster recovery.

Benefits -

- Clients seeking Medicaid eligibility (either MAGI or Non-MAGI) and/or SNAP, TANF, and ERDC eligibility will be able to apply on-line.
- Clients applying for medical assistance and for one or more of SNAP, TANF, and ERDC will make a single application regardless of programs they are applying for.
- There will be fewer eligibility determination errors in and between the programs due to the single shared data source and integration between systems.
- Problems associated with the handoff of cases between OHA and DHS will be reduced or eliminated, as will problems with handoffs among APD/AAA offices and SSP offices.

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- This approach allows for the retirement of the Caseworker Application Processing Interface (CAPI), and the Food Stamp Management Information System (FSMIS).

Risk - This project has the risks associated with large information technology projects involving complex requirements and a lengthy schedule. There are many stakeholders involved or impacted. New business processes will impose substantial policy and procedure changes on Non-MAGI Medicaid eligibility workers in APD/AAA offices and on SNAP, TANF, and ERDC eligibility workers in SSP offices. By eliminating antiquated information systems and reducing the scope of others, this approach reduces long-term risks that system failures will interrupt the delivery of DHS programs.

Project leadership is tracking several high probability/impact risks. They are summarized here:

- Focus on preferring policy and process change before technology change reduces technical risk but substantially increases the amount of process change that must be undertaken.
- Legacy subproject that includes modifications to 35 subsystems is still in design so is not yet fully understood.
- Data conversion mock runs have not yet begun so data quality is not yet fully understood.
- Data quality in Legacy systems might make it difficult to cleanse and populate data from Legacy into the new system.
- The Office of Information Services (OIS), which supports many affected Legacy information systems, may not have capacity to simultaneously participate in this Project, and support on-going operations, maintenance, and enhancement of Legacy systems that will remain after the ONE IE & ME project.
- The project's Technology Management Plan would impose security requirements on DHS and OHA's directory services that may not yet be supportable.
- There may be a lack of capacity for business leaders, track leads, and other Project staff to accommodate the volume of action items, change requests, and decisions required for the Project.

Alternative #3: Acquire External Eligibility Determination Services from another State

Cost, benefit, and risk are difficult to quantify given there is no existing model for obtaining services in this manner.

Alternative #4: Do Nothing

Cost – Spending for additional system functionality would stop but additional costs to shut down the Project would continue until all vendor contracts were terminated and all audits were conducted. There would be no value derived from the investment of approximately $300 million already made.

Benefits – There is no beneficial by-product from this Alternative.

Risk – It is estimated federal audits would take years and that federal program subsidization would come to a stop until audit findings were satisfactorily addressed by the State. There would also likely be significant dissatisfaction from all Project stakeholders, potentially resulting in not having another opportunity to fix current state problems into the foreseeable future.

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5 Conclusions and Recommendations

5.1 Conclusions

Development of an Integrated Eligibility Determination system continues to be the leadership vision for Oregonians, DHS, OHA, and for eligibility workers and the prudent course of action, given the investment of time and resources to date. With the continuation of the OMB Circular A-87 cost allocation exception and the active support of our CMS and FNS partners, any action contrary to continuing with the Project will have significant negative consequences, as identified below.

The State of Oregon has an opportunity to continue expansion of the MAGI Medicaid eligibility system (ONE) as a stable base, utilizing code from the State of Kentucky system called *benefind*.

Much of the design of the new system, including Legacy design is complete. Given new contract Amendments with our SI and QA vendors, there is a solid scope, schedule, and budget to manage the Project to. There is also current work with Gartner to validate this schedule and budget against anticipated Project outcomes, scheduled for completion in February 2018.

The efficiencies gained in the field offices in serving Oregonians enrollment and eligibility needs for Medicaid, SNAP, TANF, and ERDC is undetermined during the first year of deployment. Factors such as the quality of data conversion and the readiness of eligibility workers will impact operations. However, data will be more reliable and checks and balances are being built into the system for accuracy and error reduction. It is in the best interest of the State of Oregon to continue the ONE IE & ME Project on its current course on behalf of all Oregonians.

5.2 Consequences of Failure to Act

There has been ongoing effort to modernize enrollment and eligibility programs. Both agencies in cooperation are dedicated to removing obstacles, incorporating lessons learned, and finding success for this project. DHS and OHA signed an MOU to solidify that understanding and to provide a foundation for success. All parties clearly understand that there is significant negative impact in failure or in doing nothing. This section lists those consequences.

1. Oregonians lose. We have a current system that doesn't serve Oregonians well. Medicaid financial eligibility is divided in delivery methodologies and access for Oregonians, SNAP, TANF, and ERDC benefits are not coordinated with Medicaid benefits. Oregonians expect better service from their State government.
2. CMS is continuing to fund the majority of the DDI work through December 31, 2018 for the ONE IE & ME project because non-MAGI is being added to the system that contains MAGI eligibility. Without non-MAGI eligibility CMS will not pay for the shared components and the State's portion would increase for SNAP, TANF, and ERDC functionality.
3. It is possible that the State of Oregon would not risk another project to provide this functionality into the foreseeable future. Changes at the federal level, and differing priorities amongst agencies and programs provide substantial risk in the future.
4. Continued reliance on dated Legacy systems and manual processes. Currently eligibility outside of ONE requires the workers to access seven different subsystems.
5. Loss of CMS/FNS confidence in the State of Oregon (potential impact on future funding).

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6. Further loss of Oregon's reputation for being able to implement successful IT projects.
7. Potential contractual termination issues with current contracted entities including Deloitte, and Public Knowledge.
8. Negative impact to service delivery to Oregonians who rely on DHS and OHA for services;
    a. Service delivery times;
    b. Redundant processing requirements for customers and state staff;
    c. No decline in error rates;
    d. Possibility of overpayments or not getting timely benefits;
    e. No enhanced checks and balances between programs.
9. Impacts on the One system. Without bringing in the additional programs, there will continue to be data for individuals that doesn't match. This could result in a worker not acting on the most recent information for an individual, and not performing appropriate due process.
10. Loss of employment to both state and vendor staff.
11. Possible increased DHS and OHA operational costs.
12. There would be a loss of the investment already made in system development.

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6 Appendixes and References

6.1 Appendix A – Project Scope

6.1.1 Design sessions revealed additional scope for this Project, such as Non-Citizen, other income types, Real+D, Mass Update triggers, and task management. Scope also includes financial eligibility determination for the following DHS and OHA programs:

DHS Self-Sufficiency Programs	**Type of Assistance (TOA)**	**Description**
Supplemental Nutrition Assistance Program (SNAP)	CTCE	Categorical Eligibility
	EXCE	Expanded Categorical Eligibility
	BBCE	Broad Based Categorical Eligibility
	SNAP	Supplemental Nutrition Assistance Program
	ESNP	Expedited SNAP
	DSNP	Disaster SNAP
	ABAWD	Able Bodied Adults without Dependents Requirements
	OFSET	Oregon Food Stamp Employment Transition Program
Temporary Assistance for Needy Families (TANF)	TANF	TANF
	EPPT	Employment Payments
	TDVS	TANF Domestic Violence
	TJPI	Jobs Participation Incentive
	PSSI	State Family Pre-SSI
	JOBS	Jobs Opportunities and Basic Skills Note - Only determination of JOBS mandatory individuals and assessment status, not ongoing case management
Child Care Program (CCPG)	ERDC	Employment-Related Day Care
	CCTN	Child Care Supportive Service for TANF Recipients
REF	REFG	Refugee program for individuals seeking Assistance and otherwise ineligible
Summer Meals	SEBTC	Summer Electronic Benefit Transfer for Children

DHS Aging and People with Disabilities (APD) Programs	**Type of Assistance (TOA)**	**Program Description**
Non-Modified Adjusted Gross Income (Non-MAGI) Medicaid	QMB-BAS	Qualified Medicare Beneficiaries – Basic
	QMB-SMB	Qualified Medicare Beneficiaries - Special Limited Medicare Beneficiaries
	OSIPM-SSI	Oregon Supplemental Income Program Medical - Supplemental Security Income

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	OSIPM-1619B	Oregon Supplemental Income Program Medical - 1619B
	OSIPM-Survivor Widows	Oregon Supplemental Income Program Medical - Survivor Widows
	DAC	Disabled Adult Children
	Pickle	Pickle Amendment Clients
	OSIPM-AB	Oregon Supplemental Income Program Medical - Aid to the Blind
	OSIPM-OAA	Oregon Supplemental Income Program Medical - Old Age Assistance
	OSIPM-AD	Oregon Supplemental Income Program Medical - Aid to the Disabled
	OSIPM-Acute Care	Oregon Supplemental Income Program Medical - Acute Care
	OSIPM-EPD without Services	Oregon Supplemental Income Program Medical - Employed Persons with Disabilities not receiving services
	OSIPM-EPD with Services	Oregon Supplemental Income Program Medical - Employed Persons with Disabilities receiving services
	QMB-DW	Qualified Medicare Beneficiaries - Disabled Worker
	Special Needs	Special Needs
	QMB-SMF	Qualified Medicare Beneficiaries - Qualified Individuals
	Services - LTC/Waiver	Services – Long Term Care or Waiver
	OSIPM-IC	Oregon Supplemental Income Program Medical - Independent Choices program
	REF	Refugee Medical Program

OHA Programs	**Type of Assistance (TOA)**	**Program Description**
Modified Adjusted Gross Income (MAGI) Medicaid	ADLT	Oregon Health Plan (OHP) Plus Adult
	CHIP	OHP Plus CHIP
	CHL1	OHP Plus Child under age 1, under 185%
	CHL4	OHP Plus Child, age 1 through 18, under 133%
	EMAD	Citizen Alien Waived Emergent Medical (CAWEM) Adult
	EMC1	CAWEM Child under age 1, under 185%
	EMC4	CAWEM Child age 1 through 18
	EMPC	CAWEM Parent or other Caretaker Relative

	EMPP	CAWEM Plus Pregnant Parent or other Caretaker Relative
	EMPR	CAWEM Plus Pregnant Woman
	EMPW	CAWEM Pregnant Woman
	FFCC	OHP Plus Former Foster Care Youth
	HIA1	Hospitalized Adult inmate
	HIA2	Hospitalized Pregnant Woman inmate
	PACA	OHP Plus Parent or Other Caretaker Relative
	PCPR	OHP Plus Pregnant Parent or Other Caretaker Relative
	PREG	OHP Plus Pregnant Woman
	TP45	OHP Plus Assumed Eligible Newborn

6.1.2 **Legacy Systems Scope**

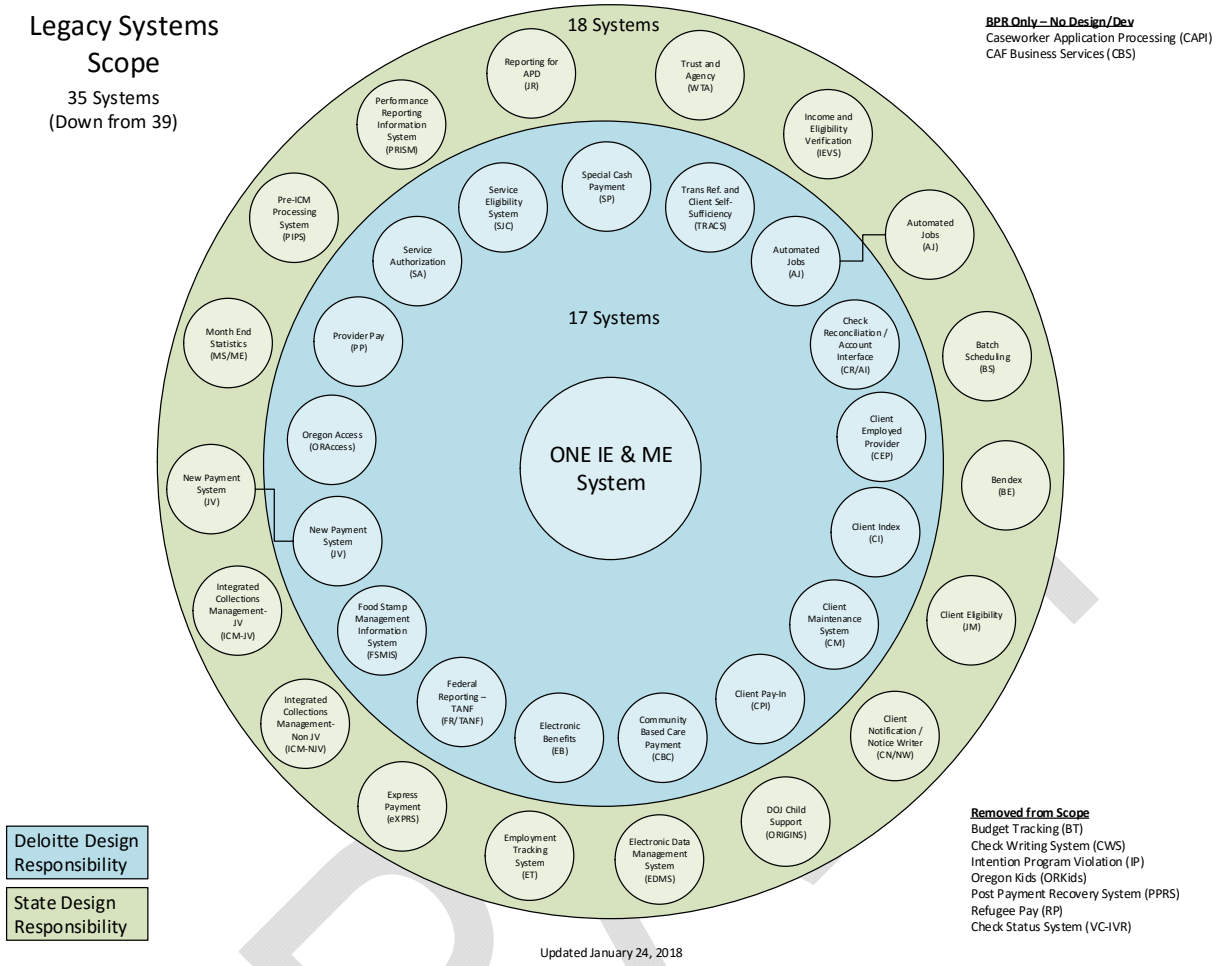
There are 35 of the original 39 systems remaining as in scope for the Legacy subproject. 17 of these systems are now in scope for the SI to document the design, with the state to conduct all development, testing, and deployment. These 17 systems are identified in the following table.

1. Automated Jobs (AJ)
2. Community Based Payment (CBC)
3. Client Employed Provider (CEP)
4. Client Index (CI)
5. Client Maintenance System (CM)
6. Client Pay-in (CPI)
7. Check Reconcile/Acct. Interface (CR/AI)
8. Electronic Benefits (EB)
9. Food Stamps (FSMIS)
10. JV (New Payment Systems)
11. ORAccess (OA)
12. Provider Pay (PP)
13. Service Authorization (SA)
14. Service Eligibility System (SJC)
15. Special Cash Payment (SP)
16. Federal Reporting-TANF (FR/TANF)
17. Trans. Ref. & Client Self-Sufficiency (TRACS)

18 Systems are in-scope that the state is responsible for design documentation, development, testing, and deployment.

1. Bendex (BE)
2. Batch Scheduling (BS)
3. Client Notice Writer (CN/NW)
4. Dept. of Justice (DOJ) Child Support (ORIGINS)
5. Electronic Data Management System (EDMS)
6. Express Payment and Reporting System (eXPRS)
7. Integrated Collections Management (ICM)--INBOUND/OUTBOUND FROM IE (NON-JV)
8. Integrated Collections Management (ICM)--INBOUND FROM JV
9. Unearned Income Verification (IEVS/SX/SSA)
10. Client Eligibility (JM)
11. Month-End Statistics (MS/ME)
12. Pre ICM Processing System (PIPS)
13. Trust and Agency (WTA)
14. Reporting for APD (JR)
15. Performance Reporting Information System (PRISM)
16. Employment Tracking System (ET)
17. Automated Jobs (AJ)
18. New Payment System (JV)

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Legacy Systems Scope
35 Systems
(Down from 39)
18 Systems
17 Systems
ONE IE & ME System
Reporting for APD (JR)
Trust and Agency (WTA)
Income and Eligibility Verification (IEVS)
Automated Jobs (AJ)
Batch Scheduling (BS)
Bendex (BE)
Client Eligibility (JM)
Client Notification / Notice Writer (CN/NW)
DOJ Child Support (ORIGINS)
Electronic Data Management System (EDMS)
Employment Tracking System (ET)
Express Payment (eXPRS)
Integrated Collections Management-Non JV (ICM-NJV)
Integrated Collections Management-JV (ICM-JV)
New Payment System (JV)
Month End Statistics (MS/ME)
Pre-ICM Processing System (PIPS)
Performance Reporting Information System (PRISM)
Service Eligibility System (SJC)
Special Cash Payment (SP)
Trans Ref. and Client Self-Sufficiency (TRACS)
Automated Jobs (AJ)
Check Reconciliation / Account Interface (CR/AI)
Client Employed Provider (CEP)
Client Index (CI)
Client Maintenance System (CM)
Client Pay-In (CPI)
Community Based Care Payment (CBC)
Electronic Benefits (EB)
Federal Reporting – TANF (FR/TANF)
Food Stamp Management Information System (FSMIS)
New Payment System (JV)
Oregon Access (ORAccess)
Provider Pay (PP)
Service Authorization (SA)
Deloitte Design Responsibility
State Design Responsibility
BPR Only – No Design/Dev
Caseworker Application Processing (CAPI)
CAF Business Services (CBS)
Removed from Scope
Budget Tracking (BT)
Check Writing System (CWS)
Intention Program Violation (IP)
Oregon Kids (ORKids)
Post Payment Recovery System (PPRS)
Refugee Pay (RP)
Check Status System (VC-IVR)
Updated January 24, 2018

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Appendix B – Project Schedule

The project timeline has been updated from previous submissions. As Oregon explored work through the iterative design sessions, it became apparent that we needed a shift in our operational model. A decision was made to delegate all Medicaid eligibility determination work to DHS. As OHA and DHS further engaged with the design and explored opportunities and lessons learned from the initial ONE implementation and other States' experience, Oregon updated the schedule. Additional time for pilot, testing, and the wave roll-outs were added to the schedule. Oregon also procured Deloitte to assist with the Legacy Design work with the intent of insuring that Oregon's OIS understands the total scope of work needed and to avoid issues that other States experienced with their projects. As this work continues, Oregon may adjust our project schedule to ensure that we are accounting for all of the opportunities we need to consider in ensuring a quality product is delivered and ultimate accountability to our federal partners and Oregonians is met. As you can see, the Design phase will be followed by two iterative development phases, and then system implementation supporting a ONE System upgrade to an integrated ONE System, a DHS production pilot (Production Pilot) and three implementation waves.

The Project's two iterations will enable:

- Oregon's business needs to be met by changes to the application,
- Underlying COTS software components to be upgraded to State approved versions, and
- ONE functionality to be preserved to avoid service disruption to Oregonian's receiving services for MAGI Medicaid.

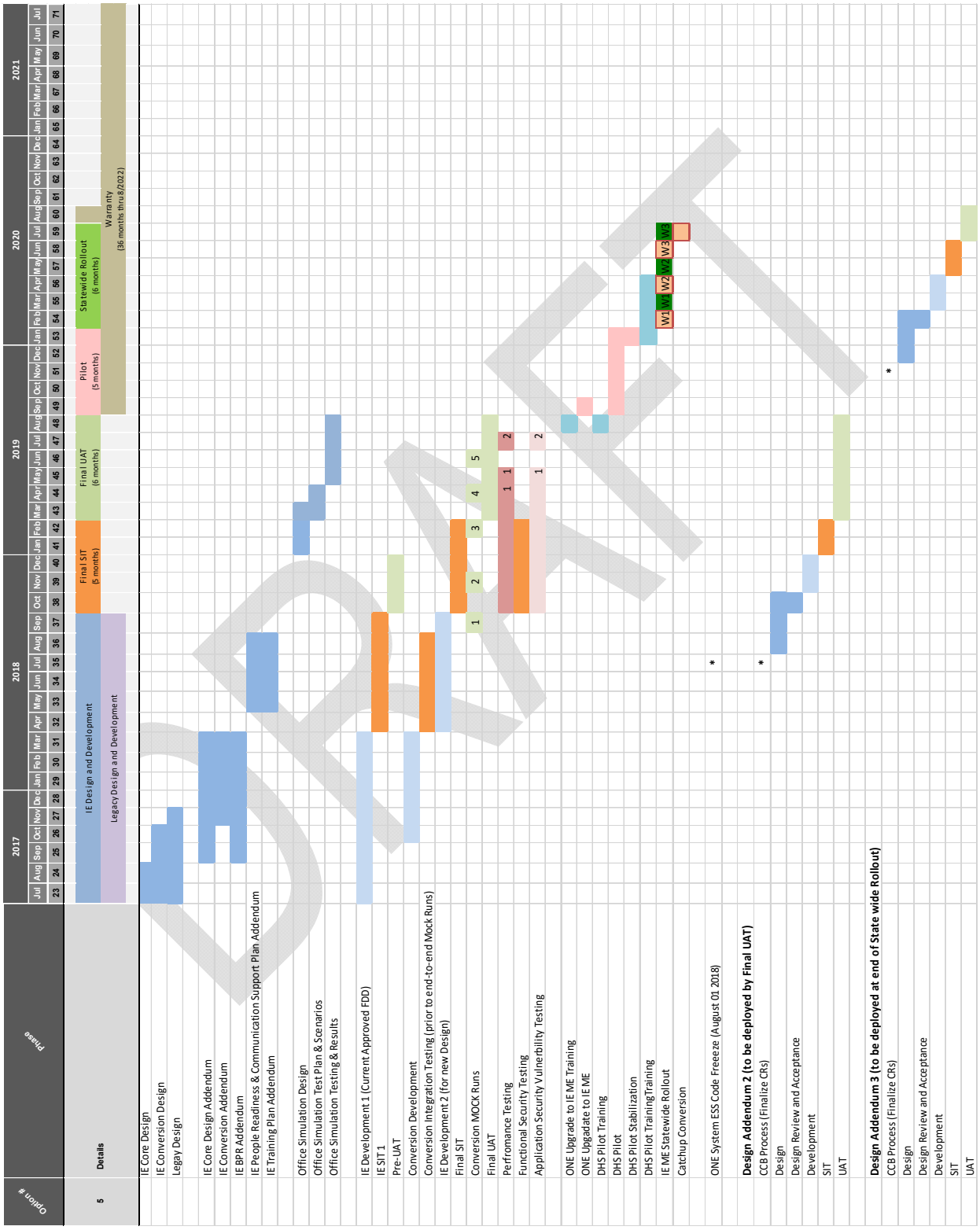
Each iteration will be followed by Contractor testing and validation testing by the State. At the completion of the development phase, the State will have at least six months dedicated to User Acceptance Testing (UAT) (increased from four months with Amendment #4).

Once DHS issues a notice-to-proceed the Project will then transition to the implementation phase which includes:

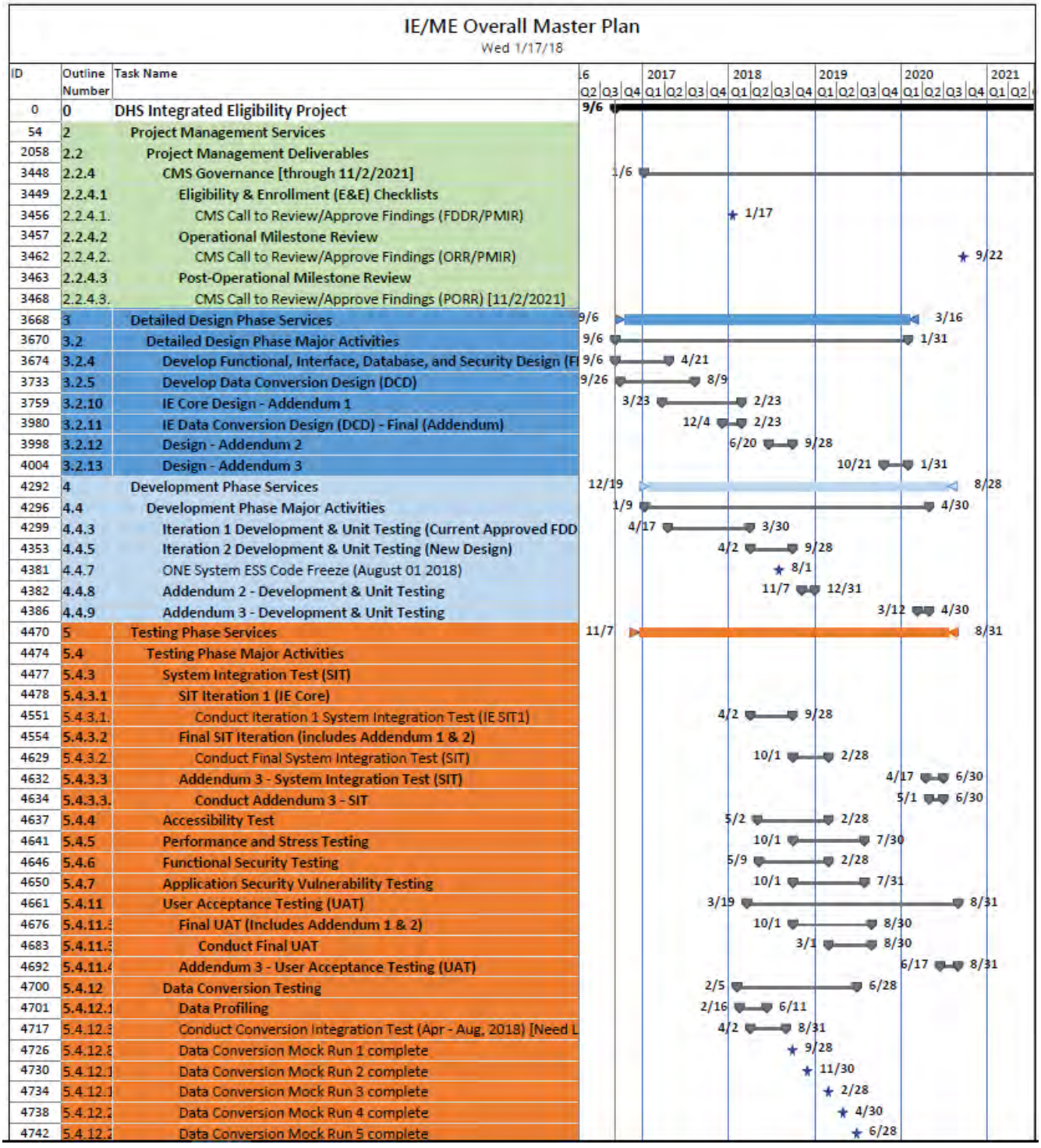
- Upgrading the current OHA MAGI Medicaid ONE System with integrated ONE System
- A minimum of five-month Production Pilot (increased from three months with Amendment #4), and
- Three geographically appropriate waves (for the 150 field offices)

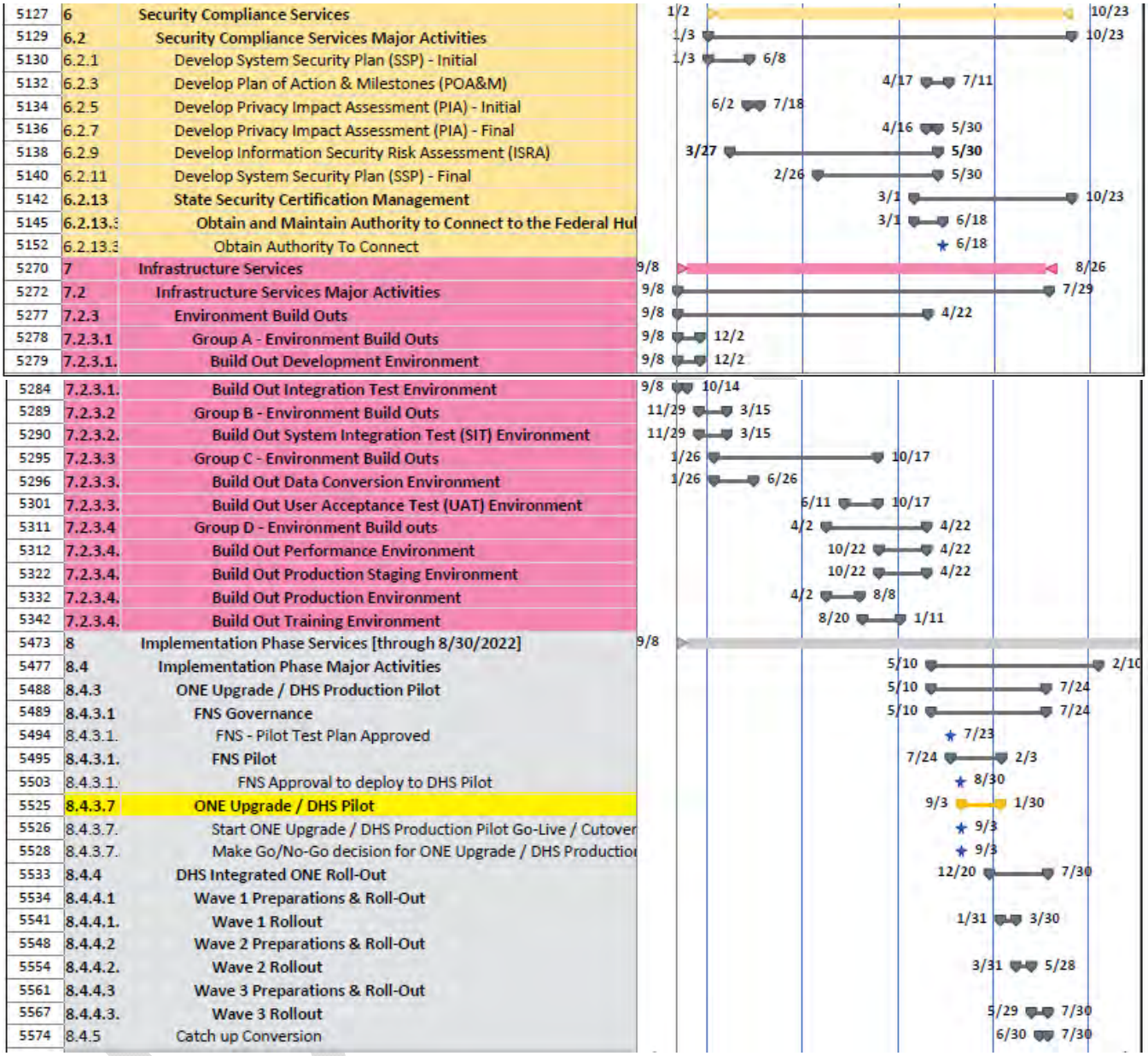
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The following chart lays out a high-level schedule for the project.



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IE/ME Overall Master Plan
Wed 1/17/18
ID
Outline Number
Task Name
2016
2017
2018
2019
2020
2021
0 0 DHS Integrated Eligibility Project 9/6
54 2 Project Management Services
2058 2.2 Project Management Deliverables
3448 2.2.4 CMS Governance [through 11/2/2021] 1/6
3449 2.2.4.1 Eligibility & Enrollment (E&E) Checklists
3456 2.2.4.1. CMS Call to Review/Approve Findings (FDDR/PMIR) 1/17
3457 2.2.4.2 Operational Milestone Review
3462 2.2.4.2. CMS Call to Review/Approve Findings (ORR/PMIR) 9/22
3463 2.2.4.3 Post-Operational Milestone Review
3468 2.2.4.3. CMS Call to Review/Approve Findings (PORR) [11/2/2021]
3668 3 Detailed Design Phase Services 9/6 3/16
3670 3.2 Detailed Design Phase Major Activities 9/6 1/31
3674 3.2.4 Develop Functional, Interface, Database, and Security Design (FI 9/6 4/21
3733 3.2.5 Develop Data Conversion Design (DCD) 9/26 8/9
3759 3.2.10 IE Core Design - Addendum 1 3/23 2/23
3980 3.2.11 IE Data Conversion Design (DCD) - Final (Addendum) 12/4 2/23
3998 3.2.12 Design - Addendum 2 6/20 9/28
4004 3.2.13 Design - Addendum 3 10/21 1/31
4292 4 Development Phase Services 12/19 8/28
4296 4.4 Development Phase Major Activities 1/9 4/30
4299 4.4.3 Iteration 1 Development & Unit Testing (Current Approved FDD 4/17 3/30
4353 4.4.5 Iteration 2 Development & Unit Testing (New Design) 4/2 9/28
4381 4.4.7 ONE System ESS Code Freeze (August 01 2018) 8/1
4382 4.4.8 Addendum 2 - Development & Unit Testing 11/7 12/31
4386 4.4.9 Addendum 3 - Development & Unit Testing 3/12 4/30
4470 5 Testing Phase Services 11/7 8/31
4474 5.4 Testing Phase Major Activities
4477 5.4.3 System Integration Test (SIT)
4478 5.4.3.1 SIT Iteration 1 (IE Core)
4551 5.4.3.1. Conduct Iteration 1 System Integration Test (IE SIT1) 4/2 9/28
4554 5.4.3.2 Final SIT Iteration (includes Addendum 1 & 2)
4629 5.4.3.2 Conduct Final System Integration Test (SIT) 10/1 2/28
4632 5.4.3.3 Addendum 3 - System Integration Test (SIT) 4/17 6/30
4634 5.4.3.3. Conduct Addendum 3 - SIT 5/1 6/30
4637 5.4.4 Accessibility Test 5/2 2/28
4641 5.4.5 Performance and Stress Testing 10/1 7/30
4646 5.4.6 Functional Security Testing 5/9 2/28
4650 5.4.7 Application Security Vulnerability Testing 10/1 7/31
4661 5.4.11 User Acceptance Testing (UAT) 3/19 8/31
4676 5.4.11.1 Final UAT (Includes Addendum 1 & 2) 10/1 8/30
4683 5.4.11.3 Conduct Final UAT 3/1 8/30
4692 5.4.11.4 Addendum 3 - User Acceptance Testing (UAT) 6/17 8/31
4700 5.4.12 Data Conversion Testing 2/5 6/28
4701 5.4.12.1 Data Profiling 2/16 6/11
4717 5.4.12.3 Conduct Conversion Integration Test (Apr - Aug, 2018) [Need L 4/2 8/31
4726 5.4.12.8 Data Conversion Mock Run 1 complete 9/28
4730 5.4.12.1 Data Conversion Mock Run 2 complete 11/30
4734 5.4.12.1 Data Conversion Mock Run 3 complete 2/28
4738 5.4.12.2 Data Conversion Mock Run 4 complete 4/30
4742 5.4.12.2 Data Conversion Mock Run 5 complete 6/28

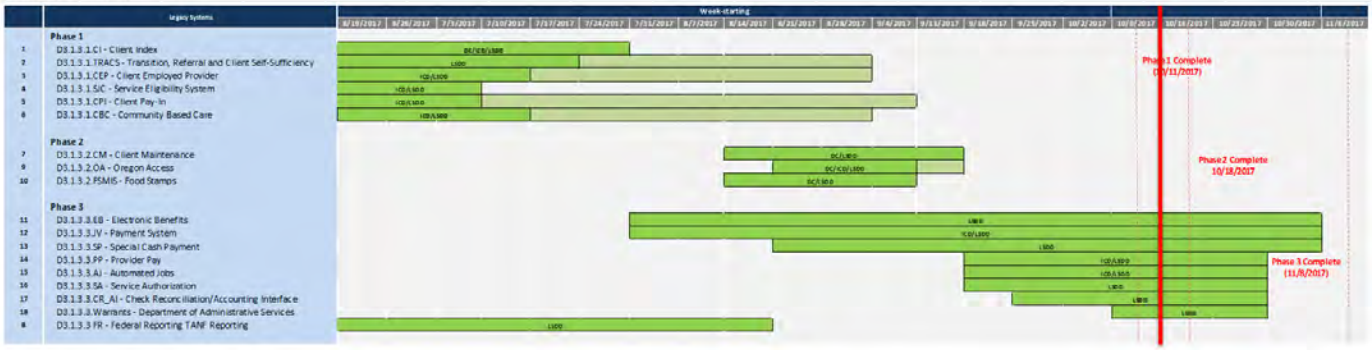


5127	6	Security Compliance Services	1/2 – 10/23
5129	6.2	Security Compliance Services Major Activities	1/3 – 10/23
5130	6.2.1	Develop System Security Plan (SSP) - Initial	1/3 – 6/8
5132	6.2.3	Develop Plan of Action & Milestones (POA&M)	4/17 – 7/11
5134	6.2.5	Develop Privacy Impact Assessment (PIA) - Initial	6/2 – 7/18
5136	6.2.7	Develop Privacy Impact Assessment (PIA) - Final	4/16 – 5/30
5138	6.2.9	Develop Information Security Risk Assessment (ISRA)	3/27 – 5/30
5140	6.2.11	Develop System Security Plan (SSP) - Final	2/26 – 5/30
5142	6.2.13	State Security Certification Management	3/1 – 10/23
5145	6.2.13.3	Obtain and Maintain Authority to Connect to the Federal Hul	3/1 – 6/18
5152	6.2.13.3	Obtain Authority To Connect	6/18
5270	7	Infrastructure Services	9/8 – 8/26
5272	7.2	Infrastructure Services Major Activities	9/8 – 7/29
5277	7.2.3	Environment Build Outs	9/8 – 4/22
5278	7.2.3.1	Group A - Environment Build Outs	9/8 – 12/2
5279	7.2.3.1.	Build Out Development Environment	9/8 – 12/2
5284	7.2.3.1.	Build Out Integration Test Environment	9/8 – 10/14
5289	7.2.3.2	Group B - Environment Build Outs	11/29 – 3/15
5290	7.2.3.2.	Build Out System Integration Test (SIT) Environment	11/29 – 3/15
5295	7.2.3.3	Group C - Environment Build Outs	1/26 – 10/17
5296	7.2.3.3.	Build Out Data Conversion Environment	1/26 – 6/26
5301	7.2.3.3.	Build Out User Acceptance Test (UAT) Environment	6/11 – 10/17
5311	7.2.3.4	Group D - Environment Build outs	4/2 – 4/22
5312	7.2.3.4.	Build Out Performance Environment	10/22 – 4/22
5322	7.2.3.4.	Build Out Production Staging Environment	10/22 – 4/22
5332	7.2.3.4.	Build Out Production Environment	4/2 – 8/8
5342	7.2.3.4.	Build Out Training Environment	8/20 – 1/11
5473	8	Implementation Phase Services [through 8/30/2022]	9/8 – 2/10
5477	8.4	Implementation Phase Major Activities	5/10 – 2/10
5488	8.4.3	ONE Upgrade / DHS Production Pilot	5/10 – 7/24
5489	8.4.3.1	FNS Governance	5/10 – 7/24
5494	8.4.3.1.	FNS - Pilot Test Plan Approved	7/23
5495	8.4.3.1.	FNS Pilot	7/24 – 2/3
5503	8.4.3.1.	FNS Approval to deploy to DHS Pilot	8/30
5525	8.4.3.7	ONE Upgrade / DHS Pilot	9/3 – 1/30
5526	8.4.3.7.	Start ONE Upgrade / DHS Production Pilot Go-Live / Cutover	9/3
5528	8.4.3.7.	Make Go/No-Go decision for ONE Upgrade / DHS Productio	9/3
5533	8.4.4	DHS Integrated ONE Roll-Out	12/20 – 7/30
5534	8.4.4.1	Wave 1 Preparations & Roll-Out	1/31 – 3/30
5541	8.4.4.1.	Wave 1 Rollout	3/31 – 5/28
5548	8.4.4.2	Wave 2 Preparations & Roll-Out	5/29 – 7/30
5554	8.4.4.2.	Wave 2 Rollout	6/30 – 7/30
5561	8.4.4.3	Wave 3 Preparations & Roll-Out	
5567	8.4.4.3.	Wave 3 Rollout	
5574	8.4.5	Catch up Conversion	

5576	8.5	Business Operations Implementation Services	9/8 – 2/10
5578	8.5.2	Business Operations Major Activities	9/8 – 3/19
5589	8.5.2.2	Statutory, Plan, and Policy Changes	9/8 – 1/29
5607	8.5.2.2.	Freeze Policy/Procedure Changes (10/31/2018)	★ 9/3
5629	8.5.2.3	Conduct IE Business Process Mapping Sessions	12/19 – 3/9
5689	8.5.2.7	Develop Office Simulation Design and Plan	
5691	8.5.2.7.	Conduct Office Simulation Design Sessions [Insert sessions h	12/7 – 3/29
5693	8.5.2.8	Develop Office Simulation Business Testing Scenarios	
5694	8.5.2.8.	Conduct Office Simulation Business Training Sessions (Test Plan & Scenarios) [Insert sessions here]	3/1 – 4/30
5696	8.5.2.9	Execute Office Simulation Business Testing Scenarios	
5697	8.5.2.9.	Office Simulation Test Cycle #1	5/1 – 6/28
5698	8.5.2.9.	Office Simulation Test Cycle #2	7/1 – 8/30
5700	8.5.2.10	Develop Phased Rollout Plan	
5702	8.5.2.10	Develop deployment approach, processes and schedule	4/2 – 6/29
5938	8.6	People Readiness Implementation Services	9/8 – 4/1
5940	8.6.2	People Readiness Major Activities	9/8 – 2/26
5959	8.6.2.3	Train-the-Trainer training	5/6 – 8/2
5964	8.6.2.3.	Conduct Train-the-Trainer Training	7/9 – 8/2
5965	8.6.2.4	End User Training (EUT)	7/31 – 2/26
5972	8.6.2.4.	Conduct EUT for ONE Upgrade for OHA	8/5 – 8/30
5974	8.6.2.4.	Conduct EUT for Production Pilot	8/5 – 8/30
5976	8.6.2.4.	Conduct EUT for Wave 1	10/7 – 12/2
5978	8.6.2.4.	Conduct EUT for Wave 2	12/3 – 1/7
5980	8.6.2.4.	Conduct EUT for Wave 3	1/8 – 2/11
6160	8.7	System Implementation Services [through 8/30/2022]	8/7 –
6175	8.7.3	Warranty Services [36 months through 8/31/2022]	9/3 –
6176	8.7.3.1	Start Warranty Services (36 months)	★ 9/3
6387	10	Legacy System Integration	
6388	10.1	DDI SOW3 - Legacy System Design (Phase 1, 2 & 3)	2/20 – 2/6
6831	10.2	Phase 4 - Legacy Systems Design	7/10 – 3/30
7089	10.4	Develop & Unit Test Legacy Components	11/10 – 6/19
7130	10.5	Legacy Systems SIT	5/7 – 8/3
7186	10.8	Legacy Systems UAT	6/18 – 9/17
7250	11	Integrated ONE DDI Warranty Complete [8/31/2022]	

Phase
Summary
Project Summary
Milestone Complete
Future
Milestone Late
Milestone future
Milestone Complete (new)
Milestone Late (new)

Legacy High Level Design Timeline





* Timeline is intended as high-level overview only. Schedule detail including specific start and end dates for each activity is in the Integrated Project Schedule (IPS).

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6.2 Appendix C – Project Budget

This budget reflects changes to scope and schedule reflected in the SI and QA contract Amendments. Approximately 1 year was added to the schedule to provide a more realistic timeline for completion of activities such as data conversion, SIT and UAT testing, wave roll-outs with corresponding stabilization periods, design addendums, and Model Office simulation. Approximately one-half of the Legacy design work was shifted from internal State staff to the SI, increasing these costs by $66 million. The QA contract also increased approximately $4 million to accommodate the longer project duration and to incorporate ONE ESS and Legacy design and development into their QA work.

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		DDI			DDI	M&O	Total	DDI	DDI
		AY17-19	POP 17-19	Increase (Decrease)	AY19-21	AY19-21	AY19-21	AY21-23	Total
State Staff									
	State Staff and S&S	26,057,885	34,976,631	(8,918,746) -	27,614,590	10,038,868	37,653,458	0	53,672,475
Professional Services									
	Other	4,328,439	0	4,328,439	11,625,806	0	11,625,806		15,954,245
	Q&A and IV&V	7,047,551	4,565,696	2,481,855	10,019,890	0	10,019,890		17,067,441
	PMO	2,833,333	0	2,833,333	2,166,667	0	2,166,667		5,000,000
	SI Deloitte (net)	88,382,527	103,215,794	(14,833,267)	49,026,544	17,600,000	66,626,544	2,100,000	139,509,070
	Trainers (see training below)	0	0	0	0	0	0		0
	Contingency	11,269,330	11,846,739	(577,409)	9,286,961	1,936,000	11,222,961	267,750	20,824,041
	Professional IT Services	113,861,180	119,628,229	(5,767,049) -	82,125,867	19,536,000	101,661,867	2,367,750	198,354,797
Software									
	Software	3,687,662	6,598,022	(2,910,360) -	6,002,596	3,330,000	9,332,596	0	9,690,258
Hardware									
	Hardware	45,265	0	45,265 -	45,100	55,500	100,600	0	90,365
State Governmental Services									
	Hosting	6,374,957	13,306,550	(6,931,593) -	6,630,260	7,326,000	13,956,260	0	13,005,217
Training									
	Training	1,060	2,220,000	(2,218,940) -	2,255,000	0	2,255,000	0	2,256,060
Total		150,028,008	176,729,432	(26,701,424) -	124,673,413	40,286,368	164,959,781	2,367,750	277,069,172
		(0)			(0)	(1)		0	(1)
Issuance Costs		615,000	615,000	0	0	0	0	0	615,000
Legacy									
Personnel and S&S		6,549,125	7,322,899	(773,774)	2,661,925	0	2,661,925	0	9,211,050
Professional Services		2,033,776	1,479,871	553,905	0	0	0	0	2,033,776
Contingency		1,067,099	958,797	108,302	339,395	0	339,395	0	1,406,494
Total		9,650,000	9,761,567	(111,567) -	3,001,320	0	3,001,320	0	12,651,320
		(1)			(0)				(1)
Disaster Recovery									
Personnel and S&S		248,822	286,145	(37,323)	161,734	131,150	292,884	0	410,556
Professional Services		3,000,000	6,285,044	(3,285,044)	4,416,667	2,500,000	6,916,667	0	7,416,667
Hosting		666,667	1,000,000	(333,333)	866,667	350,000	1,216,667	0	1,533,333
Contingency		499,225	824,449	(325,224)	694,246	327,926	1,022,173	0	1,193,471
Total		4,414,713	8,395,638	(3,980,925) -	6,139,314	3,309,076	9,448,390	0	10,554,027
		(0)			0				(0)
Asset Verification System (AVS)					10,000,000	0	10,000,000	0	10,000,000
Total		164,707,721	195,501,637	(30,793,916) -	143,814,047	43,595,444	187,409,491	2,367,750	310,889,519
				-				AY15-17	33,593,837
								Project Total	344,483,356
									2

	DDI			DDI	M&O	Total	DDI	DDI
	AY17-19	POP 17-19	Increase (Decrease)	AY19-21	AY19-21	AY19-21	AY21-23	Total
Total federal	130,747,648	147,597,021	(16,849,373)	105,603,908	28,037,921	133,641,829	1,770,949	238,122,506
Total state	33,345,073	47,289,616	(13,944,543)	38,210,139	15,557,524	53,767,662	596,801	72,152,012
Issuance Costs	615,000	615,000	0	0		0	0	615,000
	164,707,721	195,501,637	(30,793,916)	143,814,047	43,595,444	187,409,491	2,367,750	310,889,518

6.3 Appendix D – IE Business Case V1.1 – Stage Gate 2 Submission



IE_Business_Case_v 1.1-SG2.pdf

6.4 Appendix E – IE Business Case V2.0 – Stage Gate 3 Submission



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6.5 Appendix F – HB2219 Legislative Report



HB2219 Legislative Report.pdf

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6.6 Appendix G – Kentucky System Components

Key application components in the *kynect/benefind* system for integrated eligibility determination are described in the following table.

Title	Description
Worker Portal	Module used by the State Agency workers to collect individual/family information to process SNAP, TANF, and/or Medicaid applications. Individuals can apply for one or more programs in a single application, and the module has a capability to interactively ask questions during the interview process based on the programs applied. Throughout the interview process, the modules call interfaces to verify information, as needed.
Eligibility Determination (Rules engine)	Rules base eligibility determination module to determine eligibility for main program and the sub programs to provide best possible benefits for the applicants. For example, when an individual applies for Medicaid, the rules engine cascade down through the Medicaid program hierarchy to provide best Medicaid coverage for the individual.
Benefit Issuance	This module manages daily or monthly issuances for SNAP/TANF/ERDC programs that are issued to individuals/vendors to support initial, monthly or supplemental payments.
Benefit Recovery	This module provides end to end management of SNAP, TANF, ERDC claims. It computes discrepancy, establish claim and start recoupment either through the benefit reduction process or other processes such as tax intercept.
Correspondence	This module manages generation of consolidated correspondences that are issued to the applicants and other stakeholders like vendors.
Task Management	A comprehensive task management module that supports key business processes. The module allows management of human services case management functions as a coordinated set of tasks.
Quality Assurance and Quality Control (QA/QC)	Module to create Random/Targeted sample universes for worker to review SNAP, TANF and Medicaid cases
Hearing/Appeals	Implements end-to-end work flows to support the hearings and appeal process. This module is also integrated with task management module.
Business Intelligence/Management Reports	This module implements operational reports, analytical reports and provides the framework and infrastructure required for several adhoc reporting needs.
Authentication and Identity proofing service	System for authorization and authentication services for users requesting access to various modules of the system.

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Title	Description
Document Management Services	Implements electronic case files functionalities where all documents submitted to the agency are indexed and filed for easy access.
Mobile and Tablet Application	Mobile app with full application features for citizens, community partners (application assisters) to apply for health coverage
Self Service Portal for Human Service programs	Self Service Portal for citizens to apply for SNAP, TANF and Medicaid programs.
Medicaid Waiver Management Application (MWMA)	A complete waiver workflow management module to determine eligibility for Medicaid waiver programs and enrollment into waiver services.
Master Client Index module (MCI)	Master client index module which uniquely identifies citizens. It also provides a 360-degree view of citizen enrolled in public assistance program(s).
Interfaces	Implements all required State & Federal Interfaces. Interfaces module also implements an integration framework that supports several integration patterns.
Medicaid Managed Care Enrollment Management	Module for auto assignment and management of Medicaid enrollees in managed care plans (MCOs)

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6.7 Appendix H – Kentucky to Oregon Functionality Comparison

As evident in the tables below, the programs are similar in their overall business requirements.

Supplemental Nutrition Assistance Program

Program Eligibility Comparison for Supplemental Nutrition Assistance Program

Eligibility Criterion	Kentucky Supplemental Nutrition Assistance Program	Oregon Supplemental Nutrition Assistance Program
Family Composition and Residency	• Recipients must live in Kentucky • Recipients must be U.S. citizens or certain legal foreign residents of the United States • A household is any person, family or group of people who live and buy and eat food together • The following people must be included in one household account, regardless of whether they purchase and prepare meals separately: o A spouse of any household member o Parents living with their natural, adopted or stepchildren who are age 21 or younger o Children younger than 18 who are dependents of an adult household member	• Recipients must live in Oregon; does not require intent to remain to establish residency • Recipients must be U.S. citizens or certain legal foreign residents of the United States • Filing group consists of members of a household group who choose to apply together or customarily purchase and prepare meals together • The following people must be included in one household account, regardless of whether they purchase and prepare meals separately: o A spouse of any household member o Parents living with their children who are under the age of 22 o Children younger than 18 who are financially dependent of an adult household member
Income	• Less than 130% of FPL for most households; 165% for elderly/disabled	• Less than 185% of 2015 FPL
Resources	• A household may have no more than $2,000 in assets OR $3,250 if a member of the household is 60 or older • Cash and bank accounts are counted; the dwelling, its contents and personal belongings, and vehicles are excluded	**Non-Categorically eligible households** • Have a resource limit of no more than $2,250 in resources OR $3,250 if a member of the household is 60 or older or disabled • Checking accounts, saving accounts, cash on hand, stocks and bonds, equity in vehicles, real property, etc., are counted. **Categorically eligible households** • Have a resource limit of $25,000 in liquid assets (checking accounts, savings accounts, cash on hand)
Employment	• Anyone in a household who is 16 to 60 years old and can work must register for, look for, and accept work. There are some exceptions to this requirement.	**OFSET (Employment and Training)** • Clients deemed mandatory because they do not meet an exemption must participate in a jobs activity for an eight week period every 12 months • Must accept bona fide offers of employment, even if it's part-time

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Eligibility Criterion	Kentucky Supplemental Nutrition Assistance Program	Oregon Supplemental Nutrition Assistance Program
		ABAWDS (Abled Bodied Adults without Dependents) • Only applicable in Multnomah and Washington counties, as the rest of the state is under a waiver • Requires those aged 18-49 without a filing group member under the age of 18, who do not meet an exemption, to participate a minimum of 20 hours a week, an average of 80 hours a month of special work requirements
Benefits	• Benefits are issued on an Electronic Benefit Transfer (EBT) card • The benefit amount depends on income and household size. • Benefits may be used to purchase almost any food item, except ready-to-eat hot foods • Benefits may be used to buy seeds and plants to grow fruits and vegetables • Benefits may not be used to buy tobacco, alcohol, pet food, soap and other household products, medicines, and other non-food items	• Benefits are issued on an Electronic Benefit Transfer (EBT) card • The benefit amount depends on income, household size and minus any applicable deductions • Benefits may be used to purchase almost any food item with a nutrition label, except ready-to-eat hot foods • Benefits may be used to buy seeds and plants to grow fruits and vegetables • Benefits may not be used to buy tobacco, alcohol, pet food, soap and other household products, medicines, and other non-food items • There is a cash out program in Multnomah, Washington, Columbia and Clackamas Counties for seniors and people with disabilities
Certification Periods	• Varying lengths of certification periods depending on household characteristics • Periodic reports required at least once every six months, except for elderly or disabled (12 months)	• Varying lengths of certification periods depending on household characteristics • Periodic reports required at least once every six months, except for elderly or disabled (12 months)
Deductions	• Utilizes Standard Utility Allowance (SUA) instead of actual utility costs. • Students are ineligible unless working 20 or more hours per week or have a child under age 6 or are a single parent of a child under age 12 and going to school full time • Must meet with a worker or do interview over the phone. Must be able to provide identification, social security numbers for everyone applying, proof of who lives in your home (can be written statement), proof that you live in Kentucky, proof of child care costs or child support paid, proof of living expenses, and proof of money you have received in the past 60 days, including pay stubs.	• Utilizes Standard Utility Allowance (SUA) instead of actual utility costs • Students aged 18 to 49 attending a higher education program that requires a diploma or GED at least half time must meet additional special criteria • Must meet with a worker or do interview over the phone. Must be able to provide identification, social security numbers for everyone applying, verification of income for recent representative month, and for non-citizens proof of lawful immigrant status of each household member seeking benefits

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Eligibility Criterion	Kentucky Supplemental Nutrition Assistance Program	Oregon Supplemental Nutrition Assistance Program
Other	• For ineligible non-citizens, income and deductions are prorated for both groups, which includes counting all income and deductions, or a prorated share. As well as, counting none of the income and deductions (with the allotment capped at the level that an all-eligible household would get), or a prorated share. • May disqualify applicants or recipients who fail to perform actions required by other means-tested program, primarily TANF.	• For ineligible non-citizens, income and deductions are prorated for both groups, which includes counting all income and deductions, or a prorated share. As well as, counting none of the income and deductions (with the allotment capped at the level that an all-eligible household would get), or a prorated share. • May disqualify applicants or recipients who fail to perform actions required by other means-tested program, primarily TANF.

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Temporary Assistance for Needy Families

Program Eligibility Comparison for Temporary Assistance for Needy Families

Eligibility Criterion	Kentucky Temporary Assistance for Needy Families	Oregon Temporary Assistance for Needy Families
Family Composition and Residency	• Recipient must be a US citizen • Family must have a child under 18 living in the home OR Pregnant woman must be within one month of her due date • Children must be citizens or have eligible alien status • Children must be 18 years old or younger OR Children must be full time student with expected graduation date before age 20	• Recipient must be a US citizen or have qualified non-citizen status (may be waived temporarily if domestic violence is a factor) • Family must reside in Oregon • Family must have a caretaker relative and a child under 18 living in the home OR Pregnant woman must be within one month of her due date (may be earlier if domestic violence is a factor) • Caretaker relative must meet certain blood, adoption, marriage relationship requirements • Children must be citizens or have qualified non-citizen status • Children must be under 18 years old OR 18 years old and a full-time student in HS or GED • Until March 2016, a child must be deprived of parental support due to continued absence, incapacity, or under/unemployment
Income	• Your family must earn less than a certain amount of money per month	• To qualify for TANF, families must have very few assets and little or no income. • Your family must earn less than a certain amount of money per month
Resources	• Countable assets must be $2,000 or less and licensed vehicles needed for individual's subject to the work requirement may not exceed $8,500	• Countable assets must be $2,500 or less for applicants, for individuals in sanction status, and for families with no caretaker relative in the need group • Countable assets must be $10,000 or less for all other recipients • Exclude up to $10,000 equity value of all motor vehicles; remaining equity counts toward asset limit • Applicants and recipients must pursue alternative assets available to them • Applicants and recipients must assign their support rights to, and cooperate with, child support

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Eligibility Criterion	Kentucky Temporary Assistance for Needy Families	Oregon Temporary Assistance for Needy Families
Employment	• Adults in families receiving cash assistance must work or participate in work related activities for a specified number of hours per week depending on the number of work-eligible adults in the family and the age of children	• Adults in families receiving cash assistance must work or participate in work-related activities for a specified number of hours per week depending on the number of work-eligible adults in the family, the age of children, and the family situation • Caretaker relatives must not be separated from their most recent employment due to discharge without good cause, or due to voluntarily quitting without good cause • Needy caretaker relatives must complete an employability screening
Benefits	• The current maximum monthly benefit for a family of 3 with a monthly gross income of $974, is $262	• The current maximum monthly benefit for a family of three is $506.
Certification Limits	• A family may receive benefits for no more than 60 total months. The 60 months needs not be consecutive	• Eligibility must be recertified every 6 months for families who have an open JOBS plan and are not participating or an active JOBS disqualification OR Eligibility must be recertified every 12 months • Recertification may be done earlier if deemed necessary by the case manager or to align with SNAP benefits • Heads of household may receive benefits for no more than 60 total months. The 60 months need not be consecutive. There are hardship exemptions that can stop the clock or extend benefits beyond 60 months. Children are not subject to the time limit.
Other	• Recipient must have a social security number	• Recipient must have a social security number

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Employment-Related Day Care

Program Eligibility Comparison for Employment-Related Day Care

Eligibility Criterion	Kentucky Child Care Assistance Program	Oregon Employment-Related Day Care Program
Family Composition and Residency	• Recipient must be resident of KY • Child must be a U.S. citizen or a qualified alien • Child must be under 13 or be 13-19 and physically or mentally incapable of self-care • Recipient must be parent by blood, by marriage, or by adoption, or recipient must be the legal guardian or standing *in loco parentis* in relationship to child	• Recipient must be a resident of OR • Child must be a U.S. citizen or qualified non-citizen (includes non-citizens who are at risk for, or currently the victim of domestic violence, and victims of severe trafficking) • Child must be under 12 or be 12-17 and receiving care due to special circumstances and needs • Recipient must be a parent or caretaker who has care, control, and supervision of the dependent child (not required to be a relative)
Income	• Less than 150% of 2011 FPL (On-line calculator considers earned income, net child support, social security, TANF, and "other sources")	• (At initial certification) Less than 185% of 2015 FPL (Application asks for all sources) • (On-going and at recertification) Less than 250% of FPL and less than 85% of the state median income
Resources	• No requirement	• No requirement
Employment	• Must be employed and average at least 20 hours per week for a single parent or average 40 total hours per week for a couple OR A teen parent attending high school or pursuing a GED OR Participating in the Kentucky Works Program OR Have a child protective or preventive services authorization	• Must be employed (no minimum number of hours) and if a couple, both must work and schedules must overlap (unless one parent cannot provide care due to a verified medical condition) Oregon does not cover teen parents attending high school or pursuing a GED, participants in an Oregon employment program, or parents who have children in protective or preventive services authorizations.
Benefit	• The program pays the provider's bill—less a copay—up to a maximum rate that depends on the age(s) of the child and the provider type • Recipient pays a copay that depends on income plus any part of the provider's rate that exceeds the maximum rate	• The program pays the provider's bill—less a copay--up to a maximum rate that depends on the age(s) of the child, provider type, location, and special care needs • Recipient pays a copay that depends on family size and income plus any part of the provider's rate that exceeds the maximum rate
Other	• Must use a provider that is licensed, certified, and registered	• Must use a provider that meets DHS requirements (includes licensed and licensed exempt providers)

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6.8 Appendix I – Alignment with Strategic Technology Plan

The table below summarizes the various components of the STP that an integrated eligibility system will satisfy.

Comprehensive View of Clients	o Supports use of a master client record o Single location for verified client data (e.g. financial, eligibility, benefit etc.) o Facilitate future view of an integrated case and payments through integration with legacy case management and payment systems
Trusted Sources for Health & Human Service Data	o Reduce data duplication and entry into multiple systems through single application for various programs. o Reduce data inconsistencies and inaccuracies through workflow automation o Trusted source for verified client data (e.g. financial, eligibility, benefit etc.) o Improve data access and data share across programs through integration with other DHS systems. o Role based data access and security improves data protection and compliance. o Consistent and accurate data reporting and analysis o Field-level audit and reporting capabilities
Business Automation	o Automated workflows using task queues inside the Worker Portal o Automated decision making and business rules using the business rules engine o Reduced manual and paper based processes o Real time determination of eligibility and benefit amount o Automated verification of client information o Interface with legacy systems
Connectivity Anytime, Anywhere, in Multiple Ways	o Applicant and worker portal allows real-time, 24/7 access to application, eligibility, and benefit information. o Clients can apply, update information, report change in circumstances, and communicate with their assigned case workers through multiple channels. o Multiple device and browser agnostic capability supports connectivity from anywhere
Dynamic Needs Supported by Seamless Services	o Industry best practices and standards based modular architecture and design (e.g., Service Oriented Architecture (SOA), Enterprise Service Bus (ESB) etc.) enables to leverage existing functionality and also expose functionality through web services

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6.10 Appendix J – Responsibilities

Agency and Contractor responsibilities as identified in the SI SOW #2, Amendment #4, are grouped by category below.

Project Area	Agency Responsibilities	Contractor Responsibilities
Planning & Project Management	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.1 of this SOW #2 • State-designated Project Director, in consultation with DHS leadership and the Contractor's Engagement Manager, will have overall responsibility and authority for driving all Project decisions; reviewing and approving all Deliverables; facilitating discussion and communication among the parties as needed; and securing any required State or third-party resources • Manage Joint Agency Governance Structure for ONE/Integrated ONE system (including vendor management structure)	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.1 of this SOW #2 • Engagement Manager, in consultation with Contractor leadership and State Project Director, will have overall responsibility and authority for driving all Contractor decisions; facilitating discussion and communication among the parties as needed; and securing any required Contractor resources. Meet on an agreed upon frequency with key stakeholders to review project performance and resolve issues between the Contractor and the State

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Project Area	Agency Responsibilities	Contractor Responsibilities
	• Subject matter specialists assigned to the Project will have the necessary time commitments to attend meetings, workshops and other Tasks. DHS and OHA personnel will have the role and authority to represent their various functions, and they will also be responsible to speak for, approve on behalf of, and communicate to and from their respective business units for the Tasks defined in SOW #2 • Allocate State resources based on work streams, as defined in the IPS, to allow multiple concurrent sessions to occur during SOW#2. Based on the current high-level timeline outlined in Appendix A, up to three concurrent work streams may be actively engaged at a point in time during the SOW #2 • Contribute to development and management of the IPS: o Identify State-owned tasks and work with the PMO to finalize relevant attributes required for each task o Collaborate with Contractor on understanding Contractor tasks and their attributes in the IPS, integrate timing between State-owned and Contractor tasks o Report progress on State-owned tasks weekly per the processes and cadence in the IMPF o Work collaboratively to identify corrective actions for slippages while reducing impact upon go-live dates • Manage and share schedule for work with implementation dependencies (i.e. legacy design and development). • Complete assigned tasks in the approved IPS in accordance with the baseline finish dates • Analyze Project risks and issues and work with the Contractor to approve issue resolutions and risk mitigations. Communicate risk and issue status discussed at the Executive Steering Committee meetings in consultation with the Contractor • Review and approve the proposed Deliverable Expectation Documents (DEDs) and Deliverable documents, consistent with the Project Management Plan	• Participate as requested in Joint Agency Governance Structure for ONE/Integrated ONE system • Contractor personnel assigned to the Project will have the appropriate experience, availability and skills to perform their function(s) • Follow established onboarding and off boarding processes, complete required privacy and security training; comply with building and server access and use rules • Allocate Contractor resources based on work streams to allow multiple (up to three) concurrent sessions to occur during SOW#2. Propose meeting schedule that takes into consideration the number of concurrent meetings due to State resource availability during the preparation period of the SOW #2 • Develop the IPS by: o Identify Contractor-owned tasks and work with the PMO to finalize relevant attributes required for each task o Collaborate with State on understanding State tasks, managed by the State and their finalization in the IPS; integrate timing between Contractor and State-owned tasks o Reporting progress on Contractor-owned tasks weekly per the processes and cadence in the IMPF o Work collaboratively to identify corrective actions for slippages while reducing impact upon go-live dates • Complete assigned tasks in the approved IPS in accordance with the baseline finish dates • Identify and help mitigate risks and issues related to the Project (scope, schedule, resources), using the agreed-upon Project processes • Prepare a Deliverable Expectation Document (DED) and submit for

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Project Area	Agency Responsibilities	Contractor Responsibilities
	• For each deliverable, participate in working sessions to provide input on deliverable content, provide direction, and vet content as it is being development • Analyze and approve proposed Project scope of work changes. Approve Change Orders and operational procedure changes • Coordinate the necessary State and federal reviews and assessments • If there is a conflict among the governing regulations regarding a specific standard, State will provide the statutory interpretation to resolve the perceived conflict to Contractor • Provide 24/7 access to facilities, servers, and environments for Contractor's Project team. This is subject to the planned maintenance and downtime necessary for servers and environments. Sufficient system and network access will be provided for a minimum number (##) Contractor resources • Maintain Project SharePoint as central document repository • Use PMC in accordance with processes documented in the approved PMFP • Follow Project management and quality management processes as defined in PMFP • Consult with the Contractor on quality improvement measures and determination of areas to be reviewed • Provide notice to the Contractor of inadequate performance; request, review, approve, and monitor proposed corrective actions taken by the Contractor • Protect any Confidential Information, including that of citizens and employees (e.g. limit the amount of data provided to Contractor, use secure channels or ways of sharing data, protect data that resides within the State's operating and IT environments). DHS/OHA will provide Contractor with access to conversion data on a State-provided network device. The State will not knowingly provide PHI, PII or FTI data, except as provided for data conversion activities at Contractor's request and as requested in writing by the Contractor's Project Manager	Acceptance from the State for the content and format of each Deliverable at least two weeks before beginning significant work on the Deliverable as per the dates in the approved IPS (or Section 3 until the IPS Acceptance occurs). • Prepare proposed Project scope of work changes, initiate Change Orders, and recommend operational procedure changes • Participate in State and federal reviews and assessments, as necessary • If there is a conflict among the governing regulations regarding a specific standard, Contractor shall identify perceived conflict and will seek guidance from Agency • Contractor is also responsible for ensuring that personnel use reasonable efforts to maintain property • Submit formal Project documentation to the State SharePoint domain, with access provided to Contractor and State staff. Access restrictions may apply to some documentation such as folders containing security, financial or contract information. All documentation restrictions shall be approved by the State Project Director prior to loading of documents on the SharePoint • Maintain PMC for Project • Implement and maintain Project management and quality management processes as defined in PMFP • Consult with the State on quality improvement measures and determination of areas to be reviewed • When provided notice by Agency of inadequate performance, Contractor will identify, submit for Acceptance, and implement proposed corrective actions to be taken by the Contractor • Handle any Confidential Information to which Contractor has access, in

Project Area	Agency Responsibilities	Contractor Responsibilities
		accordance with the terms of the Contract
Detailed Design Phase	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.2 of this SOW #2 • Actively participate in functional and technical design sessions based upon detailed schedules • Support development of design specifications with functional and technical SMEs that are familiar with legacy systems • Based upon approved design specifications, develop technical design for legacy side of interfaces, legacy application changes, and conversion extract routines	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.2 of this SOW #2 • Schedule and lead functional and technical design sessions with State SMEs • Develop design specifications that describe interfaces (including file formats) and conversions (including file formats) • Support State technical resources in developing technical designs for legacy side of interfaces, legacy application changes, and conversion extract routines
Development	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.3 of this SOW #2 • Review and provide inputs to the Application Development Plan • Provide inputs to functional clarifications and decisions raised during the course of Application Development • Develop interface components per design specified in the Interface Design Control Document (ICD) associated with connecting legacy systems and coordinate with interfacing agencies as defined in Appendix B of this SOW #2. • Provide files generated per the specifications of the interface components in accordance with Accepted design, for integration during development phase. • Provide data extraction files based upon Accepted Data Conversion Plan. • State will provide sample legacy data extracts with confidential information removed or masked for data quality assessment purposes • State SMEs will confirm data models, data definitions and provide available data dictionary documentation for source systems • Perform purification/cleansing of data required for conversion in legacy systems	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.3 of this SOW #2 • Develop the Application Development Plan • Develop the System in accordance with the Accepted Functional Design Document and proactively raise necessary clarifications to the State business and technology teams as applicable. • Recommend specifications for interfaces between the Integrated ONE system and in-scope legacy systems • Execute validation routines against conversion extracts and provide reports of data that fails validations • Advise State in defining data extract criteria for each legacy system • Assist with obfuscation protocols if needed • Advise State in conducting purification/cleansing of data in legacy systems required for conversion • Assist State by implementing Accepted conversion software (Deliverable 2.3.3) to support legacy data conversion and cleansing

Project Area	Agency Responsibilities	Contractor Responsibilities
	• Develop daily extracts to support interim conversion process based on the Accepted Data Conversion Design or addendum. • Process the flagging files generated post conversion to update information in the legacy source systems per the Accepted Legacy Data Conversion Design Deliverable or addendum.	• Generate flagging files post conversion run to indicate successful conversion • Develop conversion routines to support the interim conversion process • Perform calculations, modifications, or sorting required to further identify and extract data from the State-provided data files to support phased rollout, including 'other related individuals' tied to converted data.
Testing	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.4 of this SOW #2 • Participate in mock conversions by providing extracts, reviewing error reports, and validating converted data • Participate in security testing of IAM COTS products and support determination of recommendations and execution of corrective actions resulting from security tests • Coordinate with stakeholders that are participating in test activities to connect their system test and User Acceptance test environments with the Integrated ONE system test and User Acceptance Test Environments, respectively. • Document its test plan, including tests cases based upon the Accepted design and execute Pre- and User Acceptance Testing per the current Accepted schedule in IPS • Plan review sessions, conduct review of test plans SIT test plans, and test cases in accordance to the timeline defined in the current Accepted IPS • Participate in performance, stress/load, security, and end-to-end system integration test activities as defined in the applicable Accepted test plans • Review System Integration Test results and prioritize items for remediation or determine risk acceptance • Review in accordance with the Acceptance provisions the Test Plan(s) and other Testing Phase Deliverables • Schedule, coordinate, and manage IV&V independent testing to support alignment with	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.4 of this SOW #2 • Conduct security testing of IAM COTS products • Provide Agency and Agency partners that are participating in System test activities with access to relevant Test Environment(s) and coordinate testing schedule in support of data exchange. Test Plan and Test Cases as documented in relevant Deliverables will also be made available as additional references • Conduct and complete, in accordance with Agency accepted Test Plans, the performance, stress/load, security, and end-to-end system Integration Tests • Conduct test plan review sessions and finalize the test cases • Conduct testing activities defined in the Accepted test plans and report Test results for QA review • Update the RTM Deliverable to reflect refinements identified during system integration Testing that are mutually determined by the parties to be necessary to exit system integration test • Provide Defect triage, reporting, and the necessary application development support to the State in Pre-UAT and User Acceptance Testing as specified in Section 2.4 of the SOW • Participate in IV&V independent testing by preparing the system, provisioning tester access, and reviewing test results

Project Area	Agency Responsibilities	Contractor Responsibilities
	the approved design and adherence to approved IPS go-live dates	
Security	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.5 of this SOW #2 • State, DHS and supporting agencies will participate in work sessions and review sessions for the system Security Plan (SSP), Privacy Impact Assessment (PIA), Plan of Action & Milestones (POA&M) and Information Security Risk Assessment (ISRA) documents and assign owners, develop work plans, and resource estimates to address gaps that are identified. DHS will review and approve final CMS SSP and POA&M to CMS • Obtain required training on the Security related COTS products (CA IAM suite, QRadar, DataPower and Optim) from product vendor or another Vendor • Hardening server and desktop operating systems and network devices for the Integrated ONE system including patch management and perform penetration testing of the hosted infrastructure according to standards that align with those listed in NIST Vulnerability Security Configuration Standards as required for CMS security requirements • Lead the communication with CMS related to the review of security artifacts as part of the ATC process • Obtain and configure Secure Socket Layer (SSL) certificates on the Integrated ONE system infrastructure • Provide input to the Application Configuration Management Plan and Technology Management Plan deliverables for infrastructure security components of the DHS solution (e.g. Firewalls, Intrusion Detection/Intrusion Prevention systems, Anti-Virus, etc.) • Develop agreements with Federal Data Services Hub (FDSH) including the Interconnection Security Agreement (ISA), Business Associate Agreements (BAA's), Memorandums of Understanding (MoU's), Data Exchange Agreement (DEA), and Computer Matching Agreement (CMA) • Create or modify security and privacy policies and/or procedures for the State, with the	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.5 of this SOW #2 • Develop the system Security Plan, Plan of Action & Milestones), Privacy Impact Assessment, and Information Security Risk Assessment in accordance with CMS MARS-E 2.0 requirements. Prepare an initial SSP and a Final SSP and POA&M (which includes the input from SAR, ISRA, and PIA) in preparation of sending to State Acceptance for CMS submission • Provide suggestions for potential vendors, if required • Provide compliance requirements for operating systems and standards for infrastructure hardening components based upon CMS/NIST configuration standards • Provide security support for the artifacts as required • Provide server information for supporting the request for SSL certificates • Develop the Application Configuration Management Plan and Technology Management Plan • Provide input as required from the SSP documentation for the ISA and data agreements for the Integrated ONE system • Address questions related to the security requirements as required • Participate in the security sessions to review questions and direction from CMS and the State that impact the CMS SSP and security related artifacts as required for ATC • Collaborate with independent vendor hired to conduct independent security testing by preparing for and supporting test execution

Project Area	Agency Responsibilities	Contractor Responsibilities
	exception of operational procedures for security products installed by Contractor • Conduct review sessions with CMS and State Security Information Security Officer (CISO) • Hire an independent vendor to conduct independent security testing per relevant federal and State requirements • Hire an Independent third-party vendor to be responsible for completing the Security Assessment Report (SAR) • Maintain and operate DHS security products other than the CA IAM products and associated supporting components • Submit quarterly updates of the POAM, and annual updates of the ISRA and PIA, following obtainment of Authority to Connect for the Integrated ONE system	• Provide information needed to support the third party security assessments as required by CMS and FNS. • Maintain and operate CA IAM • Provide information for security gaps assigned to the Contractor for responsibility for remediation identified on the POAM • Perform design, configuration, testing and integration of security COTS products (e.g., CA IAM, QRadar, DataPower, Optim) with the Integrated ONE system components • Design, build test and deploy in-scope application security roles • Perform application vulnerability and application security code testing for the Integrated ONE system and provide support for tracking of open application vulnerabilities and support for remediation
Infrastructure	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.6 of this SOW #2 • State will be responsible for acquisition and configuration of servers and operating software needed to stand-up new environments for the Integrated ONE system based upon the approved Technology Management Plan and Contractor Specifications • The State will coordinate the timing of hardware acquisition and environment preparation with the Contractor • Provide access to Contractor in order to enable the hardware and software necessary to use the Integrated ONE systems environments • Implement firewall rules and network access control list modifications to accommodate the flow of network traffic for the security products to function to address business and regulatory requirements • Maintain the Hardware and Software at the SDC including OS-level, and software licensing, and patches for such as maintained by State (for example, Active Directory, DataPower, etc.) • Plan, install and verify OS patches, security system patches, and hardware related upgrades	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.6 of this SOW #2 • Contractor will be responsible for installation and configuration of database, application, and COTS software into new environments • The contractor will participate with State in the coordination of the timing and availability of new environments • Contractor will send State requests for access to the Integrated ONE system environments with reasonable prior notice • Document infrastructure gaps to be addressed to support the flow of network traffic for the security products based upon business and regulatory requirements • Maintain the COTS products and patches in collaboration with State for products identified in the Accepted Technology Management Plan • Plan, install and verify COTS mutually agreed upon patches and upgrades

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Project Area	Agency Responsibilities	Contractor Responsibilities
	required to maintain ETS standards including existing ONE system environments, VDI infrastructure, and end user desktops • Agency will work with Contractor to reasonably schedule downtime for system maintenance and will provide prompt notification of emergency unplanned maintenance • Provision compute and network capacity for development machines (VDI) as defined in the Accepted Technology Management Plan to enable onsite and offsite team members' daily activities with reasonable hardware/virtual machine performance • Collaborate with State ETS and Contractor to configure and monitor server backups and conduct server recovery tests	required to maintain vendor support without impacting the approved IPS • Work with Agency to reasonably accommodate requested downtime for scheduled maintenance • Create and submit Deliverables as per approved timeline and DEDs • Collaborate with State and provide inputs regarding performance of development machines (VDI) and document the finalized capacity requirements in Technology Management Plan. • Conduct application and COTS validation after successful recovery of servers
Business Operations Implementation	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.1 of this SOW #2 • Provide leadership direction, input and session participants necessary to support the development, execution, evaluation, and Acceptance of the Business Operations Implementation Services plans • Make cross-program operational and policy SMEs available for to-be process model working sessions. SMEs will have detailed knowledge of current business processes and preferences for the proposed business processes for the Integrated ONE system • State leadership will be closely involved to confirm key decisions made and help assess and accept their impact on the current system and business operations • Revise and publish policy changes as required to align with approved system and process designs • Leadership will communicate any modifications to future DHS vision, including timing and schedule modifications • Identify resources for business operations implementation services deliverables so that they align with the on-going work of the DHS Business Transition Team responsible for integration of OHA to DHS operations • Responsible for communicating in a timely manner any decisions regarding integration of	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.1 of this SOW #2 • Lead business transition planning tasks • Discuss Integrated ONE program policies and operational practices, and help document key transition items • Review and notify the state of any inconsistencies on Policy draft alignment with System design • Coordinate with functional team to communicate potential design impacts as a result of business process redesign

Project Area	Agency Responsibilities	Contractor Responsibilities
	OHA operations into DHS operations including timing of activities • Responsible for integrating current OHA eligibility center operations to DHS operations • Provide operational performance data including baseline data for SSP, APD/AAA offices to support Business Operations Implementation services activities	
People Readiness	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.2 of this SOW #2 • Collaborate with the Contractor People Readiness team to plan the people transition to Integrated ONE by providing input into and approval of the People Readiness and Communications Support Plan (PR&CSP) deliverable. • Collaborate with the Contractor People Readiness team to provide input into the ongoing quarterly updates of the PR&CSP • Lead the people readiness activities, per the strategy defined in the People Readiness and Communications Support Plan • Identify stakeholders with knowledge and availability to execute the people readiness activities, per the strategy defined in the People Readiness and Communication Support Plan • Develop and maintain primary responsibility for executing an Integrated ONE system Communications Plan • Provide guidance and requested information (demographics, facilities, technical, current skills) as input to Training Plan • Support development of training material based upon the approved Training Plan and identify resources for any review or dry-runs of content under development • Provide support for determination of training data • Identify and staff sufficient trainers to receive train-the-trainer training • Conduct sufficient instructor lead training deliveries to support the approved IPS • Provide Learning Management System (LMS) or other training materials storage and delivery	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.2 of this SOW #2 • Lead development of the People Readiness and Communications Support plan deliverable • Collaborate with the State People Readiness team to provide quarterly updates of the PR&CSP • Collaborate with the State by attending events and meetings where People Readiness activities are occurring • Collaborate with the State People Readiness Team on the execution of the people readiness activities, such as providing feedback on State People Readiness materials • Develop Training Plan, describing the approach, the curriculum (including description, durations, delivery method, audience, and learning objectives of each course); includes train-the-trainer approach and roles and responsibilities for training material development and training delivery; materials to be provided from the Integrated ONE perspective and designed to be incorporated into State's comprehensive training that combines information technology, policy, and practice • Develop training material based upon the approved Training Plan and schedule reviews or dry-runs of content under development o Coordinate the identification and population of training data • Leverage State designated storage and delivery mechanisms for training

Project Area	Agency Responsibilities	Contractor Responsibilities
	mechanism and any system requirements needed for coordinated development • Provide Train-the-trainer and End User Training scheduling tools; manage registration for TTT and End User Training class delivery; train Contractor resources on provided tools; and monitor and confirm WBT training compliance • Participate in a pilot of the Training program prior to Train-the-trainer launch • Provide the necessary facilities, network access, printed materials and tools to support Train-the-trainer and End User Training sessions • Deliver end user training based upon the approved IPS and communicate feedback on training results and issues • Provide and prepare 1 business process and policy SME for each class during Train-the-trainer and end user training sessions • Collaborate with the Contractor People Readiness team in the development of the Phased Rollout Support Plan deliverable • Provide access to accurate and timely data on headcount in each of the on-site support offices for planning and deployment • Deploy State resources to support the delivery of on-site support 4 weeks after Pilot and for each go-live, per Contractor and State agreed upon support resources and timeframes • Collaborate and Coordinate with the Contractor People Readiness Team to prepare resources to provide onsite support	materials and web-based training content • Leverage provided Train-the-trainer scheduling tool to schedule Train-the-trainer sessions • Deliver a pilot of the train-the-trainer program to designated State trainers, prior to UAT as per the Accepted Training Plan Deliverable. • Deliver Train-the-trainer training to designated State trainers, prior to Pilot go live as per the Accepted Training Plan Deliverable. • Provide feedback to the State regarding document training delivery logistics checklist, which defines requirements on facilities, printed materials, and tools • Collaborate with State to address issues related to the training environment and questions about the training materials during End User Training • Provide TTT reference materials and conduct a review session to prepare State business process and policy SMEs who will participate in training delivery • Lead the development of the Phased Rollout Support Plan deliverable. Collaborate with the State Business Transition Team to plan on-site support needs prior to, during and immediately after go-live • Deploy Contractor resources to support the delivery of on-site support for the duration of the Pilot and 4 weeks after go-live for each wave, per Contractor and State agreed upon support resources and timeframes. The following number of contractors will be deployed: o Pilot + ONE Upgrade: up to 11 o Wave 1: up to 31 o Wave 2: up to 33 o Wave 3: up to 26

Project Area	Agency Responsibilities	Contractor Responsibilities
		• Prepare State and Contractor resources in the activities to be performed at each site
System Implementation	Participate in and support timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.3 of this SOW #2 • Establish criteria for go/no-go implementation decisions and make go/no-go implementation decisions as appropriate • Provide resources to support the development of cutover plan • Provide resource to support the approved cutover plan • Provide a Command Center Manager with the authority to make decision while the Command Center is effective	Perform timely and satisfactory completion of all Contractor Tasks included in the scope described in Section 2.7.3 of this SOW #2 • Participate in and make recommendations as input into go/no-go decisions • Develop cutover plan in collaboration with State • Lead execution of cutover based upon approved cutover plan • Provide leadership presence onsite for command center meetings.

Table 4: Responsibilities

Parking Lot

Integrated ONE System Functionality includes:

- Workflow automation inside the Worker Portal
- Automated business rules using Corticon Rules Engine – including real time eligibility determination to support the Applicant Portal
- Automated notice generation using HP ExStream
- Address validation service using Melissa Data
- Automated verification interfaces with the Federal Data Services Hub, the state Medicaid Enrollment System (MMIS), and the Oregon Employment Department
- Automated Bi-Directional Account Transfer with the FFM & Minimum Essential Coverage check for Medicaid benefits
- Integration with the existing document management service provided by DHS Imaging and Records Management System
- Integration of Computer Associates Identity & Access Management Solution to provide single sign-on integration with OHA's Active Directory

3.6.2 Key Performance Indicators: Measures of Business Success

The following Key Performance Measures are routinely collected by DHS's Performance Excellence Office. Implementation of a new Integrated Eligibility system is expected to "move the needle" on these indicators in the desirable direction:

- Customer Satisfaction: % of DHS Customers that rank the quality of DHS Service as good or excellent
- Employee Engagement: % of DHS staff that report medium-high or high level of engagement
- Accuracy:
    - % of SNAP PER QC reviews for SSP branch offices where accuracy measures 95% or better
    - % of TANF QC reviews for SSP branch offices where accuracy measures 95% or better
    - % of ERDC QC reviews for SSP branch offices where accuracy measures 95% or better
    - % of APD QC and QA reviews for APD branch offices where accuracy measures 95% or better
- Timeliness:
    - % of new SNAP Expedited and Non-Expedited applications meeting processing timelines
    - % of new SNAP Benefits issued within 0-1 days
    - % of APD cases with a redetermination date that is current or less than 1 month overdue compared to the total cases with a review date

3.6.3 Measures of Project Success and Completion

Project Success Measures:

•

• Project is completed on time in comparison to the latest approved baseline schedule.
• The last approved baseline schedule does not deviate by more than 10% from the schedule projected at Stage Gate 3.

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• Project is completed within budget in comparison to the latest approved baseline budget.
• The latest approved baseline budget does not deviate by more than 10% from the budget projected at Stage Gate 3.
• The system satisfies all of the requirements in the Requirements Traceability Matrix at Stage Gate 3 as subsequently modified through the project's change management criteria.
• At the close of the warranty period, there are no Critical or Major defects remaining and the ratio of Minor defects remaining to the size of the system is below industry averages.

Project Completion Criteria
The project will be complete when all of the following are true:
• System has been in production through a six-month warranty period
• All contracted work has been completed and accepted, and final payments have been made to all vendors
• The Office of the State Chief Information Officer and the Legislative Fiscal Office have approved the project's Stage Gate 4 submission
• A steward for Operations and Maintenance is identified and has formally accepted handoff of the system
• The position responsible for post-project monitoring and reporting on measures of success has been identified and its occupant has formally accepted the handoff
• Final reports required by funders of the system, if any, have been delivered and accepted
• Project documentation has been assembled and archived consistent with agency and state records retention policies

DRAFT

DHS
Oregon Department
of Human Services

DHS|OHA

Information Resource Request

Department of Human Services
Integrated Eligibility Determination Project

VERSION LOG

Version	Description	Author	Date
1.0	Initial Draft	Karl Olmstead	12/02/2015
1.1	Revisions based on comments from Ed Arabas	Karl Olmstead	12/15/2015
1.2	Update to schedule	Karl Olmstead	1/15/2015
2.0	Updates to Schedule/budget due to re-baseline	Rob Midtun	2/28/2018

SIGN-OFF

Role	Name	Version	Comments	Date
Independent Project Director	Tony Black	2.0	Appoval via email	2/28/2018
Chief Information Officer DHS/OHA	Kristen Duus	2.0	Approval via email	2/28/2018

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1 DAS Information Resource Request

State of Oregon **Information Resource Request**

PROJECT NAME	**Integrated Eligibility Determination Planning Project**		
AGENCY	**Department of Human Services**	**DATE**	**11/24/2015**
DIVISION	**Director's Office, Office of the Chief Operating Officer for Technology**	**DAS Control #**	
AGENCY CONTACT	**Trisha Baxter**	**PHONE NUMBER**	**503-580-7853**

SERVICES SUMMARY

- ✓ System Design Programming
- ☐ Planning and Project Management
- ✓ Project Review
- ☐ LAN Consulting
- ☐ Education and Training
- ☐ Maintenance
- ☐ Other _____

PROJECT COST SUMMARY
(Including development and operating costs)

ITEM	V1.2	UPDATE V2.0
Hardware	$ 0.0M	$ 2.7M
Software	$ 3.5M	$ 11.7M
Services	$ 101.6M	$ 218.9M
Other	$ 21.0M	$ 111 M
TOTAL	$ 126.1M	$ 344.3 M

_____
Agency Business Owner date

_____
Agency Technology Manager date

ATTACHMENTS
☐Statement of Work ✓ Business Case Analysis ☐ Feasibility Study
☐ Strategic Plan ☐ Other _____

DAS COMMENTS:

_____
CIO Analyst date

_____
State CIO (or designee) date

NOTE: Guidelines for completing this form are contained in the DAS/Information Technology Investment Review/Approval Policy

PROJECT NAME	Integrated Eligibility Determination Planning Project		
AGENCY	Department of Human Services	DATE	11/24/2015
DIVISION	Director's Office, Office of the Chief Operating Officer for Technology	DAS Control #	
AGENCY CONTACT	Trisha Baxter	PHONE NUMBER	503-580-7853

PROBLEM STATEMENT ***(Identify problem, opportunity, or mandate [legislative, Federal, etc.]. Include summary statement of business process(es) and stakeholders affected.)***

Background

Oregonians do not currently have the ability to apply for Non-Modified Adjusted Gross Income (Non-MAGI) Medicaid through a self-service portal via an on-line application. Additionally, while individuals currently may utilize an on-line application for Oregon's Supplemental Nutritional Assistance Program (SNAP) or with manual process supplementation for Temporary Assistance to Needy Families (TANF) or Employment Related Day Care (ERDC), the systems supporting the application does not link to a benefit authorization system. Department of Human Services (DHS) eligibility workers must engage in manual application processing activities, with little to no automation. Changes to regulations from federal agencies present challenges for eligibility workers when applying those regulations to each applicant's unique situation.

Oregon Department of Human Services seeks to reduce manual processing and reduce the reliance on legacy systems in support of Non-MAGI Medicaid, SNAP,TANF and ERDC eligibility determinations. The purpose of this project is to assess possible alternatives for the automation of eligibility processing, determine and develop the legacy system interface requirements to reduce or eliminate manual input, and provide a web-based front-end applicant portal to support customer self-service for at-minimum, Non-MAGI Medicaid, and potentially other human service programs (i.e., SNAP, TANF, Employment Related Day Care).

Opportunity Definition

The Oregon Health Authority (OHA), the state's designated Medicaid agency, has recently implemented a new system for MAGI Medicaid eligibility determinations. That system is called Oreg**one**ligibility, or ONE, and is the result of transferring the State of Kentucky's Affordable Care Act compliant state-based marketplace solution (*kynect*) for use in Oregon.

In late 2015, Kentucky rolled out an extension to the system that OHA has transferred to Oregon. That extension supports eligibility determinations for the following programs:

- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance to Need Families (TANF)
- Medicaid Waiver Management Applications
- Child Care

Given CMS direction that it will only provide enhanced funding match for extending the ONE system, the time is clearly right to consider extending ONE to support Non-MAGI Medicaid eligibility determinations and eligibility determinations for other DHS Human Service programs too.

The high-level business objectives driving this effort are:

- Allowing applicants to apply for benefits on-line, reducing the need to travel to local offices and reducing the need to provide duplicate information when applying for benefits from more than one program
- Automating manual processes in order to:
    - Reduce the amount of time that elapses between completing an application and making an eligibility determination
    - Reduce the amount of time that staff must spend creating, reviewing, and acting on each application
    - Reduce the rates of errors in making eligibility determinations
- Allowing for seamless sharing of information and transfer of cases among program staff

On August 10, 2011, three federal agencies (Centers for Medicare and Medicaid Services (CMS), Food and Nutrition Services (FNS) and the Administration for Children & Families (ACF)) announced a time-limited, specific exception to the cost allocation requirements set forth in Office of Management and Budget (OMB) Circular A-87. These provisions generally require the costs associated with building shared state-based information technology systems to be allocated across all benefitting programs. The exception reflected a federal focus on streamlining enrollment in health and human services programs while leveraging funding efficiencies at the state-level. On July 20, 2015, the three agencies extended the exception for an additional 3 years, through December 31, 2018, and provided additional guidance on how states may take advantage of it to leverage these investments to better serve consumers' multiple programs and needs.

AGENCY ANALYSIS ***(Identify alternatives considered and significant reasons for the alternative chosen. Include summary of agency analysis related to cost/benefit, feasibility, risk assessment, impacts on current environment, and other relevant business factors.)***

The CMS policy to fund only a single financial eligibility system per state and the fact that Medicaid Title XIX will provide 90 percent of the funds needed for the system means that Oregon's only viable alternative to the status quo must include enhancement of the ONE system to support Non-MAGI Medicaid eligibility determinations. DHS has explored four possible courses of action, including continuing in the current state. These are the alternatives:

Alternative #1: Implement Non-MAGI Medicaid Eligibility Determination into the ONE System
Under this alternative, the ONE system would be extended to support Non-MAGI Medicaid eligibility determinations and service authorization to community-based care programs only. This approach limits the scope of DHS programs that would be affected. It requires transfer of the Kentucky system, removal or disabling of the functionality in that system supporting

programs like SNAP and TANF, and customization for Oregon's Non-MAGI Medicaid program. This approach would use 90/10 federal funding.

Alternative #2: Implement Integrated Eligibility Determination into the ONE System
Under this alternative, the ONE system would be extended to support Non-MAGI Medicaid eligibility determinations and SNAP, TANF, and ERDC determinations, as well as service authorizations for community-based care programs. This approach involves a wider range of DHS programs. It avoids the risk and expense of removing functionality for these programs from the Kentucky system. It requires potential customization for a larger number of Oregon programs. This alternative could be rolled out all at once or it could be phased-in program-by-program. This approach would use Medicaid 90/10 federal funding to the benefit of other programs, which would only have to fund parts of the solution that were benefitting those programs exclusively.

Alternative #3: Acquire External Eligibility Determination Services from another State
Just like Alternative #1, this alternative would extend ONE to support Non-MAGI Medicaid eligibility determinations only. Like Alternative #2, it would support eligibility determinations for the SNAP, TANF, and ERDC programs. However unlike Alternative #2, that support would be outside of ONE. In this alternative, DHS would contract with another state to support SNAP, TANF, and ERDC eligibility decisions. At a minimum, that would involve modifying the partner state's system for those programs to accept applications from Oregonians and make eligibility determinations based on Oregon's rules. Limiting factors include lack of integration of Non-MAGI Medicaid program eligibility with MAGI program eligibility and recording of Oregon-specific MAGI, CHIP, and CAWEM rules. The project team was unable to identify a state where this approach is being used. Therefore, cost estimates for this alternative were unattainable.

Alternative #4: Do Nothing
Under this alternative, there would be no additional investment in the ONE system and no acquisition of eligibility services from another state. Improvements to current processes would be limited to those that arise naturally through the DHS's continuous improvement program. This alternative means losing the opportunity for enhanced federal funding to improve IT systems and thus results in greater cost in state funding for future enhancements.

Section 4 of the attached business case describes the costs, benefits, and risks of each of the alternatives. They are summarized here:

Cost, Benefits, and Risks Summary

Alternative	Project Cost	Program Benefits from Project	Overall Risk
1. Implement Non-MAGI Medicaid Eligibility Determinations	~$80.3M	Medicaid	Low
2. Implement Integrated Eligibility Determinations	~$126.1M	Medicaid, SNAP, TANF, ERDC	Medium
3. Acquire Eligibility Determination Services from Another State	Unknown	Medicaid, SNAP, TANF, ERDC	High
4. Do nothing	~$4.0M		High

Based on that analysis, DHS intends to pursue Alternative #2, Implement Integrated Eligibility Determination. This means extending the ONE system by transferring, configuring, and customizing Kentucky's Non-MAGI Medicaid, SNAP, TANF, and ERDC eligibility system to Oregon.

PROJECT SUMMARY ***(Provide summary narrative of the current project. Include summary statement of work, community/stakeholder impact, enterprise implications and opportunities, and alignment with the*** **State of Oregon Enterprise Information Technology Strategy** ***and published enterprise architecture and standards.)***

Section 5 of the business case sets out a tentative schedule that would implement the expanded, integrated eligibility determination system in mid-2018. These are the key project milestones.

Schedule Milestone v1.2	**Expected Date**
Stage Gate 2 Approval	December 2015
Independent Quality Assurance Vendor Under Contract	December 2015
Stage Gate 3 Approval	February 2016
System Integrator Under Contract/Fit-Gap Analysis Begins	March 2016
Fit-Gap Analysis Complete; Design/Development Begins	July 2016
Re-Baseline Based on Fit-Gap Findings	August 2016
Design and Development Iteration #1 Complete	April 2017
Design and Development Iteration #2 Complete	July 2017
Design and Development Iteration #3 Complete	November 2017
End-to-End User Acceptance and Regression Testing Complete	May 2018
Pilot Implementation Begins	July 2018
Roll Out Begins	September 2018
Stage Gate 4 Approval	June 2019
Project Complete	June 2019

Schedule Milestone v2.0 Re-Baseline	Expected Date
Project Planning Begins	July 2015
Stage Gate 1 & 2 Submission	December 2015
Stage Gates 1 & 2 Approval; Federal Advance Planning Document Approval	February 2016
System Integrator under Contract; Fit-Gap Analysis Begins	April 2016
Stage Gate 3 Submission	July 2016
Stage Gate 3 Approval, LFO Approval, Federal Approval of DDI SOW	September, 2016
Design Phase (Core)	September 2016 - March 2018
Iteration #1 Development & SIT Phase	April 2017 – September 2018
Iteration #2 Development & SIT Phase	April 2018- March 2019
End-to-End User Acceptance Testing Prep & Execution	October 2018- August 2019
OHA Upgrade & Production Pilot Period	September 2019-December 2019
Phase Implementation (3 waves)	February 2020 - July 2020
Roll Out Complete	August 2020
Stage Gate 4 Approval; Project Complete	January 2021
Warranty Complete	August 2022

These are the principal stakeholders:

- ***Oregonians applying for Non-MAGI Medicaid, SNAP, TANF and ERDC benefits***
- ***DHS Aging and People with Disabilities (APD) Field Offices*** statewide & ***Area Agencies on Aging (AAA)*** which are typically county-chartered organizations and under contract with the department. Collectively they deliver DHS's Non-MAGI Medicaid program including making initial and ongoing financial eligibility determinations for people over the age of 65 and people with disabilities who need assistance.
- ***DHS Self-Sufficiency Program (SSP) Field Offices*** which deliver DHS' SNAP/TANF/ERDC eligibility determinations
- ***Federal Partners, including Centers for Medicare and Medicaid Services, Food and Nutrition Services, Administration for Children and Families***

The proposed solution will be fully consistent with state and department IT architecture and standards.

Does this project conform to program and information technology related statutes, administrative rules, executive orders, and statewide policies? ✓ Yes ☐ No ☐ Don't Know
If not, please provide justification: _____

BUDGET IMPACT ***(Provide summary narrative of the budget and resource implications of this project, as well as its relevance to the core mission of the agency.)***

The preliminary estimate of the cost to implement the system in mid-2018 and operate it through June of 2019 is $126.1 million. Details and assumptions behind that estimate can be found in the attached business case.

Most of the cost will be eligible for a 90 percent federal match. Other portions will be eligible for a 50 percent match. The total state share will not exceed 20 percent.

A more detailed budget estimate will be developed as part of preparing for Stage Gate 3 review. That work will include establishing a precise expectation about the state share of the total cost.

Update February, 2018 v2.0 Re-Baseline:
The total Project one-time costs are estimated to be $344.3 million (July 2015-July 2020). This estimate includes the design, development, and implementation of the ONE IE & ME systems, the legacy systems work, the disaster recovery sub-project, all personal services (salary and benefits), IT professional services, hardware and software costs, hosting services, and training. Stage Gate 3 foundational documents have been updated and uploaded to OSCIO's enterprise Project and Portfolio Management (PPM) system such as an updated Business Case, v 3.0.

FUNDING SOURCE ✓ **General Funds** ✓ **Federal Funds** ☐ **Lottery Funds** ☐ **Other Funds**
If Other Funds, please identify source _____

CONTRACT SUMMARY ***(attach statement of work from procurement document)***
✓ **Personal Services** ☐ **Goods** ☐ **Trade Services** ✓ **PO/CRO/Task Order**
Contract Amount TBD **End Date** 12/31/2018 **Amendment #** _____

PRODUCT/HARDWARE SUMMARY	**HOST-BASED SOFTWARE**
Please indicate required hardware (if known):	☐ **System** _____ ☐ **LAN/WAN** _____ ☐ **Development** _____ ☐ **DBMS** _____ ☐ **Application** _____ ☐ **Other** _____

IRR COMPLETION PROCESS

At the commencement of an information technology-related project, agency prepares form, business case and any supporting documentation required.

Agency obtains Agency Business Owner and Agency Technology Manager signatures or e-mail approvals.

Agency sends IRR, business case and any supporting documentation to:

Department of Administrative Services
Chief Information Office
155 Cottage Street NE (4th Floor)
Salem, OR 97301

or by e-mail to: **IT_Investment.Review@das.state.or.us**

DAS will review and provide analysis related to completeness of the IRR and business case based on the context of the Information Technology Review/Approval Policy and potential enterprise applications and impact on enterprise programs.

If form is complete, IRR and accompanying analysis is forwarded to the State CIO for approval

OR

If form is not complete, documentation is returned to Agency with explanation.

After documentation is approved, the IRR is returned to the Agency with DAS Control Number.

Agency forwards approved IRR with procurement documents to Dept. of Justice and DAS State Procurement Office

Total Project Cost or Purchase Price:	Agency-Provided Supporting Documentation	Approval required
≥ $150,000	**Conform with Information Technology Investment Review/Approval Policy** **Information Resource Request** **Business Case** **Any additional supporting documentation**	State CIO
NOTE:	**Some projects may require Independent Quality Assurance Reviews as per the Technology Investment Strategy Development And Quality Assurance Reviews Policy Circumstances may include the following:** **Those projects that are required by legislative action or executive mandate to have independent reviews, and information technology projects that meet three of the following criteria, shall provide for an independent quality assurance review.** **The system, application or infrastructure affected by the project is considered mission critical by the affected agency or DAS.** **The project schedule exceeds one year in duration.** **The project scope includes changes or enhancements to systems, applications or infrastructure managed or maintained by more than one state agency or government entity.** **The complexity of the project is deemed medium or higher using the Department of Human Services, Business and Technical Assessment (Exhibit A) or similar tool that has been approved by DAS.** **The total project costs are estimated to be greater than $1,000,000.**	State CIO



Business Case for Medicaid Modularity Planning

Office of Information Systems

Date: 03/25/2020
Version: 2.0
Author: Sophia E. Grant

Business Case – Authorizing Signatures

PROPOSAL NAME AND DOCUMENT VERSION #			
AGENCY		DATE	
DIVISION		DAS CONTROL #	
AGENCY CONTACT		PHONE NUMBER	

The person signing this section is attesting to reviewing and approving the business case as proposed.

This table to be completed by the submitting agency Agency Head or Designee	
Name	
Signature	
Agency Executive Sponsor	
Name	(Date)
Signature	
Agency Chief Information Officer (CIO) or Agency Technology Manager	
Name	
Signature	
State Data Center Representative, if required by the State CIO	
Name	(Date)
Signature	

This Section to be completed by DAS Chief Information Office (CIO) IT Investment and Planning Section DAS CIO Analyst	
(Name)	(Date)
Signature	
State CIO	
(Name)	(Date)
Signature	

Executive Summary

The OHA Office of Information Services (OIS) is a shared-service information technology organization supporting Oregon's two largest state agencies: the Oregon Health Authority (OHA) and the Department of Human Services (DHS). OHA is Oregon's single State Medicaid agency responsible for ensuring access to health services is available to Oregonians, while DHS is the agency responsible for providing access to all other public assistance benefits. The partnership between OHA and DHS and their alignment with business operations and technology services unites these two agencies in their common goal to establish streamlined Medicaid eligibility, improve access to care and service delivery, and expand coverage to more Oregonians.

Current Oregon MMIS is a monolithic system implemented in 2008. CMS has indicated that eligibility for continued federal funding is dependent on compliance with CMS mandates and evidence that states are committed to a thorough planning effort supporting a modular future state. The goal of the Oregon Medicaid modularity program is to move from a monolithic system to a modular Medicaid environment that facilitates efficient administration of Oregon's Medicaid program. Since Oregon does not need to replace its current MMIS in the immediate (near term) future, the focus of the Oregon Medicaid modularity program is to evaluate Oregon Medicaid enterprise architecture for possible improvements; and develop a strategy and plan for the Medicaid modularity activities. The Modularity program planning effort provides a long term roadmap for modernization of Medicaid related systems.

The goal of the proposed program is to support DHS and OHA in crucial planning activities to achieve compliance with CMS requirements and improve interoperability and sustainability of the technology solutions supporting Medicaid service delivery. Federal government will support funding of modularity planning activities at an enhanced 90/10 match rate. This level of federal support translates into substantial financial savings for Oregon to transform its existing Medicaid system to provide sustainable foundation into the future. Access to enhanced funding will allow Oregon to incrementally implement modular solutions over the next 5-7 years while shouldering only 10% of the primary costs.

Purpose and Background

Oregon's current MMIS is based on the DXC Technology Services LLC interChange Healthcare platform implemented in 2008. The MMIS was designed to support a fee-for-service model; there were extensive modifications implemented later to support Oregon's Coordinated Care Organization (CCO) capitation-based model. OHA intends to create an enterprise vision for transforming the way services and programs are delivered to Oregon citizens, going beyond technology. This encompasses a re-evaluation of processes and organization structures used to manage and deliver program services, efforts to work across organizational boundaries to more effectively manage and deliver health and human services (HHS) in Oregon, and transition from current operating models to an outcomes-based focus. This program supports core value of Innovation for both OHA (https://www.oregon.gov/oha/Pages/Portal-About-OHA.aspx) & DHS (https://www.oregon.gov/DHS/ABOUTDHS/Pages/index.aspx)

In 2016, the federal Centers for Medicare & Medicaid Services (CMS) issued regulations which represent a fundamental shift in the approach states must use to procure, implement, and obtain certification for their MMIS. The new modular approach championed by CMS involves packaging a business process or group of processes into a distinct "module" with open interfaces which can easily be integrated with other modules to

create a flexible, service-oriented architecture. Because the modules are independent components, they can be replaced in the future more easily and with lower risk and duration than a traditional "big-bang" MMIS replacement or the modernization overhaul.

The underlying rationale for Medicaid Modularity planning effort supports the fundamental principles of the OHA & DHS Strategic Plan to: 1) "*provide the agencies with tools & capabilities to automate workflows, decision making & business rules, while reducing manual, paper-based processes & increasing efficiency & effectiveness*" (https://teams.dhsoha.state.or.us/sites/ois/SiteCollectionDocuments/DHS_OHA%20Strategic%20Technology%20Plan%202013.pdf p 15) : 2) "*provide modular, common services & capabilities which promote agility, re-use, & capitalize on best practices leveraging enterprise capabilities*" https://teams.dhsoha.state.or.us/sites/ois/SiteCollectionDocuments/DHS_OHA%20Strategic%20Technology%20Plan%202013.pdf, p 15).

The modular approach also enables Agency to design and conduct a sequenced procurement and deployment of an end-to-end MMIS solution, prioritizing the implementation of modules based on business needs. Modularity offers many benefits to Agency, such as the ability to adapt to changes in state and federal policy, new programs and initiatives, and technological advancements in a timely and cost-effective manner and to increase innovation and potentially lower costs through new market entrants and greater competition. It allows Agency to focus on "best-of-breed", interoperable solutions.

Problem or Opportunity Definition

Oregon made numerous enhancements to its current MMIS. These changes impact 1,800 state users, 17,000 provider users, and over 1 million Oregonians receiving healthcare services. Despite various improvements, large sections of Medicaid enterprise system are from legacy technologies. In order to continue supporting its business mission, OHA needs to transform its business operations and modernize its IT ecosystem to align to rapid changes in healthcare delivery system.

Medicaid Modularity planning is highlighted in Healthy People IRM 2019-2021 (Sec 4.3.1, p 29) as this program responds to several key drivers of the Strategic Information Management Framework, identified in the Healthy People IRM 2019-2021. These drivers include: Federal mandates (sec 2.1.3 p 12), Modernization (Sec 2.1.5 p 13), Health System Transformation (Sec 2.1.7 p 14) and the Overall Driver of Aligning Strategy, Priorities & Plans (Sec 2.2 pp 14-15). The program aligns with the overall Agency vision of investing for sustainability & agility (Sec 2.4 p 17). Planning effort will comply with all relevant federal, state, and agency requirements, including OHA 2019-21 Affirmative Action Plan, DHS office of Equity & Multiculturalism Policy & Processes and DHS-OHA Reasonable Accommodation policy.

OHA completed its first MITA SS-A in 2013 to review existing capabilities and determine future needs. In the early stages of the MITA SS-A, it was determined that even the current MMIS implemented in 2008 is unlikely to meet future business needs of OHA. An update to MITA SS-A will identify the current level of maturity of a broad range of organizational processes and include organizational change management recommendations to improve its level of maturity across a broad spectrum of Organizational Change Management practices.

The move to modularize Oregon Medicaid Enterprise Systems (MES) is federally mandated through a letter issued to State Medicaid Directors on Aug 16, 2016. CMS requires all states to plan for and implement modular technology solutions in support of Medicaid programs. Oregon MES needs to be updated with modular functionality to eliminate redundancy, duplication of effort and waste of IT assets. Modularity planning effort will be led by vendor resources and agency FTEs that will be dedicated to this effort. The planning activities have been scheduled considering other large agency-wide strategic initiatives to ensure critical business resources will be available to support the planning effort. Agency has an established appropriate governance structures to adequately oversee this investment, as outlined here: https://dhsoha.sharepoint.com/teams/Hub-SS-OIS/SitePages/IT-Governance.aspx Additional processes will include the following elements: engaged executive sponsorship, steering committee, vendor and contract management, change control and stakeholder representation processes.

OHA is soliciting for planning consulting services around Medicaid modularity. Consultant will be tasked with several critical activities: 1) update of the current MITA State Self-Assessment (SS-A), 2) create of the strategic modernization roadmap and 3) prepare for procurement activities to solicit for and acquire services of SI & PMO vendors for Medicaid Modularity along with individual module acquisition strategy that meets Agency needs.

Medicaid Modularity planning will take a holistic approach, looking at a broad range of technological, budgetary and business process challenges OHA will face as it moves from a single MMIS into the modular environment to address the wide variety of business needs. The consultant will produce a roadmap of modernization projects that span multiple biennia, which will allow for long term budget planning, using the approach that considers:

- Agency's short- and long-term goals and priority initiatives and the vision and expected outcomes of the Medicaid modularity.
- The ability of the market to support Agency's vision for the Medicaid modularity with modular offerings versus custom development.
- The grouping and sequencing of modules for federal funding requests, procurement, and implementation to support the Medicaid modularity.

Alternatives Analysis

Two other (*less desirable*) alternatives include:

Do Nothing – continue to extend the existing support contract with DXC (that, per CMS guidelines, cannot be continued *indefinitely*). The current MMIS was implemented 12 years ago with optional M&O contract that will expire in 2022. Maintaining the current state will cause Oregon to miss a unique opportunity to streamline Medicaid related systems while taking advantage of enhanced FFP. CMS expects Oregon to demonstrate a strong commitment to plan and execute a modular Medicaid Enterprise environment in compliance with CMS mandates. Non-compliance with CMS mandates will lead to significant negative financial ramifications for Oregon – loss of enhanced funding for enhancements or renewal of the system and doubling of state fund requirements for M&O expenditures.

Implement another State's planning approach

Oregon could choose to bypass its own planning efforts and implement the planning approach of another state, leveraging its planning outcomes and RFPs to procure new modular solutions. This approach will likely result in a lack of a cohesive roadmap and executable plan to meet Oregon-specific needs and increase the overall risk of this crucial program. It is also likely, that the solutions adopted by another state either would require significant modifications to address Oregon-specfic requirements or would require significant business process and operational workflow reengineering.

Consequences of Failure to Act

- Lost opportunity to develop a modern, sustainable and scalable solution environment supporting Oregon Medicaid service delivery.
- Lost opportunity to leverage CMS enhanced 90% funding for future replacement of existing aging Medicaid supporting technology. In just 5 more years, the current MMIS solution will be 17 years old and will be approaching its end of life. The typical cost to replace MMIS systems is over $150 million. Without enhanced funding, the general fund share of a replacement would be over $75 million, compared to $15 million.
- Lost opportunity to negotiate competitive maintenance and operations vendor support as a result of increased competition. The current contract with DXC for maintenance and operations increases by 2% annually.
- Potential significant financial impact due to loss of CMS enhanced funding support for maintenance and operations. The current annual maintenance and operations cost is approximately $20 million per year. CMS funds 75% or approximately $15 million. If Oregon lost CMS enhanced funding, the federal funding level will drop from 75% to 50%. This will increase Oregon's need for GF for annual maintenance and operations from $5 million to $10 million per year.
- Potential significant financial impact due to loss of CMS enhanced funding support for system change requests and for major enhancement projects. System change requests average $10 million annually. Major enhancement projects range between $5-20 million. CMS currently pays 75% of the cost of system change requests and 90% of the cost of major enhancements. If Oregon lost CMS enhanced funding, the federal funding level will drop to

50%. This will increase Oregon's typical annual general fund change request and enhancement projects cost from under $4 million to over $11 million.

Conclusions and Recommendations

It is essential for OIS to engage in this federally funded effort to transform business and technical architecture of the Medicaid Enterprise Systems. The Strategic Advisor consultant is expected to provide experience and technical expertise and successfully develop Medicaid modularity roadmap for OHA. The underlying rationale for this planning effort supports the fundamental principles of the OHA & DHS Strategic Plan to: 1) "provide the agencies with tools & capabilities to automate workflows, decision making & business rules, while reducing manual, paper-based processes & increasing efficiency & effectiveness" (https://teams.dhsoha.state.or.us/sites/ois/SiteCollectionDocuments/DHS_OHA%20Strategic%20Technology%20Plan%202013.pdf, p 15) : 2) "provide modular, common services & capabilities which promote agility, re-use, & capitalize on best practices leveraging enterprise capabilities" https://teams.dhsoha.state.or.us/sites/ois/SiteCollectionDocuments/DHS_OHA%20Strategic%20Technology%20Plan%202013.pdf, p 15).

Medicaid Modularity planning will facilitate search for solutions that leverage investments to avoid silos and redundant expenditures and maximize the return on investment, while improving interoperability and sustainability of technology solutions that support Medicaid service delivery.



Business Case for *OEBB & PEBB New Benefit Management System*

Oregon Health Authority, Health Policy & Analytics, OEBB/PEBB

Date: June 2018
Version: 1.0
Author: Alice Vetter

(503) 991-3825
Alice.vetter@DHSOHA.STATE.OR.US

Business Case – Authorizing Signatures

PROPOSAL NAME AND DOCUMENT VERSION #	**Business Case for OEBB & PEBB New BMS**		
AGENCY	OHA	DATE	
DIVISION	Health Policy & Analytics	DAS CONTROL #	
AGENCY CONTACT		PHONE NUMBER	

The person signing this section is attesting to reviewing and approving the business case as proposed.

This table to be completed by the submitting agency Agency Head or Designee	
(Name) Ali Hassoun	(Date)
OEBB-PEBB Interim Director	
Signature	
Agency Executive Sponsor	
(Name)	(Date)
Signature	
Agency Chief Information Officer (CIO) or Agency Technology Manager	
(Name) Kristen Duus	(Date)
DHS/OHA CIO	
Signature	
State Data Center Representative, if required by the State CIO	
(Name)	(Date)
Signature	

This Section to be completed by DAS Chief Information Office (CIO) IT Investment and Planning Section DAS CIO Analyst	
(Name)	(Date)
Signature	
State CIO	
(Name)	(Date)
Signature	

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Appendix A – POP Overview

Appendix B – Enrolled Senate Bill 1067

Executive Summary

The Oregon Educators Benefit Board (OEBB) and Public Employees' Benefit Board (PEBB) are the divisions of the Oregon Health Authority (OHA) charged with providing certain employee benefits to educators, state, and local government employees, respectively[1]. Over 283,000 Oregonians annually use the OEBB and PEBB Benefit Management Systems (BMS) to access benefit selections and enroll in benefits during their respective open enrollment periods. Members also use the BMSs throughout the year to select benefit plans and coverage levels upon hire, or update selections in response to qualifying events.

OEBB and PEBB's current BMS were developed ten (10) and fifteen (15) years ago respectively, and have undergone continuous development and enhancements over those periods. Maintenance and operational support, as well as annual updates to support benefit enrollment is currently provided by Perspecta (formerly DXC). Due to the number of changes made to the systems since their implementation, as well as custom written code, the systems have become costly to continuously update and maintain to provide the needed functionality.

The extension through June 30, 2021 of the existing Maintenance and Operation (M&O)/enhancements contract with Perspecta secured continued stability and support of the systems while alternatives could be assessed. OEBB and PEBB can now turn their focus to the long-term goal of replacing the existing systems with a robust, centralized, sustainable, and scalable benefits management solution, supporting the unified PEBB and OEBB business practice.

OEBB and PEBB are evaluating a longer-term strategy for a BMS replacement solution through the following objectives:

- Conduct preliminary market research – identify potential Benefits Management Solutions options and assess whether COTS, SaaS, Transfer System, or other alternatives provide the capabilities needed by OEBB and PEBB in administration of benefits.
- Evaluate the impact of State legislation – in the 2017 legislative session, Senate Bill 1067 directed OEBB and PEBB to merge administrative functions effective immediately; OEBB and PEBB are determining how the merger will inform future OEBB and PEBB benefits management contracts, and potential Request for Proposals (RFPs).
- Determine funding needs – the agency must assess the budget required to support planning and implementation of a new solution supporting benefits management and enrollment for PEBB and OEBB (including resources required), determine the source of funding, and secure such funding for the duration of the project.
- Issue a competitive solicitation (RFP) – the solicitation will be inclusive of fully detailed technical documentation of the solution (including any enhancements over the life of the contract), comprehensive Business Continuity/Disaster Recovery planning and services, and will consider the capabilities available in best-of-breed benefits management solutions. The outcome of this process will provide a secure foundation to procure and implement a new BMS solution, and resources to support implementation and ongoing maintenance and operations.

[1] See ORS 243.135 and 243.866

Purpose and Background

Purpose

OHA's Health Policy and Analytics (HP&A) Division is submitting this Business Case on behalf of its OEBB and PEBB programs in support of comprehensive planning analysis, for the purpose of developing a request for proposal (RFP) for a benefit management system replacement project. The system project would be jointly administered by both programs.

Background

OEBB and PEBB are the divisions of OHA charged with providing certain employee benefits to educators, state, and local government employees, and handle benefits administration for these members through separate benefits management solutions. OEBB and PEBB incorporate utility-like fees for members and entities/agencies in rates charged for benefits administration, including use of these systems - see ORS 243.061-243.302, and OAR Chapter 101 and Chapter 111. In August 2002, PEBB contracted with Saber Software, Inc. (Saber) to design, develop, and implement an integrated BMS called pebb.benefits (or PDB) for the Public Employees Benefit Board. In April 2008, OEBB contracted with Saber to design, develop, and implement an equivalent BMS called MyOEBB based upon the PBD system. These systems provide benefits selection and management for more than 283,000 Oregonians representing most state agencies and education districts. After several acquisitions and company mergers, Perspecta is now the contracted service provider of maintenance, support, and enhancements for both OEBB and PEBB's Benefit Management Systems.

OEBB and PEBB benefit management systems have been in service over ten years and are highly customized with nearly all code tailored for each program's customer based needs. Over the years, the systems have become more and more complex, resulting in an increased likelihood for security vulnerabilities, further reliance on contracted developers who are familiar with these specific systems, and increasing costs for ongoing operations and maintenance.

An analysis of the two systems and a resulting "Technical Assessment Report of the Benefit Management System" was produced in early 2015. The report notes that both systems are supported with obsolete technologies lacking significant historical documentation, and candidates for transitioning to a more modern and stable solution. The continued reliance upon the older base code and architecture of these systems further constrains OEBB/PEBB to dependence on Perspecta for technical expertise, while remaining responsible for managing the tendency for accruing technical debt inherent to a custom solution. Other recommendations were followed, including implementing hardware and software system upgrades to remedy issues identified in the report, and to allow OEBB and PEBB to continue meeting their statutory responsibilities until the replacement solution would be implemented.

To ensure system support stability and enable OEBB/PEBB to focus on planning for the necessary and eventual replacement of their systems, OHA has extended its existing contracts with DXC for 3.5 years until 2021, which will also end the special procurement period granted by DAS. In the 2017 legislative session, Senate Bill 1067[2] directed OEBB and PEBB to merge administrative functions and operations of the programs. The "pebb.benefits" and "MyOEBB" legacy Benefit Management Systems (BMS) are

[2] See Appendix B – Enrolled SB 1067

becoming increasingly costly and challenging to support, additional gains in efficiency which would be supported through technology automation would be difficult at best to realize. The primary goals of this business case and supporting Policy Option Package are the same: provide a modernized, centralized, standardized, supportable, and scalable solution to replace both benefit management systems for educators and public employees, with the ability to accommodate the administrative and organizational changes subsequent to SB 1067, while implementing and maintaining more rigorous security best practices.

The near and longer-term plans set forth in this Business Case align with the DHS/OHA Strategic Technology Plan (STP) Initiatives:

- **Business Automation**
  While the current BMS solutions have provided significant efficiency gains, the multitude of options now available provide greater functionality and capability to further automate and streamline essential business processes, including support of dependent eligibility verification

- **Dynamic Needs Supported by Seamless Technology Services**
  OEBB and PEBB's existing systems have been continuously enhanced to meet the needs of the member populations served, and the program staff responsible for overseeing benefits administration; replacement solutions will be reviewed and assessed for additional capabilities including modularity, agility, reusability, and incorporation of best practices in benefit administration

- **Enables Connectivity Anytime, Anywhere, in Multiple Ways**
  The current solutions provide connection capability via multiple interfaces, but alternatives solutions offer expand capabilities to better meet member, staff, and partner needs through inclusion of mobile devices

- **Trusted Source for Health & Human Service Data**
  The member information collected in the existing systems is organized in such a way as to allow searching and reporting capabilities, but lacks the capacity to provide predictive analytics, which may be available with more modern solutions

Problem or Opportunity Definition

Problems

Several issues currently exist with the OEBB and PEBB BMS solutions:

Technology and Integration Issues

- Dated software code and architecture lacking proper documentation
- Lack of integration of business functions, such as financial management and dependent eligibility verification, into a single system has resulted in multiple one-off systems; this has resulted in maintaining sensitive data across multiple systems
- Contact Management System in BMS doesn't link with all OEBB and PEBB processes
- Lack of user notification capabilities

- Communications based on exports from criteria in BMS, then OEBB / PEBB staff send to OHA communications for printing and mailing (e.g. 12-month wait letters, Health Assessment reminders, etc.)
- Maintenance and enhancements performed on BMS' often result in new bugs or errors
- Applications developed using older, more difficult to support coding language

Vendor Issues

- Lack of complete, current system and technical documentation
- High rate of turnover for vendor developers and technical staff, as well as project management and account staff due to frequent organizational changes
- No provisions or enforcement mechanisms in existing vendor contracts to enforce regulations, standards, best practices, or methodologies
- Service Level Obligations do not specify penalties for vendor's failure to perform
- Business continuity and disaster recovery services not included in current contracts

Processes done outside of both OEBB and PEBB BMS

- Financial management including invoicing to entity-customers, individual subscribers, Consolidated Omnibus Budget Reconciliation Act (COBRA) benefits administrators, and other third parties, which then OEBB and PEBB must reconcile back to carrier payments (currently handled in Microsoft Access)
- COBRA is managed by a 3rd party vendor (currently Benefit Help Solutions for OEBB and PEBB)
- Open Enrollment Plan comparisons, training and reference pricing handled in other tools
- Notifications (e.g. COBRA, reminders for those who haven't enrolled during open enrollment, and other required notices)
- Dependent eligibility verifications (e.g. birth certificates, marriage certificates, etc.); validation of eligibility currently documented in Microsoft Access
- Wellness programs owned and managed by carriers (e.g. Health Assessments, Tobacco, Diabetes, Weight Watchers, etc.)
- Appeals Process (managed using Word, Excel, Outlook, faxes, and shared drive)
- Manual entry of plans / carriers (2 OEBB), Qualified Status Changes (QSCs), rates (5 OEBB), member changes, and corrections (700+ plans entered for OEBB in 2016; PEBB 3-4 staff perform manual data entry)
- Reporting is currently performed using Business Objects which uses Crystal Reports, which must be maintained separately

Opportunities

OEBB and PEBB share the goal of implementing a centralized, standardized, supportable, and scalable solution to replace both OEBB and PEBB's systems, which will provide easier enrollment, better coordination of benefits management, improved access to plan information, and enhanced integration with other tools that improve the overall experience for all customers and users. Additionally, this presents the opportunity to accommodate the administrative and organizational changes subsequent to SB 1067, while implementing and maintaining more rigorous security best practices. The Manadatory and Value Added solution requirements identified in the Alternatives Analysis section below further detail potential gains anticipated through implementing a replacement solution.

The objective of this initial phase will be to outline a plan for system replacement including:

- Conduct preliminary market research to identify potential Benefits Management Solutions options
- Identify HP&As strategy for procuring a unified system supporting OEBB and PEBB
- Determine funding options and procurement approaches
- Issuance of an RFP to procure a replacement solution, and if needed, secure the services of a systems integrator
- Develop a written Transition Plan through partnership between OEBB/PEBB, OHA's Office of Information Services (OIS), ETS, and Perspecta

Alternatives Analysis

OEBB, PEBB, and OIS are committed to moving forward with the initiation and planning process for a new system, including prioritizing resources, documenting detailed requirements, and performing a full alternatives analysis. As the replacement of the OEBB and PEBB BMS solutions will require significant OIS and business resources, the estimates provided herein cover a significant workload in preparation of the expected project to implement the yet to be determined solution. To lay the groundwork for such a project, OIS intends to aid OEBB and PEBB at this point of the project's concept origination phase with fully identifying functional and non-functional requirements, and detailing a comparative analysis of the alternatives. This effort will include the development of a high-level business case (this document), preliminary risk assessment, an overall project plan, and potentially initiating a Request For Information (RFI) process to support both internal and external (DAS OSCIO) approval.

Assumptions

- OEBB and PEBB resources will be dedicated for requirements gathering, initiation, and planning phases
- Funding will be available to cover the cost of continued vendor support of the systems
- OHA and DAS agree that aggressively pursuing transition to a new, sustainable replacement benefits management solution is preferable to continued reliance on the existing solutions with the current system vendor, or transitioning the maintenance and support work to a new vendor

Solution Requirements

Viable solutions should include, but are not limited to the following requirements:

Mandatory

- Role-based access for internal OEBB and PEBB access, as well as for external groups including:
    - Plan carriers
    - Members
    - Entity admins
    - Wellness vendors
    - Other state and local government agencies
- Compliance with federal and state security and privacy requirements

- Reporting (e.g. canned, ad hoc, and self-service for carriers, entities, school districts, and other state agencies)
- Contact management (e.g. comments, chat, integration with phone system, member profile, appeals, dependent eligibility verification, tracking of communications, help desk ticketing, etc.)
- Online Help for OEBB and PEBB staff, members, carriers, and other vendors
- Self-service administrative capabilities (e.g. OEBB and PEBB would have the ability to manage history of changes to qualifying events, etc.)
- Expanded automated error checking / data validation
- Compatibility with commonly used browsers, devices, mobile applications, and operating systems
- Ability to import data into, and export data from solution, in multiple formats
- Financial management including invoicing to entity-customers, individual subscribers, COBRA benefits administrator, and other third parties
    - Solution allows OEBB and PEBB to reconcile back to carrier payments
- Notifications (e.g. COBRA, reminders for those who haven't enrolled during open enrollment, and other required notices, etc.)
- Dependent eligibility verifications among, and between OEBB and PEBB member groups
- Integrated appeals process

Value Added

- Single sign-on for members to access carrier accounts
- COBRA managed as part of the integrated solution for OEBB and PEBB instead of in a third-party vendor's solution
- Wellness programs managed in integrated solution for OEBB and PEBB (e.g. Health Assessments, Tobacco, Diabetes, Weight Watchers, etc.)
- Open Enrollment support tools
    - Plan comparison tool integrated into solution for OEBB and PEBB to show premium amounts, plan benefits, and other items required for Open Enrollment
    - Provider searches
    - Medical home searches
    - Health assessments
    - Premium quotes
- Trainings and webinars integrated into solution for OEBB and PEBB
- Integrated reference pricing (information based on plan for services)

Alternatives

For this high-level business case, a detailed view of alternative solutions has not been prepared. During the planning phase, the RFI and/or RFP will uncover requirements, as well as performing a formal alternatives analysis, and initiation/planning preparations for commencing with a major project initiative.

Note: Analysis, planning, and initiation will require dedicated OEBB and PEBB staff time to aid with documenting and validating requirements.

Cost

OIS estimates a duration of 8 to 12 months to adequately cover this initial phase of project preparation prior to vendor solicitation, solution identification, implementation and transition. Detailed estimates will need to be developed to forecast the time and budget required for project execution, solution implementation, close out, and transitioning to operations & maintenance. The following high-level cost estimates have been gathered for Phase 1 Planning:

OEBB / PEBB Positions	**Duration**	**Cost**
Operations & Policy Analyst 3 position "Program Business Analyst"	12 months	$140,028
Operations & Policy Analyst 4 position "Program Project Manager"	12 months	$173,465
Estimate:		$313,493
OHA OIS Positions		
Information Services Specialist 8 "Technical Project Manager"	12 months	$157,533
Information Services Specialist 7 "Business Systems Analyst"	12 months	$147,679
Estimate:		$305,212
Professional Services		
"IT Strategic Advisor"	12 months	$375,000
Total 1st year package estimate (4 FTE + 1 Contracted Resource)		**$993,705**

This information is identified in a Policy Option Package, currently under development[3]. Funding would be through Other Funds category, provided by OEBB and PEBB Administrative Fees attached to plan premiums.

Benefits

OEBB and PEBB will expect to realize cost efficiencies with lower maintenance and operations costs for a new combined system. Program efficiencies anticipate full integration with finance and budgeting, COBRA administration, wellness program administration, and other business functions that are not currently integrated. A new system will also reduce duplication between programs and the use of "one-off" systems. Soliciting for a new, consolidated system will enable OEBB and PEBB to establish a strong on-going support contract with terms favorable to the State, and position the agency to better manage the technical debt associated with a benefits solution.

As stated in the Background section above, this initiative also aligns with the following DHS / OHA Strategic Technology Plan (STP) Initiatives:

- Business Automation
- Dynamic Needs Supported by Seamless Technology Services
- Enable Connectivity Anytime, Anywhere, in Multiple Ways
- Trusted Source for Health & Human Service Data

Risk

The current OEBB and PEBB benefit management systems were built on antiquated legacy technology that now presents significant risks to properly maintain. The systems are costly and cumbersome to support due to the age and custom nature of the code upon which they were built. High turnover with contractor and account management staff compounds this problem, as it takes new staff a much longer period of time to understand the systems well enough to address identified issues.

[3] See anticipated costs in Appendix A (POP overview)

Though it has undergone a series of acquisitions and mergers, OEBB and PEBB have continued contracting with the same vendor from initial build to current maintenance and operations. This continued contractual relationship results in increased dependence on the contractor due to the age, high degree of customization, and complexity of the systems, without sufficient technical or architectural documentation. It is also cumbersome and costly to transition to a new vendor to support its maintenance and operations. Special procurement authority for the current contract ends in 2021.

Conclusions and Recommendations

Conclusions

Once DAS approval is achieved, OIS resources will work in partnership with OEBB/PEBB staff to create the detailed business case, project charter, detailed risk assessment, and fully developed project plans communicating how the project's intended scope, schedule, and budget will be managed. Business, functional, technical, security, and other requirements will need to be documented, that will establish the foundation for a Request for Proposals (RFP) to solicit potential solution providers. Project management resources will also be identified and assigned in this timeframe, as well as other necessary project team members to support initiation.

Recommendations

The project to replace OEBB and PEBB's BMS is expected to exceed $1 million. As a result, the initiation and planning processes need to begin as soon as possible. OEBB and PEBB need prioritization of OIS resources to support the effort required for commencing with a major project initiative. Additionally, OEBB, PEBB, and OIS will continue supporting development of the POP for consideration by the 2019 legislature, which will authorize additional funding of positions to support planning, coordination, project management, and implementation.

Consequences of Failure to Act

Not prioritizing the necessary resources supporting a replacement effort means OEBB and PEBB will continue using technology that is fragmented, non-standard, difficult to support, and is not scalable. OEBB and PEBB members would be at risk for benefits interruption if a replacement system is not implemented prior to existing vendor support expiration in 2021. OEBB and PEBB's BMS are not meeting all current business needs, which have grown since their original implementations in 2008 and 2003 respectively. OEBB and PEBB both seek to have more processes integrated into a new solution that improves communication and care for all member and user experiences.

OSCIO IT Investment Form

IT Investment Name:	OEBB-PEBB BMS Replacement System	Date:	07/03/2019
Agency:	Oregon Health Authority	Division:	Health Policy & Analytics, OEBB/PEBB
Agency Contact:	Jay Torres, Sr. Project Manager, OHA/OIS	Phone Number:	503-378-2798
Approving Business Owner:	Damian Brayko, OEBB/PEBB Deputy Director	Phone Number:	503-373-0800
Approving Technology Mgr.:	Kristen Duus, Chief Information Officer, DHS/OHA	Phone Number:	503-947-5378

Approving Business Owner — Date: 8/27/19

Approving Technology Manager — Date: 8/27/2019

Information Technology Investment Type(s):

☒ New Investment ☐ Renew/Life Cycle Replacement ☐ Other:

Information Technology Investment Description (What is being proposed and why):

Background:

OEBB and PEBB are the divisions of OHA charged with providing certain employee benefits to educators, state, and local government employees, and handle benefits administration for these members through separate benefits management solutions. Over 283,000 Oregonians annually use the OEBB and PEBB Benefit Management Systems (BMS) to access benefit selections and enroll in benefits during their respective open enrollment periods. Members also use the BMSs throughout the year to select benefit plans and coverage levels upon hire, or update selections in response to qualifying events.

OEBB and PEBB's current BMS were developed ten (10) and fifteen (15) years ago respectively, and have undergone continuous development and enhancements, with almost all of the software code custom tailored for each program's customer-based needs. Consequently, the systems have become increasingly complex, resulting in an increased likelihood for security vulnerabilities, further reliance on contracted developers who are familiar with these specific systems, and increasing costs for ongoing operations and maintenance.

Systems maintenance and operational support, as well as annual updates to support benefit enrollment, are currently being provided by Perspecta (formerly DXC) under an existing Maintenance and Operation (M&O)/enhancements contract now extended through June 30, 2021.

A technical assessment conducted in 2015 notes both systems are supported with obsolete technologies, lack significant historical documentation (some of which was addressed in the subsequent 2018 study requested by OSCIO) and are therefore candidates for transitioning to a more

modern and stable solution. The continued reliance upon the older base code and architecture of these systems further constrains OEBB/PEBB to dependence on Perspecta for technical expertise, while remaining responsible for managing the tendency for accruing technical debt inherent to a custom solution.

Finally, State of Oregon procurement standards require all vendors to periodically re-bid their services in order to ensure the best possible support and pricing. Given the current system technologies and business processes are outdated/unsupported, thereby restricting the addition of new, desirable functions and processes, this opportunity to better serve our fellow Oregonians comes well timed.

Problem Identification:

Several significant issues exist with the current OEBB and PEBB BMS solutions:

Technology and Integration Issues

- Dated software code and architecture lacking proper documentation.
- Lack of integration of business functions into a single system has resulted in maintaining sensitive data across multiple one-off systems.
- Contact Management System in BMS does not link with all OEBB and PEBB processes and also lacks user notification capabilities.
- OEBB/PEBB BMS staff must first manually create and export communications material before sending it to OHA communications for printing and mailing (e.g. 12-month wait letters, Health Assessment reminders, etc.)
- Maintenance and enhancements performed on BMS' often result in new bugs or errors.
- Applications developed using older, more difficult to support coding language.

Vendor Issues

- High rate of turnover for vendor developers and technical staff, as well as project management and account staff, due to frequent organizational changes.
- Existing vendor contracts have no provisions or mechanisms to enforce regulations, standards, best practices, or methodologies.
- Service Level Agreement Obligations do not specify penalties for vendor's failure to perform.
- Current contracts do not include business continuity and disaster recovery services.

Processes done outside of both OEBB and PEBB BMS

- Financial management including invoicing to entity-customers, individual subscribers, Consolidated Omnibus Budget Reconciliation Act (COBRA) benefits administrators, and other third parties, which then OEBB and PEBB must reconcile back to carrier payments (currently handled in Microsoft Access)
- COBRA is managed by a 3rd party vendor (currently Benefit Help Solutions for OEBB and PEBB)
- Open Enrollment Plan comparisons, training and reference pricing handled in other tools.
- Notifications (e.g. COBRA, reminders for those who haven't enrolled during open enrollment, and other required notices).
- Dependent eligibility verifications (e.g. birth certificates, marriage certificates, etc.); validation of eligibility currently documented in Microsoft Access.

- Wellness programs owned and managed by carriers (e.g. Health Assessments, Tobacco, Diabetes, Weight Watchers, etc.)
- Appeals Process (managed using Word, Excel, Outlook, faxes, and shared drive)
- Manual entry of plans / carriers (2 OEBB), Qualified Status Changes (QSCs), rates (5 OEBB), member changes, and corrections (700+ plans entered for OEBB in 2016; PEBB 3-4 staff perform manual data entry)
- Reporting (both customer-based and regulatory – i.e. ACA, IRS, etc.) is currently performed using Business Objects which uses Crystal Reports, which must be maintained separately

High-Level Business Opportunity:

OEBB and PEBB share the goal of implementing a centralized, standardized, supportable, and scalable solution to replace both OEBB and PEBB's systems. It is anticipated this shall provide easier enrollment, better coordination of benefits management, improved access to plan information, and enhanced integration with other tools that improve the overall experience for all customers and users. Additionally, this presents the opportunity to accommodate the administrative and organizational changes subsequent to SB 1067, while implementing and maintaining more rigorous security best practices.

Alternatives to be considered:

The assessment and recommendation of a solution will be based on current and projected operational requirements, business and technical process management, long-term support, and security, with a focus on customer services, commonality of functions, communications, training, security and overall product sustainability.

At this still early point of the project a detailed analysis of alternative solutions has not been developed. An initial baseline analysis of the present system will be conducted to properly identify areas which may lend themselves to improvement or replacement including, but not necessarily limited to, the following replacement alternatives:

- Upgrade/enhance current OEBB/PEBB systems (including consolidation of core processes and reporting methods) by current support vendor.
- Incorporation of BMS reporting and management into the current WorkDay HR platform.
- Outsourcing of operations and support to a third-party entity (e.g., IaaS, SaaS, Business Processes as a Service (BPaaS), External Service Provider/Integrator (ESP, ESI).
- Internal custom development and support of a state-funded, self-maintained software package and hardware platform (an "in-house" product).
- Development and release of a Request for Proposal (RFP) for competitive bidding by third party entities able to fulfill business, technical and sustainability requirements of the State.
- Transfer/leverage solution already being used by another public sector organization in Oregon or another state

OSCIO IT Investment Form

	Yes	No
1) Is the investment a project?	☒	☐
2) Will the investment have a Project Manager?	☒	☐
3) Will the investment include other agencies?	☒	☐
4) Will the investment include Information Asset Classification Level 3 or 4 data? (see DAS Policy 107-004-050)	☒	☐
5) Will the investment be for Cloud Services (as defined in Policy #107-004-150)	☒	☐

IT Investment Estimated Cost Summary

Hardware:	**$0**	**Software:**	**$6,300,000**
Services/Maintenance (projected over five years):	**$14,500,000**	**Personnel (Project) Adjusted for five years:**	**$4,500,000**
Source of Funding:	Other Funds	**Deadline for fund use:**	07/2021
Anticipated Start Date:	07/2019	**Anticipated End Date:**	07/2024
		TOTAL:	**$25,300,000**

NOTES:

1 - The initially approved POP amount of $1,993,396 by the legislature allows for work to be completed through the project planning phase. An added POP request will be made in CY2020 to obtain funding for the 21-23 biennium to enable final delivery.

2 – Personnel costs are based on 5 FTE project resources (2 each Project Managers and Business Analysts) from OIS and the business) plus a Strategic Advisor. Additionally, another 7 SMEs will be assigned as project resources with 10% each of their work time allocated to the project.

3 - Maintenance costs reflect anticipated 20% reduced expenses for the five-year period following implementation and delivery of the new system, on the assumption that the new system will replace some manual processes, newer technology is less expensive to maintain, and one system is cheaper to maintain than two. (Cost estimates based on costs for O&M related activity for the current systems).



Provider Time Capture (PTC)
Project Reboot
Business Case

DHS/OHA
APD and HSD

Date: 7/22/19
Version: v1.3
Author: Shannan Chaney

Authorizing Signatures

PROPOSAL NAME AND DOCUMENT VERSION #			
AGENCY		DATE	
DIVISION		DAS CONTROL #	
AGENCY CONTACT		PHONE NUMBER	

The persons signing below are attesting to reviewing and approving the business case as proposed.

This table to be completed by the submitting agency Agency Head or Designee	
Ashley Carson-Cottingham	Date
Signature	
Agency Executive Sponsor	
Mike McCormick	Date
Signature	
Project Director	
Brandon Crews	Date
Signature	
CIO for OHA/DHS	
Kristen Duus	Date
Signature	

This Section to be completed by DAS Chief Information Office (CIO) IT Investment and Planning Section DAS CIO Analyst	
Shelly Lofgren	Date
Signature	
State CIO	
Terrence Woods	Date
Signature	

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Purpose

The primary need for the Provider Time Capture (PTC) Project is to meet the Electronic Visit Verification (EVV) requirements of the 21st Century CURES Act. The CURES act was designed to improve the quality of care provided to individuals through furthered research, enhanced quality control, and strengthened mental health parity. The following data elements are required to be captured electronically at the time of service: Date of Service, Person Providing the Service, Person Receiving the Service, Time the Service Begins and Ends, Location of Service, and Type of Service Performed.

This document will help establish the scope of the project and contains an analysis of available options including the associated benefits and risks to identify a viable solution for a successful outcome. In addition, the solution will ensure continuity of care for critical community services provided to individuals and their families by Homecare Workers (HCWs) and Personal Support Workers (PSWs).

***See Appendix A for Acronym List.*

Background

The Department of Human Services (DHS) and the Oregon Health Authority (OHA) programs utilize approximately 24,000 HCWs and PSWs to provide in-home care for approximately 19,000 individuals across Oregon. DHS and OHA have documentation requirements which apply to HCWs/PSWs who provide personal care assistance to older adults and people with disabilities. As of October 2013, the Fair Labor Standards Act (FLSA) required the records to include certain identifying information about the HCW/PSW and data about the hours worked. The law requires individuals and service providers attest services rendered are accurate. Due to the compliance deadline of January 2016 set by the Department of Labor (DOL), the State completed the implementation of a short-term solution to pay providers for time worked for Aging and People with Disabilities (APD) and Health Systems Division (HSD) in the Client Employed Provider (CEP) system using a paper process for services beginning October 2015. The Office of Developmental Disabilities Services (ODDS) instituted upgrades to their current Express Payroll Reporting System (eXPRS) platform to meet their needs. The State then completed the cross-system payroll components (overtime and travel time) by the end of October 2016.

For APD and HSD, these records are being captured through manual processes. Paper timesheets are completed by HCWs/PSWs, and the data is entered manually into State systems by employees at State field offices and Type A and Type B Area Agency on Aging (AAA) offices. These manual processes are time intensive. In June 2015, the PTC Project was authorized to continue with the Request for Proposal (RFP) process for the long-term solution for APD, ODDS, and HSD. In November 2015, the RFP was posted for responses due by January 2016. Public Partnerships, LLC (PPL) was selected as the solution vendor for the project. In November 2016, stakeholders from across DHS and OHA gathered with PPL to discuss the possibility of combining the Financial Management Agent Services (FMAS) component with time capture. It was thought at the time the work to align the programs and modernize the approach taken would be more readily achievable. In conjunction with this, ODDS began using PPL for their FMAS needs in January 2017. The RFP outlined the desire for a provider payment option as an added value to the State. This was a direct need identified as a component of moving the State forward in the maturity models as defined by Centers for Medicare and Medicaid Services (CMS). The goal is to provide data that is timely, accurate, usable, and easily accessible to support analysis and decision making for healthcare management and program administration.

In mid-2017, ODDS officially withdrew participation in the design efforts of the PTC Project and have begun work on an enhancement for eXPRS to meet the EVV requirements. One of the key drivers for ODDS joining the project initially was the mobile application offered by PPL. Over time as the required system, policy, and

resourcing concerns were uncovered, using the same solution proved to be too significant a hurdle for ODDS. In November 2017, Stage Gate 3 was rescinded due to significant scope change and the continued struggles with PPL. Amendment 2 was executed in June 2018, to bring the State and PPL to an agreement to move forward based on the changes to the project scope from November 2017.

Due to delays, previously allocated technical resources from the Office of Information Services Solution Development and Delivery (OIS SDD) had been reassigned to the higher-priority Integrated Eligibility (IE) Project. In February 2018, OIS management notified Mike McCormick, the PTC Project Sponsor, that technical resources would not be available to the PTC Project until April 2019. This timing was contingent on the IE Project remaining on schedule, which has been extended by multiple months. The lack of dedicated technical resources caused a delay in progress on development tasks. This caused an additional complication with PTC Project scope, cost, and schedule.

The PTC Project reached a stage in which a re-evaluation of the project scope was necessary. The PTC Project Team worked closely with APD and HSD business and leadership, as well as OIS Project Solutions and OIS SDD, to create options to continue work on the project. Many options were considered, and it was decided to pursue an expanded scope to include FMAS with PPL in April 2018.

As the FMAS option was explored, PPL was presented with updated requirements to review for a cost proposal. PPL's cost proposal to include FMAS amounted to a 236% increase in the five-year cost. The PPL leadership changes and PPL's lack of knowledge of the out of box solution made it difficult for the PTC Project to understand configuration verses customization, which increased the risk in continuing the contract further. In January 2019, it was determined the cost increase was not in alignment with our responsibility around fiscal stewardship and it was decided to expire the contract via Amendment 3 with PPL and explore other options. As the Project continues to explore other options as it relates to EVV, Mike McCormick remains the PTC Project Sponsor supporting APD and HSD programs.

Estimated Project Expenditures

In the third quarter of 2016, the PTC Project began contracted work with the Design, Development, and Implementation (DDI) vendor. As of the Advanced Planning Document Update (APDU) in October 2018, the total CMS approved budget for the PTC Project was $9,569,050. As of May 2019, the cumulative budget spent for the PTC Project was $7,048,075. This included $3,407,622 for State staffing costs plus $3,640,453 for IT Vendor Services, which includes PPL and NTT DATA State Health Consulting, LLC (formerly Cognosante Consulting, LLC). Below are the breakdown tables for reference.

The below projections were compiled by federal fiscal year, based on a SaaS solution, and a completion date of September 30, 2021.

Project Expenditures	Total FFY19*	Total FFY20	Total FFY21	Total
State Staffing / Personal Services 90/10	226,909	1,755,101	2,894,015	**4,876,025**
Cost Allocation on Personal Services 90/10	6,123	263,265	421,862	**691,250**
IT Contractors - Professional Services 90/10	57,475	3,449,061	3,449,064	**6,955,600**
HW/SW Initial Purchase 90/10	0	548,208	548,208	**1,096,416**
Projected Yearly Spend	**290,507**	**6,015,635**	**7,313,149**	**13,619,291**

*This accounts for the remainder of FFY 2019, June – September

The total projected cost for Operations and Maintenance staffing and licensing for three years is $4,684,349. The breakdown of these costs is located in the Alternative Analysis section, under Option 6 – SaaS.
Below is the table for the total projected project expenditures:

Total Cost of Ownership for Five Years	
Cumulative Budget Spent to Date	$ 7,048,075.00
Budget Forecast through September 2021	$ 13,619,291.00
Three Year Operations and Maintenance Costs	$ 4,684,349.00
Total	**$ 25,351,715.00**

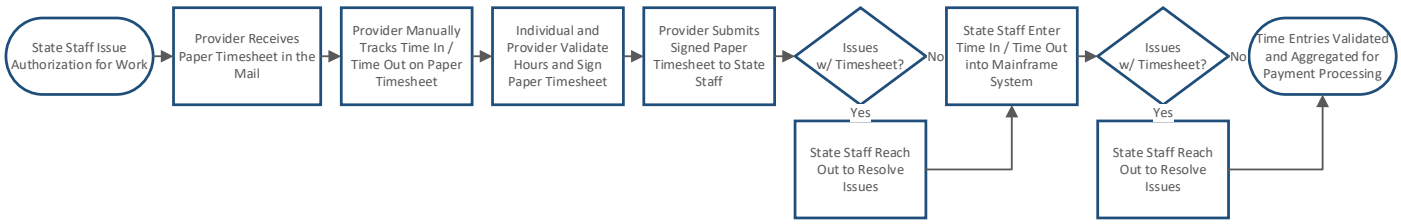
CMS has advised only one EVV solution will be funded per state, which has potential cost impacts and requires an inclusive solution. The Project is aware the APDU will need to go to CMS for review and approval for any updated costs. CMS will also be required to review any RFP or DDI contract.

**See Appendix B for the May 2019 Budget Update for more detailed information.

Current State Process

Currently, State Staff issue an authorization for the Provider to work for a specified Individual. HCWs/PSWs are then mailed a paper timesheet for a two-week service period. As they work, they are required to physically write the date, their time in, and their time out for each shift on the timesheet. A signature from the Individual or their representative is necessary when work has been completed to validate services were performed for the two-week period. The signed timesheet is then submitted to State Staff for additional verification to identify any issues i.e., start and end dates are filled out and legible, the timesheet is signed by the HCW and individual, etc. If there are no issues identified, State Staff enter the date, the time in, and the time out into the mainframe system for each shift the Provider reports. If State Staff identify any issues, they contact the Case Manager, Individual, or Provider to resolve the issues prior to entering the data. The time entries entered into the mainframe are run through additional system validations and aggregated for payment processing. If any issues are identified with the additional system validations, State Staff resolve these issues prior to the system aggregating the data for payment processing. The mainframe captures the Date of Service, Person Providing the Service, Person Receiving the Service, Time the Service Begins and Ends, and Type of Service Performed, but doesn't capture the Location of the Service. The mainframe system currently does not have the ability to capture these data elements in a real-time manner which is required for EVV.

See below for high-level current state process flow:

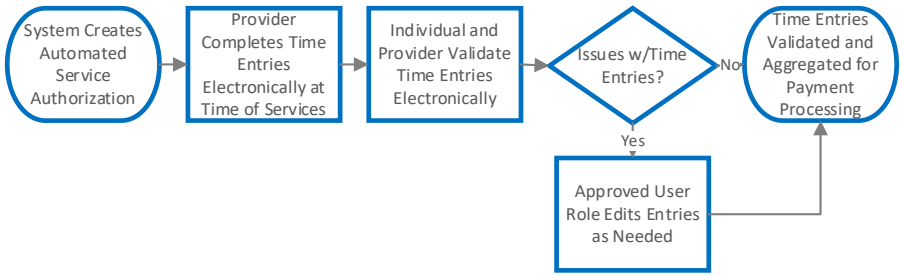


**See Appendix C for comprehensive Current State Process Flows.*

Future State Process

In the ideal future state, HCWs/PSWs will complete the enrollment process to receive an automated service authorization. HCWs/PSWs will electronically capture the required EVV data elements at time of service (Date of Service, Person Providing the Service, Person Receiving the Service, Time the Service Begins and Ends, Location of Service, and Type of Service Performed). If HCWs/PSWs are traveling directly from one individual to another to perform applicable services, departure and arrival time between individuals will be captured electronically. HCWs/PSWs will validate time entries and fix any issues they identify. The Individual or their representative will then validate entries to ensure services were performed as indicated on the timesheet. Specific user roles will have the ability to edit time entries as needed. Once time entries are validated, they will be aggregated for payment processing.

See below for high-level future state process flow:



***See Appendix D for comprehensive Future State Process Flow.*

EVV Solutions in Other States

After researching other state solutions, it was determined the most commonly used solution is Santrax by Sandata. According to the available data, 19 states are still in process of determining the solution or the information was unavailable. Based on the data compiled, most states with solutions identified have selected single vendor solutions. With many states already EVV compliant and more states in the implementation phase, the State has a lot of accessible information to draw from to make our solution work for our stakeholders.

***See Appendix E for detailed information on Alternative Analysis Out of State Solutions.*

Problem Examples

The implementation of the short-term solution to meet the FLSA requirements created a workload which was not accounted for in any workload model by DHS. The current manual process of State Staff keying information into the system from a paper timesheet is very time intensive and causes replication of existing data. Timesheets are stored locally, often in paper and electronic format, as well as being stored in the mainframe system. Additionally, this increases the risk of data entry errors which can result in inaccurate payments to providers. State Staff spend a significant amount of time communicating back and forth with providers due to timesheets being filled out incorrectly or time entries not being legible. This can potentially delay payments to providers. An estimated 70 full-time employees (FTEs) spend their time dedicated to manually entering provider time in and time out from a paper timesheet submitted by the HCWs/PSWs.

FMAS has been a topic throughout the life of the project and reflects the long-term vision of APD and HSD. The decision was made not to include FMAS in the initial phase of the project. With the exclusion of FMAS in the initial phase, there will still be a need to process payroll and claims through legacy systems. The Office of Financial Services (OFS) recommends claims processing stay in legacy systems to interface with Accounting Interface (AI) and State Financial Management Application (SFMA) for funding and reporting to CMS.

Opportunity Examples

Section 1903(l)(5)(A) of the 21st Century CURES Act provides that the system must be able to electronically verify, with respect to visits conducted as part of personal care services, the following:

1) the type of service performed;
2) the individual receiving the service;
3) the date of the service;
4) the location of service delivery;
5) the individual providing the service; and
6) the time the service begins and ends

Section 1903(l)(2) also requires states to provide a stakeholder process to allow input into the state's implementation of the EVV requirement from providers of Personal Care Services (PCS) and home health services, beneficiaries, family caregivers, and other stakeholders.

An EVV solution must be in place for personal care services starting January 1, 2020. If a state demonstrates to the Secretary that: (1) that the state has made a good faith effort to comply with the EVV requirements (including taking steps to adopt the technology used for an electronic visit verification system); and (2) that the state, in implementing such a system, has encountered unavoidable system delays, then the FMAP reductions shall not apply for calendar quarters in 2020 (for personal care services).

Compliance with the 21st Century CURES Act within the required implementation timeline will allow the State to avoid penalties. The good faith effort exception will allow for a January 1, 2021 implementation due date. The resulting penalties for non-compliance include a reduction of Federal Medical Assistance Percentages (FMAP) for Consumer-Based Care and In-Home Care expenditures beginning with a 0.25% on January 1, 2021. The percentage will increase to 0.50% by 2022, 0.75% by 2023, and 1% from 2024 going forward. See *'Option 10 - Cost of Doing Nothing'* in the *'Alternative Analysis'* section for cost estimates.

Being compliant with the 21st Century CURES act gives the State the opportunity to remove a significant burden from Providers, Field Staff, and System Teams. The savings in staff time will allow those staff to take on other responsibilities and allow case managers more time for person-centered planning and engagement.
It will also help improve the safety and security of vulnerable Oregonians by ensuring services are actually provided to the individual through monitoring location and real-time activity. By moving away from a manual process, it will save staff time and decrease the risk of data entry errors and erroneous payments to providers.

Lessons Learned Evaluation

The State requested the Quality Assurance (QA) vendor, Cognosante, prepare a Lessons Learned report to document project successes, challenges, and recommendations through collaborative information gathering sessions. This information will be used to identify areas of reinforcement and areas where mitigations are needed as the project reboots. The results of these sessions are comprehensive of the early stages of the project until the contract was expired with PPL.

***See Appendix F for Lessons Learned Report with mitigations added addressing recommendations.*

Goals, Objectives, and Measurements

Below is the list of Goals, Objectives, and Measurements (GOM) for the PTC Project, formulated utilizing the PTC Project Guiding Principles. The PTC Project Guiding Principles were drafted collaboratively and approved by APD and HSD program leadership, OIS management, and other impacted stakeholders.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
Goal #1: Comply with Federal requirements, including 21st Century Cures Act.	1.1 **Objective:** Establish use of Electronic Visit Verification (EVV) compliant recording mechanism(s).	N/A	Percentage of provider compliance.	Report – 30- and 90-days post pilot and statewide.
	1.2 **Objective:** Establish electronic approval of time entries by individuals.	N/A	Percentage of electronic approvals.	Report – 30- and 90-days post pilot and statewide.
	1.3 **Objective:** Capture the six required data elements for Electronic Visit Verification (EVV).	N/A	Percentage of data elements captured electronically.	Report – 30- and 90-days post pilot and statewide.
Goal #2: Improve program integrity.	2.1 **Objective:** Decrease number of time entry/reporting errors.	Total number of adjustments to paid claims both positive and negative 30 days prior to pilot for two pay cycles.	Compare total number of adjustments in the adjustments queue for reduction in errors.	Report – 30 days prior to pilot, and 45 days post pilot and statewide (adjustment reason codes used in post go-live reports).
	2.2 **Objective:** Decrease number of over/under payments.	Total number of over/under payments reported 30 days prior to pilot for two pay cycles.	Total number of timesheet adjustments in the adjustments queue that result in a change in pay.	Report – 30 days prior to pilot, and 45 days post pilot and statewide out of legacy system.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
	2.3 **Objective:** Decrease number of incidents of potential fraud.	Total number of potential incidents of fraud reported 30 days prior to pilot for the previous 6 months.	Total number of potential incidents of fraud reported post pilot and statewide.	Report – via Fraud Unit every 30 days prior and post pilot, through 90 days post statewide.
	2.4 **Objective:** Decrease number of errors in reporting travel time.	Total number of adjustments to paid claims positive or negative 30 days prior to pilot for two pay cycles.	Total number of adjustments in the adjustments queue post pilot and statewide.	Report – 30 days prior to pilot, and 45 days post pilot and statewide (adjustment reason codes used in post go-live reports).
	2.5 **Objective:** Increase reporting traceability processes and capabilities.	Record time between process steps pre-pilot.	Record time between process steps post-pilot.	Process Mapping – compare baseline durations with those 30 days post pilot.
Goal #3: Decrease workload on identified impacted groups.	3.1 **Objective:** Decrease workload for Voucher Clerks (Field Offices) and Provider Relations Unit (PRU) (Central Office) in voucher issuance and reprint processes.	Determine current workload for Voucher Clerks (Survey), and for PRU Staff (Time Study).	Establish workload for Voucher Clerks and PRU Staff 90 days post pilot and statewide.	Survey – send 90 days prior to pilot with 60-day deadline. Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.
	3.2 **Objective:** Decrease workload for Travel Time Clerks (Field Offices) and PRU staff in processing travel time.	Determine current workload for Travel Time Clerks (Survey), and for PRU Staff (Time Study).	Establish workload for Travel Time Clerks and PRU Staff 90 days post pilot and statewide.	Survey – send 90 days prior to pilot with 60-day deadline. Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
	3.3 **Objective:** Decrease workload for field staff in time entry and correction processes (time entry corrections and over/under adjustments).	Determine current workload for Field Staff (Survey), and PRU Staff (Time Study).	Establish workload for Field and PRU Staff post pilot and statewide.	Survey – send 90 days prior to pilot with 60-day deadline. Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.
	3.4 **Objective:** Decrease workload for staff in the payment correction processes (adjustments, exceptions, and corrections). (PRU and ITBS)	Determine current workload for staff to process all payment corrections via baseline from Objectives 2.1, 2.2, and 2.4.	Establish workload for staff post pilot and statewide via measurement from Objectives 2.1, 2.2, and 2.4.	Report – 30 days prior to pilot, and 45 days post pilot and statewide. Survey – send 90 days prior to pilot with 60-day deadline. Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.
	3.5 **Objective:** Decrease workload for providers in submitting time worked.	Determine current workload for providers.	Establish workload for providers post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
	3.6 **Objective:** Decrease workload for individuals in approving time entries.	Determine current workload for individuals.	Establish workload for individuals post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
	*3.7 **Objective:** Decrease workload for staff in collecting, updating, and issuing payroll related documentation (W-2, W-4, DD, etc.).	Determine current workload for State Staff.	Establish workload for State Staff post pilot.	Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.
	*3.8 **Objective:** Decrease workload for staff in garnishment and recoupment processes.	Determine current workload for State Staff.	Establish workload for State Staff post pilot.	Time Study – conduct visits 60 days prior to pilot, and 90 days post pilot and statewide.
Goal #4: Decrease processes within legacy systems functions and/or data.	4.1 **Objective:** Decrease number of functions performed by the existing state systems in the time entry, calculation, and payment processes.	Determine current workload 30 days prior to pilot.	Establish workload post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
	4.2 **Objective:** Decrease number of validations performed by the existing state systems in the time entry, calculation, and payment processes.	Determine current workload 30 days prior to pilot.	Determine workload post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
	4.3 **Objective:** Decrease number of business processes that require legacy systems.	Determine current workload 30 days prior to pilot.	Determine workload post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
Goal #5: Reduce costs associated with manual processes.	5.1 **Objective:** Decrease paper voucher storage costs and physical location needs.	Determine storage costs and location needs at pre-determined go-live locations 30 days prior to pilot.	Establish storage costs and location needs at pre-determined go-live locations 30 post pilot.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
	5.2 **Objective:** Decrease number of time entry claims that are paid solely out of the General Fund.	Determine provider payments that are paid out of General Fund 30 days prior to pilot for 90 days data timeframes.	Establish provider payments that are paid out of the general fund post pilot.	Report – 30 days prior to pilot, and 90 days post pilot and statewide (determine average for 90-day data timeframes).
	5.3 **Objective:** Decrease printing and mailing costs for printed paper vouchers.	Determine printing and mailing costs for vouchers 30 days prior to pilot.	Establish printing and mailing costs for vouchers post pilot.	Report – 30 days prior to pilot, and 90 days post statewide (compare previous voucher costs and mailing of Welcome packets and paper timesheets).
	5.4 **Objective:** Decrease Mainframe processing and storage costs.	Determine processing and storage costs.	Establish processing and storage costs post pilot.	Report – 30 days prior to pilot, and 90 days post pilot and statewide.
Goal #6: Maximize user adoption through identified, organized, and prioritized change management, communications, and trainings.	6.1 **Objective:** Decrease stakeholder barriers to adoption.	Gather barriers as well as communication or training needs to tailor outreach efforts to best meet the stakeholders' needs.	User experience survey results.	Survey – Collect barriers to adoption 90 days prior to pilot; satisfaction survey 90 days post pilot and statewide.
	6.2 **Objective:** Increased accessibility for successful time entry and approval.	N/A	User experience survey results.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
	6.3 **Objective:** Ensure stakeholders rely on appropriate resources for project information updates.	N/A	User experience survey results.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.

Goals	Objectives	Baseline Measurements	Post Go-Live Measurement	Means and Frequency of Measurement (Report, Survey, Time Study, Process Mapping)
	6.4 **Objective:** Increase user satisfaction for all impacted groups.	N/A	User experience survey results.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
Goal #7: Ensure system and processes are clear and understandable for identified impact groups (Individuals, Providers, and Staff)	7.1 **Objective:** Increase number of readily accessible training materials and online documentation.	Determine current training materials available.	User experience survey results.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.
	7.2 **Objective:** Decrease time for staff in describing/explaining the time entry and approval processes.	Determine time needs for staff in describing /explaining the time entry and approval process.	Establish time needs for staff in describing /explaining the time entry and approval process.	Survey – send 90 days prior to pilot with 60-day deadline, and 30 days post pilot.

**These objectives are related to payroll and may be considered in the future projects.*

Functional Alignment and Scope Information

The Project conducted research to determine what would be involved for functional alignment, as some of the programs have the same need to meet EVV requirements. The aging technology systems and the business processes they support have been siloed and customized within programs and counties, limiting access to and preventing the sharing of key data. Processes have evolved from exclusively paper-based processes to a mix of paper and technology, enhanced occasionally as technology changes have been available and policy requirements have dictated. Research included the solutions APD in-home agencies are utilizing for EVV requirements and whether they are meeting the requirements. The results of this research are outlined below.

1. **Functional Alignment -** The Project met with APD, HSD, ODDS, SSP, and OHA to see where there could be alignment between all the programs for appropriate Medicaid populations.

    a. APD In-Home Agencies are required to become EVV compliant by January 1, 2020. The Project did research and determined that 61% of in-home agencies in Oregon reported being EVV compliant, with the most commonly applied solutions to meet requirements being ClearCare and Generations (which support the needs of larger agencies). Both ClearCare and Generations have EVV compliant options via a mobile application and telephony system, with extensive training, self-help features, and tutorials available on their website. End users have reported positive experiences and the systems include nice to have features like care notes and real-time messages and notifications to users. Needs of in-home agencies may be different than the needs of the State but the State has a responsibility to aggregate this data for reporting.

***See Appendix G for more detailed In-Home Agency EVV Information.*

b. Office of Developmental Disabilities Services (ODDS) is currently planning a redesign of eXPRS with their stakeholder groups to align with their strategic vision. ODDS provides services to the developmental disabilities population and shares the same needs as APD and HSD for meeting EVV requirements. Currently ODDS issues yearly authorizations for the individuals/authorized representatives to manage the hours the providers can work. ODDS serves approximately 12,000 individuals (which includes both children and adults) in their homes with PSWs providing the care. The PSWs are enrolled in the eXPRS system. They also enter their time in and time out in the eXPRS system and once time is entered for the pay period, they print the timesheet and the individuals sign for approval. ODDS issues hours and rate to an FMAS vendor for payment and tax calculations for their PSWs. APD, HSD, and ODDS programs are not in alignment for policy/program and ODDS is in the process of separating out Oregon Administrative Rules (OAR) which could potentially divide the programs even more. In the early planning of the project, the goal was to align policy/program between the programs, but it was determined this was not achievable due differing policies/programs.

c. Self Sufficiency Program (SSP) may have time capture needs for their Temporary Assistance for Needy Families (TANF) and Employment-Related Day Care (ERDC) programs. The Project gathered information on the SSP population to identify if these programs have time capture needs. The SSP programs TANF and ERDC may be interested in integrating with an EVV solution in the long-term. TANF is interested in tracking the attendance of participants in the Job Opportunity and Basic Skills (JOBS) program receiving funding through the TANF block grant. SSP is interested in the tracking of day care recipients paid by SSP on behalf of the Individual enrolled in the ERDC program. SSP is working on the IE Project and will be maintaining legacy systems upon the completion of IE to support these populations.

   ERDC previously attempted a project called Child Care Billing and Attendance Tracking (CCBAT) which was designed around capturing attendance and authorizations. This project did not successfully roll out, and SSP may be interested in rolling the EVV project into this. In 2017, ERDC funding was reduced by $9.3 million due to a reduction in federal funds while serving 16,323 children across 8,658 cases. As of October 2017, there were 1,691 licensed child care providers actively providing child care across the state for DHS families.

   TANF works with recipients to identify a path to self-reliance. TANF has tools that may need to be integrated into the system, including a data tracking tool used to track family progression. TANF, combined with Pre-Supplemental Security Income (Pre-SSI) and Social Security Disability Insurance (SSDI) programs, served 21,664 families, including 38,821 children and 18,571 adults in 2018. Most parents/caretakers in TANF are required to participate in the JOBS program, which requires them to attend education and training opportunities. Currently, there are no active efforts to automate the attendance on either the TANF, JOBS, or ERDC programs.

d. OHA 1915i and Home Health Services (HHS) programs are currently outside of scope for PTC. OHA is interested in integrating into an EVV solution with APD and HSD. Currently, the 1915i program serves 400 individuals and the providers that serve these individuals are a variety of mental health and peer support specialists. They are currently enrolled and managed in the

Medicaid Management Information System (MMIS). Billing is through Prior Authorizations (PA) and has a set rate per hourly unit authorized. The providers submit units through MMIS for reimbursement. There are validations in place that check all eligibility and won't allow billing over the PA. These providers are 1099 contractors.

There are 40 provider agencies (nursing, physical therapy, occupational therapy, medical supplies, durable medical equipment, etc.) for Home Health Services (HHS). These providers are prior authorized through plan of care (fee-for-service). They bill at an agency level through revenue codes. The revenue codes used to bill home health services can be found at the following link: https://www.oregon.gov/oha/HSD/OHP/Tools/Home%20Health%20Rates%20-%20January%201,%202019.pdf. Time in and time out is captured by the agencies but not provided to OHA. The location is assumed as the Individual's home but is not actively captured.

e. IE (Deloitte) was in review for a potential EVV solution. There was consideration and research done into the option of either pursuing integration/enhancement to IE or utilizing the master services agreement with Deloitte. Deloitte does offer a module for time capture, but it was determined to be out of scope of the special procurement for IE. Department of Administrative Services (DAS) Procurement Services advised the type and level of work required to complete the project was not supported under the master services agreement. At this time, any procurement that might benefit the State to align with existing technologies and vendors would have to be managed through a separate procurement process.

f. Workday has experienced ongoing delays with the implementation including work on phase two. Workday is continuing to clarify what will be in/out of scope for the time capture and payroll solution and how/what options exist for differing needs. Based on the information received, planning efforts are still being researched for the scope, and the goal is to do the State payroll system before involving other partners.

g. MMIS Modularity Project is in the process of hiring a planning vendor to assist with modularization of MMIS. This may suggest any EVV related module would be later in the 10-year plan of modularization of MMIS.

2. **COTS Basic + COTS Plus Customization (Galaxux) -** There is not a COTS specific solution for scoring. The Project has updated the COTS information from Galaxux.

   ***See Appendix H for more detailed information on COTS Basic + COTS Plus Customization.*

Solution Requirements

The solution requirements are organized into the following categories:

- **Business Rules** - Describes the specifics about each rule for validating time entries, authorizations (service matrix), and relationships for Individual/Provider.

- **Data Management** - Describes EVV components such as how time and location are captured including travel time.

- **Data Processing** - Describes the specifics about how time entries and adjustments are processed (what triggers are for adjustments) and determines what will happen with failed validations.

- **Security and Privacy** – Describes user role-based security (detail on each role and what access they have), user profiles, and any privacy rules.

- **User Experience** - Describes what users (Individuals, Providers, State Staff, etc.) will see and related functionality. Also, describes performance, languages, accessibility, etc.

- **Reporting** - Describes basic and detailed reporting functionality including custom reports.

- ****Payroll** - Describes the payroll process i.e., taxes, union dues, garnishments, quarterly and yearly reporting, etc. Also describes the rules and flow for calculating overtime.

The requirements are prioritized by Critical, High, Medium, and Low. The goal of the critical requirements is to set the minimally viable product for initial release. High, medium, and low requirements will be used for planning future releases depending on the status of the project. Please see below for the definitions.

- **Critical** - "Shall"- Critical Impact - required to achieve strategic outcomes.
- **High** - "Should"- Considerable Impact - highly recommended but not required.
- **Medium** - "Could"- Some Impact - preferred but not required.
- **Low**- "Would" - Low Impact - considered for future enhancement.

***See Appendix I for comprehensive Project Requirements.*

***See Appendix J for Payroll Requirements (for reference for future projects)*

Project Assumptions

The following are project assumptions:

- The agreed upon option will continue to support the final rule set forth by DOL in the FSLA to Domestic Service, 78 FR 60454 (Oct. 1, 2013).
- The agreed upon option will ensure compliance with the 21st Century CURES Act.
- Federal and State funding will be made available as needed for the life of the project.
- Key project members will possess the skills needed to complete project tasks as assigned.
- Planning activities will be based on the availability of expected resources (Technical, Business, SME's and Stakeholders)
- There will be an increase in required resources for security administration and management for internal and external users.
- The level of risk between alternatives is not equal, but an average risk score was the most objective way to compare alternatives.
- Through real-time tracking, it will help improve the safety and security of vulnerable individuals by ensuring services are being provided and give the State a better understanding of individuals who may be at risk of not receiving their services.
- Claims processing will remain in existing legacy system to ensure correct funding allocation.
- Through the life of the project there will continue to be IE related policy and code freeze processes the project will need to accommodate in schedule planning.

- The IE Project will continue to be the priority project above PTC.

Alternative Analysis Options

Below are the alternative options the Project Team researched for mobile application and web functionality to determine which would be viable options for the project to move forward. See below for high level summary of each option:

1. **In-House Build**
    - A front end to CEP for time capture capability meeting EVV requirements.

2. **eXPRS Time Entry option**
    - APD and HSD to transition to eXPRS for all time capture related needs and pass the information to the mainframe for processing.

3. **All in-eXPRS Mobile-EVV with Mainframe**
    - APD and HSD to transition to eXPRS for all time capture related needs as well as inclusion of FMAS.

4. **All in-eXPRS Mobile-EVV without Mainframe**
    - APD and HSD to transition to eXPRS for all (policy/rules/business process/system) needs.

5. **MMIS Current Contract**
    - Utilizing the current MMIS vendor and contract to support an EVV solution.

6. **SaaS**
    - Utilizing SaaS would eliminate the need to install new servers and software at the State Data Center and data would be stored with the vendor solution.

7. **Other Agency Solutions-Oregon Department of Transportation (ODOT)**
    - Integrating into the State instance of KRONOS, a time keeping software being piloted by ODOT.

8. **Free and Open Source Software (FOSS)**
    - FOSS that may be utilized for EVV with our current systems.

9. **Salesforce**
    - A cloud-based platform solution that would require a separate procurement for system integration services.
    - Given the State's licensing contract for Salesforce, the State could independently develop on the Salesforce platform.

10. **Cost of Doing Nothing**
    - The cost the Agency would incur if an EVV option is not implemented.

Alternative Analysis

Below are the alternatives the Project analyzed which describe the option with the associated benefits, risks, and estimated cost for each alternative. For more information regarding the methodology used to calculate "Staffing Costs/Professional Services Costs" for each of the alternatives, see the 'Selection Criteria and Ranking' section.

Option 1 – In-House Build

This option proposes a mobile application and a web front-end user interface that allows HCWs and PSWs to enter time electronically. HCWs and PSWs will use the online web interface and mobile application to record their service time and mileage entries. The scope of work for this option will only include the system modifications to the Mainframe systems, new development for a web front-end UI (user interface), and new development for a mobile application. Ongoing maintenance and enhancement work will remain in house.

Benefits to implementing In-House Build:

- Providers have access to both mobile application (with offline capability) and online functionality
- Individuals and their Authorized Representatives (AREPs) have access to electronic approval of time entries
- Least impact to mainframe applications and mainframe development resources by utilizing existing mainframe functionality for authorizations and payments
- Real-time provider eligibility validation
- Real-time individual eligibility validation
- Individual and provider demographic information is accurate/up to date
- Continue to allow last day worked and emergency payments/off cycles processing
- EVV compliant

Risks or negative outcomes associated with implementing In-House Build:

- Resourcing issues may still be a risk with prioritization of OIS resources
- Additional resourcing needed for ongoing Operations and Maintenance for the online/web application

Estimated Cost:

In-House Approach – 12-18 Months	**Total**
State Data Center Costs	$158,270
Software Costs	$0
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$3,803,800
Implementation Total	**$3,962,070**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190

Software Licensing, Hosting or User/Transaction Based Fees	$0
State Data Center	$324,870
Maintenance Total	**$697,060**
TOTAL	**$4,659,130**

Option 2 – eXPRS – Providers enter time via eXPRS System

This option will utilize the existing technology, with eXPRS desktop and eXPRS Mobile-EVV, for time entry currently done by ODDS PSWs. This option will require modifications to both eXPRS and Mainframe to allow HCWs and PSWs to log into eXPRS and enter time entries via an online web interface. This will allow for a consolidated environment across all applications, individual populations, and provider populations. Time entries will be sent to CEP to process payroll. Ongoing maintenance and enhancement work will remain in house.

Benefits to implementing eXPRS - Providers enter time via eXPRS System:

- eXPRS can access the authorization information in real-time
- Basic time entry validations exist in eXPRS
- eXPRS, in the upcoming release, will have the ability to capture last day worked and emergency payments/off-cycles in an automated manner (manual functionality is currently available)
- Pended time entries: Queue already exists in eXPRS to work pends (by Field Office and Central Office – depending on the reason for the pend)
- Real-time provider eligibility validations
- Real-time individual eligibility validations
- Would allow for individual notifications to be sent
- Individual and provider demographic information is accurate/up to date

Risks or negative outcomes associated with implementing eXPRS - Providers enter time via eXPRS System:

- Estimated number of OIS hours would likely exceed 3,000 actual effort hours (could be more during design sessions) (OIS performs estimation based on the combination of size/risk/complexity along with the expert judgement of their system developers.)
- Expected risk of change to existing legacy application would be medium to high
- Policy and business processes are not in alignment
- Potentially not EVV compliant due to limited current CMS guidance (lack of offline functionality would be non-compliant) (Offline functionality is being pursued by ODDS)
- Resourcing issues may still be a risk for ODDS and APD with prioritization of OIS resources.
- Limitations to include OHA Home Health program
- Limitations to include OHA 1915i program

Estimated Cost:

eXPRS Time Entry End Approach – 18-24 Months	**Total**
State Data Center Costs	$158,270
Software Costs	$0

Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$6,738,959
Implementation Total	**$6,897,229**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees	$0
State Data Center	$324,870
Maintenance Total	**$697,060**
TOTAL	**$7,594,289**

Option 3 – All in-eXPRS Mobile-EVV with Mainframe – Provider Time Capture and FMAS in eXPRS

This option will utilize the existing technology with eXPRS desktop and eXPRS Mobile-EVV for time entry currently done by ODDS PSWs, including FMAS for payroll processing. This option will require modifications to both eXPRS and Mainframe to allow HCWs and PSWs to log into eXPRS and enter time entries via an online web interface. This will allow for a consolidated environment across all applications, individual populations, and provider populations. This option would require some policy and business process alignment. Ongoing maintenance and enhancement work will remain in house.

Benefits to implementing All in-eXPRS Mobile-EVV with Mainframe:

- Basic time entry validations already exist in eXPRS
- Would have the ability to capture last day worked and emergency payments/off cycles in an automated manner
- Pend queue already exists in eXPRS to work pends (by Field Office and Central Office depending on the reason for the pend)
- Real-time provider eligibility validations
- Real-time individual eligibility validations
- Individual and provider demographic information is accurate/up to date
- OT and Travel time would be calculated accurately with cross program providers in the same solution (same payment system for programs)
- Would allow for individual notifications to be sent
- Single source payment system

Risks or negative outcomes associated with implementing the All in-eXPRS Mobile-EVV with Mainframe:

- Expected risk of change to existing legacy application would be medium to high
- Additional development on the mainframe for claim financing for funding sources
- Policy and business processes are not in alignment
- Pay cycles are not in alignment

- Resourcing issues may still be a risk for ODDS and APD with prioritization of OIS resources
- Updating/changing coding could cause some unforeseen system issues
- Potentially not EVV compliant due to limited current CMS guidance (lack of offline functionality would be non-compliant) (Offline functionality is being pursued by ODDS)
- Limitations to include OHA Home Health program
- Limitations to include OHA 1915i program

Estimated Cost:

eXPRS All-in w/MF Approach – 24 Months	**Total**
State Data Center Costs	$158,270
Software Costs	$0
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$7,701,667
Implementation Total	**$7,859,937**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees (This includes payroll services through existing contract held by ODDS)	$47,684,712
State Data Center	$324,870
Maintenance Total	**$48,381,772**
TOTAL	**$56,241,709**

Option 4 - All in eXPRS Mobile-EVV without Mainframe

This option will utilize the existing technology and bring APD, HSD, and ODDS into alignment for rules/policy/business process/system. This option will require modifications to eXPRS to allow HCWs and PSWs to log into eXPRS and enter time entries via an online web interface. This will allow for a consolidated system application across individual and provider populations. Ongoing maintenance and enhancement work will remain in house.

Benefits to implementing All in eXPRS Mobile-EVV without Mainframe:

- Utilization of existing technology
- Basic time entry validations already exist in eXPRS
- Would have the ability to capture last day worked and emergency payments/off cycles in an automated manner
- Pend queue already exists in eXPRS to work pends (by Field Office and Central Office depending on the reason for the pend)
- Real-time provider eligibility validations
- Real-time individual eligibility validations

- Individual and provider demographic information is accurate/up to date
- OT and Travel time would be calculated accurately with cross program providers in the same solution (same payment system for programs)
- Would allow for individual notifications to be sent
- Single source payment system

Risks or negative outcomes associated with implementing the All in eXPRS Mobile-EVV without Mainframe:

- Expected risk of change to existing legacy application would be high
- Policy and business processes are not in alignment
- Pay cycles are not in alignment
- Resourcing issues may still be a risk for ODDS and APD with prioritization of OIS resources
- By updating/changing coding could cause some unforeseen system issues
- Potentially not EVV compliant due to limited current CMS guidance (lack of offline functionality would be non-compliant) (Offline functionality is being pursued by ODDS)
- Additional resources may be needed for Operations and Maintenance
- MMIS resourcing needs for modifications to the eligibility interface with eXPRS to include APD and HSD eligibility
    - *Note: Oregon Project Independence (OPI) and Extended Waiver Eligible (EWE) individuals are not in MMIS and/or Oregon ACCESS*
- Limitations to include OHA Home Health program
- Limitations to include OHA 1915i program

Estimated Cost:

eXPRS All-in w/out MF Approach – 24 Months	**Total**
State Data Center Costs	$158,270
Software Costs	$0
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$7,701,667
Implementation Total	**$7,859,937**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees (This includes payroll services through existing contract held by ODDS)	$47,684,712
State Data Center	$324,870
Maintenance Total	**$**48,381,772
TOTAL	**$56,241,709**

Option 5 – MMIS Current Contract

This option would entail using current MMIS vendor and contract to support an EVV solution. If the timeline for modularity is far enough in the future, it would be equivalent to the "Do Nothing" option.

Benefits to implementing MMIS Current Contract:

- Potential to coordinate efforts with OHA and utilization of existing resources, contract and technology
- DXC is aware EVV compliance requirements and is the vendor for MMIS for Oregon
- Some staff are already familiar with using the MMIS system
- In-Home Agency and Home Health providers currently use the system for the MMIS Web portal
- HSD providers are currently stored and maintained in MMIS system
- Alignment on enterprise solution for MMIS

Risks or negative outcomes associated with implementing MMIS Current Contract:

- Potential risk if need to change legacy/mainframe
- Prioritization of other MMIS work including IE interfacing
- System and/or vendor limitations that prevented CEP inclusion in initial MMIS implementation
- Cross program travel time hours/OT hours calculation
- Movement of information into MMIS could have downstream impacts to other systems
- New mainframe interface needed for non-financial eligible OPI and EWE not stored in MMIS and IE ONE
- MMIS does not always apply Service Eligibility date ranges (segments) in Recipient module
- Long-term Operations and Maintenance are unclear past the 2-year contract extension option
- Sub-contracting with Sandata via MMIS would add an additional vendor to the project
- An amendment for the special procurement would be required due to added cost
- Sub-contracting could also mean a separate license agreement could be required when transitioning away from DXC
- If we include PTC in the MMIS scope, DAS Procurement Services would have to be involved at some level and it's possible there is risk of losing delegation for MMIS in trying to force this body of work under the MMIS RFP from 2004
- CMS will only pay for one EVV solution for the State
- Additional resources may be needed for Operations and Maintenance

Estimated Cost:

- For cost comparison purposes the Montana modularity pricing for a provider module is claims based and includes some degree of provider management. The cost is around $50 million total. DDI is $13 million and Operations and Maintenance is $37 million for 4 years.

Below is the estimated cost breakdown:

MMIS Approach – 18-24 Months	**Total**
State Data Center Costs	$0
Software Costs	$662,450
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$5,843,514
Implementation Total	**$6,505,964**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees	$7,000,000
State Data Center	$0
Maintenance Total	**$7,372,190**
TOTAL	**$13,878,154**

Option 6 – SaaS

The SaaS approach involves implementing new software but does not require installing new servers and software at the State Data Center. Data for this approach is stored by the solution vendor in an environment that meets the agency security and privacy requirements.

Benefits to implementing a SaaS solution:

- With multiple EVV solutions having been implemented, the market place for vendor solutions is much larger than previously identified
- Since SaaS solution vendors have implemented solutions in other States for EVV, they are familiar with the EVV requirements
- Offers robust functionality with automated workflows, a variety of time capture methods, and electronic or telephonic notifications
- Several vendors in this space have deep experience providing time capture solutions to Direct Care Workers under the Medicaid program
- Most of the desired functionality is already existing; project efforts to implement are focused on configuration, integration, and training
- Requires fewer technical resources from the state
- Shorter implementation timeframe
- No hardware/software to install/maintain
- Provides necessary output to solve the business problem
- Many SaaS solutions are extensible to meet future business goals, such as payroll
- Most of the responses to the original PTC RFI proposed a SaaS solution, which is consistent with the direction of the software industry and market research into time capture solutions

- No dependency on State Data Center
- The solution will automate the time capture process and eliminate or greatly reduce manual processes associated with time capture

Risks or negative outcomes associated with implementing a SaaS solution:

- Lack of direct access to State owned data can result in the inability to analyze and report on the data and may preclude ad-hoc queries
- May be limited in the ability to incorporate agency requirements into a Service Level Agreement with the solution vendor, therefore changes in business process, policy, and potential workarounds will need to be considered.
- Agency specific customizations may be difficult or unattainable depending on the solution
- Solution may consist of technology involving unique hardware that must be in place at all service locations (Fixed Visit Verification/Electronic Visit Verification devices)
- Not all SaaS solutions can scale into additional case management and provider payment (payroll) functions that are envisioned in the long-term future state
- Additional resources may be needed for Operations and Maintenance

Estimated Cost:

This approach assumes an 18-24-month DDI period with the commencement of licensing or fees after implementation. It is assumed that the solution and all data is hosted by the SaaS vendor. Some vendors may require an up-front payment of a portion of the implementation and integration services.

SaaS Approach – 18-24 Months	**Total**
State Data Center Costs	$0
System Integration/Software Costs**	$7,542,540
Hardware Costs	$18,375
State Staffing Costs / Professional Services Cost	$5,026,884
Implementation Total	**$12,587,799**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees	$4,312,159
State Data Center	$0
Maintenance Total	**$4,684,349**
TOTAL	**$17,272,148**

** All associated cost Information is provided as captured in the Galaxux Alternative Analysis document, compiled in 2015, with updates made to account for inflation and an extended implementation timeline. Inflation costs were calculated at 2% for software licensing and impacted costs per Galaxux, and staffing costs were calculated at ~6% per COLA (2016 – 1.48%, 2017 – 2.75%, 2018 – 1.85%, 2019 – 0).*

**System Integration/Software Cost Breakdown:

System integration costs were calculated by compiling five current/recently executed State of Oregon SaaS solutions similar in size, scope, and complexity, and averaging the associated contracted system integration costs. Project information has been deidentified for confidentiality. See below for individual costs used for calculations.

Project A	$ 9,000,000.00
Project B	$ 6,543,300.00
Project C	$ 4,196,300.00
Project D	$ 6,286,900.00
Project E	$ 6,296,000.00
Average (System Integration)	**$ 6,464,500.00**

Software costs were calculated as 25% of the licensing costs (per Galaxux). See below for calculations.

$4,312,159 (Software Licensing) *25% = **$1,078,040 Software Costs**

These costs were then added together for a comprehensive system integration/software cost estimation.

$6,464,500 (System Integration)
+$1,078,040 (Software Costs)
= **$7,542,540 System Integration/Software Costs**

Note: These costs are for estimation purposes only - actual costs may vary.

Option 7 - Other Agency Solutions – ODOT

This option would require collaboration with DAS to integrate into the State instance of Kronos, a time keeping software currently in the process of being rolled out to replace multiple time and attendance systems. The key limitation is the completed implementation for currently prioritized agencies before expansion can occur. The Workday implementation delays have pushed back implementation dates for ODOT.

Benefits to implementing Kronos:

- Kronos is a highly-regarded and well-proven system for the tracking of time and attendance
- APD utilizing the ODOT contract could potentially lower the overall cost of integration
- Since ODOT's project is in the pilot phase, there are experienced state resources

Risks or negative outcomes associated with implementing Kronos:

- The Workday implementation delays have pushed back implementation dates for ODOT
- Would need to identify an additional component for cross program travel time and OT calculations

- Would need to identify an additional component for integration of data for reporting and payroll
- Additional conversations with the vendor to confirm EVV compliance scenarios
- Additional resources may be needed for Operations and Maintenance

Estimated Cost:

ODOT provided the Project with a fee schedule which outlines the annual fees and hosting costs plus per employee per month (PEPM) costs. With 24,000 providers, a rough estimate puts costs at $1.2 million per year. This number does not include costs for professional services, training, or hardware. Professional services and training are estimated to cost roughly $1.5 million for ODOT's project. Hardware costs could be optional.

The estimated cost breakdown below does not account for the optional hardware:

Kronos Approach – 18-24 Months	**Total**
State Data Center Costs	$0
Software Costs	$0
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$5,446,884
Implementation Total	**$5,446,884**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees	$6,000,000
State Data Center	$0
Maintenance Total	**$6,372,190**
TOTAL	**11,819,074**

Option 8 – FOSS

This option would allow us to meet the minimum requirements for EVV Compliance, with less of a financial burden than procuring a vendor solution. The selection of open source software would provide the State with the opportunity to improve functionality and adapt the software to fit our needs. If this solution is chosen, an RFP will be required if the license fees exceed $150,000.

There are several FOSS solutions available to help meet the EVV data collection items. The solutions that were explored for the sake of this analysis are as follows:

- Axxess
- Alora
- AlayaCare
- MyGeoTracking – Solution offers Geofence Based visit verification, mobile time clock apps, and phone call and text-based visit recording

- Vesta EVV – Mainly used in Texas, currently serving Aetna, Accenture, Anthem, Blue Cross Blue Shield, Cigna-Healthspring, and United HealthGroup

Benefits to implementing FOSS:

- Decreased or free software costs
- Agency would have full control of using and customizing source code (also facilitates in discovering and fixing security/privacy vulnerabilities proactively)
- Agency could test against the OSS without committing to the solution
- No contracts required to secure the solution
- There are many FOSS vendors that the state could explore as options

Risks or negative outcomes associated with implementing FOSS:

- There is less guarantee of development with free software systems
- Support services generally rely on communities of other users as opposed to vendor support
- If vendor support exists, we will be limited to their support hours which are likely not 24/7
- Shifting project priorities may require OIS resource re-allocation that would be needed for this solution
- With open source code, potential security vulnerabilities are quantifiable and accessible for remediation vs closed source solutions where you have no tangible way to verify if the security meets our need

Estimated Cost:

Alora – Cost is based on either unlimited users or unlimited individuals. Pricing is tiered by size of Agency (tier details are not included). Medium sized agencies pay between $600-$1,200 a month, while large agencies may range from $1,200 to $6,000 per month. More specific pricing is available upon request.

AlayaCare – Cost is determined by the number of modules selected and the total number of service hours each month. More specific pricing is available upon request.

MyGeoTracking – Cost is based on modules selected per user/per month. At a non-enterprise level, Tracking costs $5/month/user, Manual Time Clock with GPS or IVR/SMS Time Clock costs $5/month/user, and Automatic Time clock with Geofencing costs $10/month/user. Field Data also starts at $5/month/user for mobile forms and includes notes/pictures and electronic signature. Each module includes add-ons for a fee.

State of Oregon Estimates:

Vendor	Number of Users (Role)	Cost / Provider	Total / Month	Total / Year	Total / 5 Year
Alora	N/A	N/A (flat rate)	$1,200 - $6,000	$14,400 - $72,000	$72,000 - $360,000
MyGeoTracking	24,000 (Provider) 1,000 (State Staff)	$5.00/month - $10.00/month $5.00/month	$120,000 - $240,000 $5,000	$1,440,000 - $2,880,000 $60,000	$7,200,000 - $14,400,000 $300,000 **Combined Total** $7,500,000 - $14,700,000

FOSS Approach – 12-18 Months	Total
State Data Center Costs	$158,270
Software Costs	$0
Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$3,232,172
Implementation Total	**$3,390,442**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees	$14,700,000
State Data Center	$324,870
Maintenance Total	**$15,397,060**
TOTAL	**$18,787,502**

Option 9 – Salesforce

This option is a cloud-based Customer Relationship Management (CRM) system - data for this approach is stored by Salesforce in an environment that meets the agency security and privacy requirements. *Note: Because the State will need to hire a system integrator to perform the work, an RFP will be required along with additional DDI costs, as the State lacks skilled Salesforce developers.*

Benefits to implementing Salesforce:

- Confirmed ability to work with Carahsoft to purchase licenses (without seeking competitive quotes for other CRM tools)

- Offers robust functionality with automated workflows, a variety of time capture methods, and automated notifications
- Most of the desired functionality is already existing; project efforts to implement are focused on configuration, integration, and training (faster deployment)
- Solution may allow State to utilize the Deliverables from PTC 1.0
- Requires fewer technical resources from the state
- Shorter implementation timeframe
- No hardware/software to install/maintain (automatic updates)
- Provides necessary output to solve the business problem
- Flexible and scalable to meet potential future needs
- Most of the responses to the original PTC RFI proposed a SaaS solution, which is consistent with the direction of the software industry and market research into time capture solutions
- Cloud-based system - no dependency on State Data Center
- Centralized data that is instantly accessible, including customized dashboards and notifications

Risks or negative outcomes associated with implementing Salesforce:

- May be limited in the ability to incorporate agency requirements into a Service Level Agreement (SLA) with Salesforce
- Agency specific customizations may be difficult or unattainable
- Additional resources will be needed for Operations and Maintenance

Estimated Cost:

Salesforce Approach – 12-18 Months	**Total**
State Data Center Costs	$0
System Integration*	$6,464,500
Software/Hardware Costs	$0
State Staffing Costs / Professional Services Cost	$3,639,658
Implementation Total	**$10,104,158**
Ongoing Maintenance Costs	
Post Implementation adjustments – for 12 months: 1 OPA2 at FTE ($109,670) 1 OPA3 at FTE ($120,397) 2 0.5 ISS7s FTE ($142,123)	$372,190
Software Licensing, Hosting or User/Transaction Based Fees**	$21,663,450
State Data Center	$0
Maintenance Total	**$22,035,640**
TOTAL	**$32,139,798**

*System Integration/Software Cost Breakdown:

System integration costs were calculated by compiling five current/recently executed State of Oregon SaaS solutions similar in size, scope, and complexity, and averaging the associated contracted system integration costs. Project information has been deidentified for confidentiality.

Project A	$ 9,000,000.00
Project B	$ 6,543,300.00
Project C	$ 4,196,300.00
Project D	$ 6,286,900.00
Project E	$ 6,296,000.00
Average	**$ 6,464,500.00**

Note: this cost is for estimation purposes only - actual cost may vary.

**License Cost Breakdown:

State Staff/Provider Licenses:

25,500 licenses (24,000 Providers + 1,500 State Staff users) x $125* = $3,187,500

**Actual current cost is $125 per year per license (this cost could be reduced based on volume)*

Individual Licenses:

20k logins a year for $60 x 365 = $21,900**

***Calculated using community licenses (No access to mobile app – access to website for approvals, etc.)*

*$3,187,500 + $21,900 = $3,209,400 x 1.35*** = 4,332,690 a year for licenses x 5 years =* ***$21,663,450***

****This number represents the associated support costs as quoted by Salesforce.*

Option 10 - Cost of Doing Nothing

This option would continue current process.

Benefits to Doing Nothing:

- The team would be dissolved, and no additional money or time would be invested in the project
- No time or money would be spent on procuring a product nor a vendor for the project

Risks or negative outcomes associated with Doing Nothing:

- Failure to comply with federal regulations will result in a loss of funds matched by the federal government
- Continued reliance upon an outdated computer system (Mainframe) means limited resources could be a problem further down the line

Estimated Cost:

- If the state fails to incorporate an EVV solution, it is subject to incremental reduction in Federal Medical Assistance Percentages (FMAP) up to 1%. The penalties enforced on the State and APD for non-compliance for the first year alone amounts to $874,314. When penalties reach 1%, penalties are to be nearly $6.7 million annually.
- This lack of a solution means the state continues to pay an estimated 70 Full-Time employees at APD offices to enter time (typical classification for this role is an Office Specialist 2), at an estimated current annual cost of $4.2 million. This annual cost is likely to increase over time.
- Doing nothing will also mean that the state continues with printing vouchers, a cost which annually is nearly $1.4 million. This number is likely to grow with the population.
- Total costs are shown below and assume the unlikely scenario that employment and printing/postage costs will stay stagnant. It is very likely these numbers will increase over time; however, it is not possible to accurately depict those numbers.

Fiscal Year	Penalties	Employment	Printing / Postage	Total
2020	$874,314	$4,200,000	$1,387,815	$6,462,129
2021	$3,202,812	$4,284,000	$1,415,571	$8,902,383
2022	$5,007,680	$4,369,680	$1,443,883	$10,821,243
2023	$6,676,906	$4,457,074	$1,472,760	$12,606,740
2024	$6,676,906	$4,546,215	$1,502,216	$12,725,337
5-year total	$22,438,618	$21,856,969	$7,222,245	$51,517,832

Alternative Scoring Guide

Each alternative was scored using the below criteria. Note: The percentage next to the ranking criteria represents the weighted score for each category totaling 100%.

Alternative Scoring Guide		
Ranking Criteria (100%)	**Definitions**	**Scoring Key (1 – 5)**
Requirements (30%)	The estimated requirements met by the solution.	1- 0-92% Requirement Alignment 2- 93-94% Requirement Alignment 3- 95-96% Requirement Alignment 4- 97-98% Requirement Alignment 5- 99-100% Requirement Alignment
Estimated Cost* (25%)	Comparative estimated cost for the solution.	1- Comparative High Cost 2- Comparative Middle-High Cost 3- Comparative Middle Cost 4- Comparative Low-Middle Cost 5- Comparative Lowest Cost
Resources (15%)	Estimated amount of resources identified to implement the solution on schedule.	1- 41+ FTE 2- 31-40 FTE 3- 21-30 FTE 4- 11-20 FTE 5- 0-10 FTE

Schedule (10%)	Estimated implementation timeline for the solution.	1- > 2 years 2- 1 ½ years – 2 years 3- 1 year – 1 ½ years 4- 6 months – 1 year 5- < 6 months
Risk (10%)	Likelihood and impact of associated risks.	1- Overall Risk Score = 4.1- 5 2- Overall Risk Score = 3.1- 4 3- Overall Risk Score = 2.1- 3 4- Overall Risk Score = 1.1- 2 5- Overall Risk Score = 0-1
Mission (5%)	Alignment with State and APD goals and objectives.	1- 0-19% Mission Alignment 2- 20-39% Mission Alignment 3- 40-59% Mission Alignment 4- 60-79% Mission Alignment 5- 80-100% Mission Alignment
Reusable Artifacts (5%)	Previous documentation utilization.	1- 0-19% Reusable Content 2- 20-39% Reusable Content 3- 40-59% Reusable Content 4- 60-79% Reusable Content 5- 80-100% Reusable Content

* These criteria will be a comparison with the other options, as opposed to evaluating as stand-alone elements.

Selection Criteria and Alternatives Ranking

The following criteria for scoring identify quantitative and qualitative project areas to evaluate the most viable alternatives. The criteria were selected based on prior project analysis and research into industry standards evaluating alternatives for the implementation of the best solution. See *'Alternative Scoring Guide'* section for scoring key.

Requirements: Requirements the solution must support are in the Hewlett Packard Application Lifecycle Management (HP ALM) requirements documentation. The Project Team recently reviewed, revised, and vetted the requirements with impacted stakeholders. The requirements were then prioritized as Critical, High, Medium, and Low and were evaluated to ensure the solution meets the critical business needs.

Out of the total number of business requirements scored (42), 31 were identified as Critical, six were identified as High, and five were identified as Medium. For the purposes of scoring, all business requirements determined to be Low were not included as they are all low impact and considered "nice to have" features. In addition, functional requirements were not scored as they directly support the identified business requirements. The selection of critical requirements will be essential for the viable product for the initial release. High and Medium will be considered during the RFP process for scoring purposes. Low requirements will be used for future planning.

Each requirement was scored for alignment individually against each alternative using the key below:

KEY	
0	**Does NOT Meet Requirement**
0.5	**Partially Meets Requirement**
1	**Meets Requirement**

These scores were then totaled for each alternative option, for a total percentage of alignment by priority. This alignment percentage was then used to calculate the weighted percentages as follows (for a total of 100% requirement alignment): Critical – 60%; High – 30%; Medium – 10%; Low – 0%

Below is a summary table outlining requirement alignment scoring results based on the weighted percentages. An overall score was assigned using the alignment criteria for the Total Percentage as defined in the '*Alternative Scoring Guide*.'

Alternative Options	Critical	High	Medium	Total Percentage	Overall Requirements Score
In-House Build	60%	30%	10%	100%	5.00
eXPRS Time Entry	57%	30%	10%	97%	5.00
eXPRS with Mainframe	57%	30%	10%	97%	5.00
eXPRS w/o Mainframe	57%	30%	10%	97%	5.00
MMIS	56%	30%	10%	96%	5.00
SaaS	60%	30%	10%	100%	5.00
Kronos	55%	30%	9%	94%	5.00
FOSS	58%	30%	10%	98%	5.00
Salesforce	58%	30%	10%	98%	5.00
Do Nothing	47%	25%	0%	72%	4.00

***See Appendix K for the Project Requirements Detailed Scoring*

Estimated Cost: An estimated cost has been collected in the Alternative Analysis, when available. The full life-cycle costs including Design, Development, Testing, Training, Migration, Implementation, and Operations and Maintenance (total and by fiscal year) will be used for comparison; see example below:

**Given the following estimated costs: $10 MM, $15 MM, $8 MM, $12 MM, $20 MM, $4 MM, $13 MM, $22 MM, $6 MM, $25 MM, $30 MM, $7 MM

The alternatives would be ranked in order of high to low: 4, 6, 7, 8, 10, 12, 13, 15, 20, 22, 25, 30
The median value would be determined (High-Low/2=Average): (30-4)/2=**13** – this value would be assigned a ranking of 3.

The median value of the high-middle would be determined [(High-Middle)/2] + Middle]: (30-13)/2=8.5 + 13 = **21.5** – this value would be assigned a ranking of 4.

The median value of the low-middle would be determined [(Middle-Low)/2] + Low]: (13-4)/2=4.5 + 4 = **8.5** – this value would be assigned a value of 2.

Once this is complete, the values would be assigned a ranking: 1 (4), 2 (8.5), 3 (13), 4 (21.5), 5 (30)
The example above would be ranked as follows: **1**- (4, 6), **2**- (7, 8, 10), **3**- (12, 13, 15), **4**- (20, 22), **5**- (25, 30)

Below is a summary table outlining the estimated cost scoring results.

Alternative Options	Total Estimated Cost	Overall Estimated Cost Score
In-House Build	$4,659,130	5.00
eXPRS - Time Entry	$7,594,289	4.75
eXPRS - All-in with MF	$56,241,709	1.00
eXPRS - All-in without MF	$56,241,709	1.00
MMIS	$13,878,154	4.25
SaaS	$17,272,148	4.00
Kronos	$11,819,074	4.50
FOSS	$18,787,502	4.00
Salesforce	$32,139,798	3.00
Do Nothing	$51,517,832	1.50

***See Appendix L Alternative Analysis Cost Comparison*

Mission: The mission includes an evaluation of qualitative factors important to the selection of a path forward. Factors include but are not limited to: project goals including the effects on business processes and functions; the effects on the organization such as culture and end user benefits; and other non-quantifiable aspects of the business environment.

The following elements were extracted directly from the APD Strategic Plan:

DHS Mission: To help Oregonians in their own communities achieve wellbeing and independence through opportunities that protect, empower, respect choice and preserve dignity.

APD Vision: Oregon's older adults, people with disabilities and their families experience person-centered services, supports and early interventions that are innovative and help maintain independence, promote safety, well-being, honor choice, respect cultural preferences and uphold dignity.

The following APD Goals will be assessed for alignment with each alternative:

- **Accessibility**: Oregonians can readily and consistently access services and supports to meet their needs.

  Actions - Design improvements to increase individual knowledge of access to services and case management. Continue developing platforms (such as Aging and Disability Resource Centers (ADRC) and IE platforms) and best practices for individuals who are technologically savvy, such as web sites, hotlines, and other self-serve mechanisms where individuals can access information and services while retaining the option for individuals to get information in one-on-one, in person contact with staff. Implement ongoing, sustainable supports for the direct care workforce in partnership with stakeholders.

- **Quality outcomes**: Oregonians engage in services and supports that are preventive, evidence-informed, and lead to quality outcomes.

  Actions - Continue modernizing data and information technology systems (CAM, IE, ADRC) to develop greater capacity for data collection and analysis. Work with DHS and other agencies to develop strategic data sharing agreements for policy planning in the areas of health, housing, transportation, and other services under other state agencies' purview, as well as potential partnerships with universities and community colleges.

Each identified element was scored for alignment individually against each alternative using the key below:

KEY	
0	**Does Not Align with Mission**
0.5	**Partially Aligns with Mission**
1	**Fully Aligns with Mission**

These scores were then totaled for each alternative option, for a total percentage of alignment.

Below is a summary table outlining the mission scoring results. An overall score was assigned using the alignment criteria for the Total Percentage as defined in the '*Alternative Scoring Guide*.' Please note: These overall mission scores are based on qualitative measures and are subjective. The team evaluated each option and assigned an overall score of how well it aligned to the Agency's mission, vision, and goals.

Alternative Options	Total Mission Alignment	Overall Mission Score
In-House Build	91%	5.00
eXPRS - Time Entry	82%	5.00
eXPRS - All-in with MF	73%	4.00
eXPRS - All-in without MF	77%	4.00
MMIS	86%	5.00
SaaS	95%	5.00
Kronos	86%	5.00
FOSS	95%	5.00
Salesforce	95%	5.00
Do Nothing	14%	1.00

See *'Goals, Objectives, and Measurements'* for more information on the project goals.

***See Appendix M for the Mission Detailed Scoring*

Estimated Schedule: An estimate for how long each option will take to implement was determined for each alternative based on the type of solution. Estimates were based on a combination of previously suggested timelines and expert judgement from experienced team members.

Below is a summary table outlining the estimated schedule scoring results In-house and eXPRS options were based on estimates from OIS as referenced in the *'Alternative Analysis'* section. The project team divided out what would be the longest effort and then broke it out into 6-month increments.

Alternative Options	5 (<6 mo)	4 (6 mo – 1 yr)	3 (1 yr – 1 ½ yrs)	2 (1 ½ yrs - 2 yrs)	1 (>2 yrs)	Overall Estimated Schedule Score
In-House Build			X			3.00
eXPRS Time Entry				X		2.00
eXPRS with Mainframe					X	1.00
eXPRS without Mainframe					X	1.00

MMIS				X		2.00
SaaS				X		2.00
Kronos				X		2.00
FOSS			X			3.00
Salesforce			X			3.00
Do Nothing	X					5.00

Risk: Risk items were captured for each alternative utilizing the Probability and Impact Matrix (included in appendix O). The Project used the methodology and tools defined in the PMP. The overall risk assessment includes the following factors: capability of the agency to manage the investment, overall risk of investment failure, organizational and change management, technology, strategic plan, and project resources.

Below is a summary table outlining the risk scoring results.

Alternative Options	Total Average Risk Score	Overall Risk Score
In-House Build	4.1	2.00
eXPRS - Time Entry	2.9	3.00
eXPRS - All-in with MF	3.0	3.00
eXPRS - All-in without MF	3.1	3.00
MMIS	3.4	2.00
SaaS	2.0	4.00
Kronos	3.9	2.00
FOSS	3.8	2.00
Salesforce	2.7	3.00
Do Nothing	4.3	1.00

***See Appendix N for complete Alternative Analysis Risk Log for each alternative.*

***See Appendix O Project Risk Narrative for the definitions of probability and impact by objective.*

Resources: The solution needs to have the required resources to be successful. Each solution was compared to the estimated resources needed to implement each option.

Staffing costs were estimated using existing policy option package data for personnel costs. Total number of staff needed is based on the staffing model developed to support the project approach.

Below is a summary table outlining the resources scoring results.

Alternative Options	Project Director	Project Mgrs.	Tech. Resources	Business Analysts	Org. Change Mgmt.	Training	Total Resources	Overall Resources Score
In-House Build	1	2	3	6	6	6	24	3.00
eXPRS Time Entry	1	2	6	8	6	6	29	3.00
eXPRS with Mainframe	1	2	6	8	6	6	29	3.00

eXPRS w/o Mainframe	1	2	6	8	6	6	29	3.00
MMIS	1	3	3	8	6	6	27	3.00
SaaS	1	3	2	6	6	6	24	3.00
Kronos	1	3	3	6	6	6	25	3.00
FOSS	1	1	2	6	6	6	22	3.00
Salesforce	1	3	2	6	6	6	24	3.00
Do Nothing	0	0	0	0	0	0	0	5.00

***See Appendix L Alternative Analysis Cost Comparison*

Reusable Artifacts: The Project completed an assessment of project artifacts to determine how much existing documentation could be leveraged based on each alternative option. The Project scored each alternative against each deliverable and associated state supporting documentation to determine an estimated percentage of reusable content for the future effort. There were deliverables not used in the scoring such as the Project Management Plan, PMP Monthly Reports, Development Checkpoints, System Testing, Test Cases Part 2, Test Results, and Implementation Plan as these were relevant to PPL's core system and would not be applicable for any other solutions. The Project was able to use the Requirements Traceability Matrix (RTM) as an input for re-baselining the reboot of the project.

Below is the summary table with the estimated percentages of reusable documentation for each alternative option. Please note these percentages are based on qualitative measures and are subjective.

Alternative Options	Total Percentage	Overall Reusable Artifacts Score
In-House Build	34%	2.00
eXPRS - Time Entry	28%	2.00
eXPRS - All-in with MF	28%	2.00
eXPRS - All-in without MF	38%	2.00
MMIS	30%	2.00
SaaS	44%	3.00
Kronos	40%	3.00
FOSS	44%	3.00
Salesforce	44%	3.00
Do Nothing	0%	1.00

***See Appendix P Approved PPL Deliverables for more information regarding scoring details.*

Alternative Option Comparison

Below are the Alternative Option Comparison final scores based on the scoring criteria using the Scoring Guide.

Alternative Options	Final Score
In-House Build	**4.05**
eXPRS - Time Entry	**3.99**
SaaS	**3.95**
Kronos	**3.88**
FOSS	**3.85**
MMIS	**3.76**
Salesforce	**3.70**
Do Nothing	**3.03**
eXPRS - All-in without MF	**2.90**
eXPRS - All-in with MF	**2.90**

There are some important points to keep in mind when looking at this list where no clear way existed to include specific factors into the scoring model. Much of the impact to resource availability and schedule duration depend greatly on when project reinitiating occurs and how long it would take to obtain the appropriate resources (internal or external). Should the project receive immediate approval to move forward key resources from DHS and OHA remain committed to other projects (IE and CAM) and the schedule will be adjusted to reflect the constraints. This greatly decreases the feasibility of success of the options that would rely more heavily on internal development options (In-House Build, eXPRS- all options, & FOSS).

The scores do represent we have the most ability to control outcomes, cost, and delivery of items that are managed in-house.

These scores are not representative of both DHS and OHA's desires to move to more modern technologies and begin to reduce the support workload of existing resources that are already overburdened in supporting more and more systems. The team who developed this Business Case has also engaged repeatedly with the OIS leadership who are working on a variety of strategic initiatives to help move the Agencies forward from a technology perspective.

***See Appendix Q for full Alternative Analysis Scoring Matrix for comparison details.*

Conclusions & Recommendation

The PTC Project is intended to capture the following required data elements electronically at the time of service: Date of Service, Person Providing the Service, Person Receiving the Service, Time the Service Begins and Ends, Location of Service, and Type of Service Performed. This planned workflow involves the transition from a paper-based data gathering method to a more modern, electronic time capture solution.

As part of this new process, the Provider will record EVV data elements in real-time via a mobile app/web portal interface. The processing of the data will involve data-integrity validations to ensure accuracy of services performed, the date/time of service, and the location of the service delivered to the Individual.

The Software as a Service (SaaS) option is the most realistic available option that balances the needs of the organization in the short to medium term for compliance with the longer-term goals of more modular systems. Through the RFP process we can prioritize those vendors able to deliver a compliant solution through a phased delivery model to support quicker time to value with a projected estimated cost total of $25,351,715.

Because Salesforce, Kronos, MMIS (Sandata), FOSS would require outside support from an integrator and an RFP would be required there is no recommendation for a specific SaaS solution. Any selection during the RFP process will reflect the appropriate criteria for scoring between any proposers, which could include any of the above mentioned.

SaaS Option:
The recommended approach for the PTC Project is to utilize a SaaS solution for the following reasons:

- Ability for advanced configuration, integration with other applications, and possible customization
- Aligns with the direction the software industry is going
- Possibility to expand to other solutions in the future for FMAS, Case Management, Provider Management, etc.
- Fewer technical resources would be required from the State and there would be no dependency on the State Data center
- Possibility of faster implementation
- Workload reduction in the State field offices and Type A and Type B AAA offices
- Moves the Agency away from having sole responsibility for supporting an increasing number of systems
- Ability to access data for reporting
- Several vendors are now offering EVV solutions that are incorporated into their system

To best support incremental delivery of this effort the following prioritization are put forth in conjunction with the recommendation for a SaaS solution:

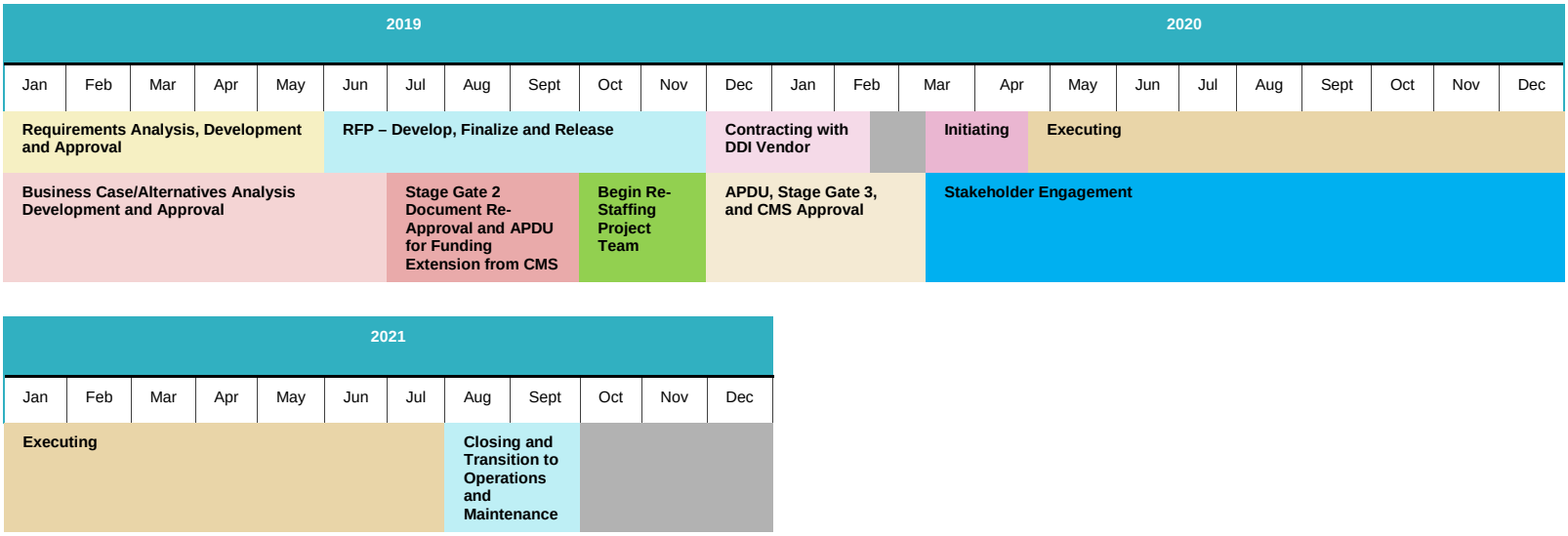
<u>Iterative Phases which would include ongoing Operations and Maintenance once implemented:</u>

1) Required data element capture through EVV compliant tool which may require manual entry of initial provider demographic information, individual demographic information, and service authorization details such as service period, authorized hours, type of service, etc.
2) Interfaces
    a) Implementation of inbound interfaces for provider demographic information, individual demographic information, and service authorization details such as service period, authorized hours, type of service, etc.;
    b) Implementation of outbound interface by extracting data from new solution to map to existing tables for payment processing via CEP.
3) OHA inclusion & Data Aggregation
    a) Phasing in other programs (OHA 1915i) over a longer timeframe
    b) Phasing in data aggregation as CMS delivers updated guidance

<u>Future Phases or Efforts:</u>

1) Payroll processing and interface with accounting and/or system
2) Potential opening to other program/agency participants

See below for a high-level proposed timeline for the solution implementation (Phases 1 minimally, Phase 2 potentially):



Appendixes and References

A. Acronym List
B. March 2019 Budget Update
C. Current State Process Flows
D. Future State Process Flow
E. Alternative Analysis Out of State Solutions (Spreadsheet)
F. Lessons Learned Report
G. In-Home Agency EVV Information (Spreadsheet)
H. COTS Basic + COTS Plus Customization (Galaxux)
I. Project Requirements
J. Payroll Requirements
K. Project Requirements Detailed Scoring
L. Alternative Analysis Cost Comparison
M. Mission Detailed Scoring
N. Alternative Analysis Risk Log
O. Project Risk Narrative
P. Approved PPL Deliverables (Reusable Project Artifacts)
Q. Alternative Analysis Scoring Matrix
R. Original Business Case

OSCIO IT Investment form

IT Investment Name:	Provider Time Capture (PTC) Project	Date:	08/20/2018
Agency:	Oregon Health Authority (OHA) & Department of Human Services (DHS)	Division:	Aging and People with Disabilities and Health Delivery Systems
Agency Contact:	Mike McCormick, APD Deputy Director	Phone Number:	503-945-6229
Approving Business Owner:	Mike McCormick, APD Deputy Director	Phone Number:	503-945-6229
Approving Technology Mgr:	Jon Debban	Phone Number:	503-947-5378

8/23/18

Approving Business Owner Date

Approving Technology Manager Date

Information Technology Investment Type(s):

☒ New Investment ☐ Renew/Life Cycle Replacement ☐ Other:

Information Technology Investment Description (What is being proposed and why):

In Oregon, the Department of Human Services (DHS) and Oregon Health Authority (OHA) are considered joint employers. Their Home Care Workers (HCW) /Personal Service Workers (PSW) programs must be modified to comply with the federal mandates under 21st Century CURES Act for an Electronic Visit Verification (EVV) system and U.S. Department of Labor's (U.S. DOL) Fair Labor Standards Act (FLSA). DHS and OHA must keep certain records for each HCW/PSW. The requirements apply to HCW/PSW's who provide personal and home care assistance to older adults and people with disabilities. Both federal mandates require that records include certain identifying information about the HCW/PSW and data about the hours worked. The law requires this information to be accurate and attested to by both clients and providers. DHS and OHA do not have shared technology in place necessary to meet the regulations.

In addition, Electronic Visit Verification (EVV) was created to help cut down on fraud and ensure that people receive the documented care they need. EVV was designed to help verify that services billed for home healthcare are for actual visits made.

A final component of this project is to enable payment services to the care workers through a Financial Management Agent Services (FMAS) option. The inclusion of a payment services option allows for an "end-to-end" process of capturing time and services through to payment.

An Information Technology (IT) solution will help minimize the long-term costs associated with increased workload, increased dependency on manual paper process and fraudulent reporting of services being provided to Medicaid recipients.

This project offers an opportunity for the State to develop and implement technology that will assist case managers in meeting the workload associated with HCW/PSW management. The solution should also assist

OSCIO IT Investment form

HCW/PSW and the consumers they serve in streamlining the service management portion of their relationship. The solution will do this with the following solution enhancements:

- Worker Portal – a secure web-based portal which allows Agency staff and partners to view and edit information pertaining to service planning and provider management.
- Provider Portal – a secure web-based portal which allows providers to enter time, view information about the service recipient(s) they serve, manage voucher/payment information, and update personal contact information.
- Service Recipient Portal – a web-based portal which allows service recipients (or their authorized representatives) to view necessary information about their cases and service plans. Service recipients will be able to validate reported hours and services, send requests, and update personal contact information through the portal.
- Database – a single, well-designed database to support all three portals listed above.
- Optimized Reporting – optimized reporting functionality providing access to current and historical service recipient and provider data in real time.
- Document Management – track, manage and store documents. The Solution will auto-populate and generate specified paper and electronic notices.
- System and Data Integration – ability to integrate and interface with a variety of systems real-time and batch including, but not limited to Medicaid Management Information Systems (MMIS).
- Role-based Security – the Solution will utilize role-based security allowing usage of internal and external partners as determined by the business.
- Multiple Access Channels - real time accessibility and data entry through web, and mobile technology. The Agency will be able to capture location using geospatial data accessible online or offline.
- Automated Workflow - automatic routing, processing, and integration between different functional software applications. Including validations, alerts, and notifications.
- Secure Payment Processing – ability to process provider payments directly through Financial Management Agent Services.

		Yes	***No***
1)	Is the investment a project?	☒	☐
2)	Will the investment have a Project Manager?	☒	☐
3)	Will the investment include other agencies?	☒	☐
4)	Will the investment include Information Asset Classification Level 3 or 4 data? (see DAS Policy 107-004-050)	☒	☐
5)	Will the investment be for Cloud Services (as defined in Policy #107-004-150)	☐	☒

IT Investment Estimated Cost Summary

Hardware:	N/A	**Software:**	N/A

OSCIO IT Investment form

Services/Maintenance (projected over five years):	$51,095,931	**Personnel (Project):**	$9,455,142
Source of Funding:	Federal Fund	**Deadline for fund use:**	dd/mm/yyyy
Anticipated Start Date:	10/06/2016	**Anticipated End Date:**	07/31/2021
		TOTAL:	**$60,551,073**

Oregon Department of Human Services
AUDIT RESPONSE REPORT

1. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2017, audit #2018-11 (dated April 2018)

- Recommend management ensure the transaction review process includes examination of proper coding and accounting periods.

  The procedures that affected the fiscal year 2018 audit were updated and no additional errors were present in the fiscal year 2019 audit.

- Recommend department management continue to pursue system changes to OR-Kids to prevent transactions from reimbursing outside the period of performance. In the meantime, the department should develop a process to better identify transactions that are appropriate to net and transactions that should not be netted to ensure adjustments are reported appropriately.

  A report has been developed that allows ODHS to analyze increasing and decreasing adjustments, isolating increasing adjustments that fall outside the period of performance. ODHS is no longer netting increases and decreases beginning with the filing of the June 30, 2018 CB-496 report.

  The analysis of reviewing all activity back to September 30, 2011, to evaluate if any federal funds were improperly claimed beyond the two-year limit has been completed. Repayment from this analysis was reported on the March 31, 2019 CB-496 report in the amount of $6,477,561.66. Additional information is attached detailing the repayment by program and correlating the CB-496 decreasing reporting lines with each repayment quarter.

- Recommend department management ensure adequate contract monitoring processes are in place to provide assurance that the department is receiving the services provided for in these waiver-based contracts. We also recommend department management seek clarification regarding allocation of equal monthly payments among clients served and verify that startup costs, camp services, and pre-paid flexible funds are appropriate waiver expenditures.

  These findings are connected to the use of Title IV-E federal funds. For these specific services and contracts, the IV-E funds were only allowed under the Title IV-E waiver, which ended September 30, 2019. Therefore, there are no longer concerns about inappropriate federal fund claiming because these contracts are only using the General fund. No new contracts were entered into during State fiscal year 2019 that would use Title IV-E funds.

- Recommend department management ensure all required documentation is completed timely, reviewed, and maintained, and that eligibility is determined appropriately. We also recommend department management reimburse the federal agency for costs paid related to ineligible providers.

  The error cases identified, leading to this finding, have been corrected. Both of these errors happened prior to OR-Kids enhancements that prevent full certificates of approval unless all required pieces of work have been completed and entered into the record. We see improved documentation and accuracy since the implementation of those enhancements.

  Because the Department has had other findings related to IV-E claiming during a temporary certificate of approval, a report was designed and implemented. The EL-3026-D Foster Care IV-E Eligibility & Certification Status Detail allows the user to identify cases in which children are placed with temporarily certified providers and are IV-E eligible/reimbursable. The EL-3026 was implemented in June 2019.

- Recommend department management review OR-Kids transaction processing and make system modifications as appropriate to ensure proper financial reporting of program expenditures. We also recommend department management review prior year and current year transactions and reimburse the federal agency for grant expenditures claimed inappropriately.

This audit finding was partially mitigated by OR-Kids JIRA# 25911. The system is not allowing placement corrections on service types with age bracketed services. This system correction will now calculate the Placement Begin Date against the participant's DOB, allowing retroactive placement corrections for all age bracketed service types. This change was put into production on January 23, 2019.

A report has been developed to identify adjustments that impact a state grant rather than the federal grant and is the validation stage. Once the report is completed, the report will be used to accurately report federal expenditures. The new anticipated date for this report is June 30, 2021.

- Recommend management strengthen controls to verify applications exist during client eligibility redeterminations, perform timely eligibility redeterminations and verification of client resources, close benefits for clients no longer eligible, and ensure eligible clients are enrolled in both Medicare and Medicaid. We also recommend management correct all identified issues and reimburse the federal agency for unallowable costs.

  The department is committed to providing timely benefits to only those individuals who are appropriately determined eligible. The department has taken positive steps since the fall of 2016 to improve its business reporting capabilities for tracking and remediating untimely Medicaid redeterminations. The department expects that the technological advancements and improved functionality of the new Integrated Eligibility (IE) system will provide greater operational opportunities to strengthen its client eligibility controls specifically related to the timeliness of determinations, correct enrollment and the electronic retention of required eligibility data elements such as signed applications. In addition, the department is engaged in efforts to restructure existing caseworker training to support and align with the new Integrated Eligibility system, which will reduce the risk of administrative errors. Similarly, the department expects that the statewide implementation of the Centers for Medicare & Medicaid Services (CMS) approved electronic Asset Verification System (AVS) will provide client resource information in a more timely, robust and comprehensive manner. All unallowed costs have been repaid.

- Recommend management strengthen controls to ensure documentation supporting a provider's eligibility determination is retained. For current providers with missing documentation, we recommend the department verify they are eligible to provide services and obtain the necessary documentation.

  The Provider Enrollment unit has implemented the quarterly data pull for missed checks. Initially how the data was pulled from MMIS and the content of the data caused delays due to the volume and sorting through the provider file. Those issues are being worked through and as additional reports are pulled the process will become more streamlined. The next data pull is on track and scheduled for July 2019.

  Our Fiscal Intermediary (FI) Public Partnerships LLC (PPL) is now validating I9's for Personal Support Workers (PSW) prior to payment. Additionally, our enrollment unit has begun performing quality assurance checks as a preventative measure. In addition, questioned cost of $5,573 have been reimbursed as of September 30, 2018.

  The management of the Oregon Health Authority (OHA) Provider Support Services conducted specific database check training for enrollment staff between December 2017 and February 2018. The state will provide additional database check training beginning July 2018 as part of a second enrollment quality improvement plan and continues to pull quarterly, a missing database check report, to ensure all missing database checks are completed.

  For the one provider that was the responsibility of the Aging and People with Disabilities program (APD), the Department obtained a current completed I-9 form and confirmed the provider's eligibility; therefore, there are no questionable costs remaining for the APD program.

- Recommend department management ensure a client's monthly copay is correctly calculated and applications are retained. We also recommend department management reimburse the federal agency for unallowable costs.

  ODHS completed the reimbursement to the federal agency for the known questioned costs of $1,939 on June 21, 2018.

ODHS agency transmittal was issued to inform field staff of the error reasons resulting in incorrect copay calculations and policy reminders to prevent these errors. The ODHS training unit was also included to re-enforce during staff trainings the importance of calculating income, ensuring bonus pay is included and child support payments.

In regard to ensuring application retention, ODHS implemented the EMDS standardized data capture elements that assist in locating additional application documents. In addition the total unallowable costs have been reimbursed to the federal CCDF.

- Recommend department management strengthen its controls to ensure appropriate expenditures are charged to the federal program and that timely reviews of client payments, monthly employee timesheets, and cell phone invoices are performed.

  Client expenditures are being reviewed by the Business Integrity Coordinators with all office completing the first in a series of audits by September 2019. Additionally, VR field staff have been trained on and instructed in the OC&P Buy Decision process and are required to follow this process for all administrative purchases. Client purchases are in the process of implementing the Buy Decision process. Employee timesheets are now done thru the new Workday system. This system requires the manager to approve time off when the employee requests it. At the end of the pay period the manager is required to audit the Workday approvals against the payroll system before locking time. Payroll then reviews it early the next month and contacts anyone who is out of compliance. Cell phone reports are being audited on a monthly basis by the Business Integrity Coordinators and one of the administrative staff in central office. Each of those employees forward their review to a coordinator once they have completed it. We have had a couple of issues where phones were moved and not put on the correct auditor's list. Once identified, they were corrected, and we went back and reviewed all of the months this occurred.

  Known questioned costs in the amount of $60 were included in warrant 125356450 with VP757147 that was issued and reimbursed to the awarding agency on March 6, 2019.

- Recommend department management submit accurate RSA-2 reports and strengthen its controls over RSA-2 reports to ensure the reports are properly prepared, adequately supported, and properly reviewed.

  The Grant Accounting unit in the Office of Financial Services has adopted a new methodology for reporting hours and dollars based on payroll actuals. This was approved by the federal oversite agency, Rehabilitation Services Administration (RSA, in July 2017. Additionally, the query used for the report has been adjusted to exclude the second payroll run for the prior fiscal year and include the second payroll run for the current fiscal year (October 16, 2015 – October 15, 2016). Grant Accounting will retain the data queries used to construct the report and review these with the Business Operations Manager for Vocational Rehabilitation prior to submission.

  The Grant Unit revised the FFY2016 RSA 2 report in June 2017. The RSA 2 report was corrected June 2017, and new payroll reporting methodology implemented in July 2017.

- Recommend department management strengthen controls to ensure all procurement procedures are followed, including the verification of suspension and debarment for all contracts, and maintain supporting evidence for procedures performed. We further recommend department management create and implement review procedures over its new CSTAT system to ensure controls over procurement procedures are operating effectively.

  The Office of Contracts and Procurement (OC&P) began with the month of December 2018, pulling a query of all executed contracts from each month as recorded in the CSTAT database. A formula is used to perform a random selection process of 25% of all contracts or amendments executed within that month that meet the criteria of any dollar value not to exceed (NTE) amount, inclusive of increases to NTE on amendments. In May 2019, OCP made an executive decision to reduce the random monthly pull from 25% to 10% based on industry standards and workload. The entire electronic contract file is reviewed for completeness, including CSTAT entries related to the contract. If an error or omission is discovered in the documentation, the compliance manager informs the contract specialist's manager by email of the nature of the error. Errors are recorded with the review of the contract file, as well as documentation from the contract

specialist once the correction has been made. Managers review the contract errors and corrections with staff during employee development meetings. All documentation is maintained in an excel spreadsheet by month for each month audited.

2. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2018, audit #2019-14 (dated March 2019)

- Recommend management ensure year-end reporting methodologies reflect a complete understanding of transaction relationships as well as proper application of amounts provided by other entities.

  The year-end task list shows the annual meetings with each unit, including the Management Reporting Unit (MRU), to provide information and inquire of changes. The FY19 year-end list OFS MRU is the actual agenda for items discussed with each unit. The MRU specific items include inquiring of new program revenues and expenditures.

- Recommend department management implement processes and procedures to ensure data reports accurately reflect case status and activity of the reporting period.

  The department is aware that the data reports out of the Legacy system are incorrect. With IE ONE rolling out this year a decision was made to not put resources into fixing the business requirements in the current Legacy system, it is anticipated ONE will provide more accurate data reports. ONE implementation across the state is scheduled to be completed by the end of calendar year 2020. Any system changes within ONE will require a change request. Prioritization and work on change requests would begin in calendar year 2021.

- Recommend department management implement monitoring of eligibility re-determinations to ensure they are completed timely. We also recommend department management correct the identified cases and reimburse the federal agency for amounts claimed for ineligible cases.

In February 2020 it was discovered that two cases, that did not previously incur any charges, did not accurately end eligibility as expected when the corrections were entered in June 2019. This was because the corrections were made to the pre-adopt cases. In coordination with OR-Kids, the eligibility was appropriately ended on the bio-cases on February 11, 2020. One of the cases incurred charges after the original finding was made, so this correction in February resulted in an additional reimbursement of $9,836.13.

- Recommend department management ensure timely and consistent monitoring of OR-Kids reports, including adequate communication, to ensure the cases exceeding the benefit threshold of $25,350 are corrected timely. We also recommend department management reimburse the federal agency for costs exceeding the limit.

  Report EL-3008 was designed to identify any children's TANF claiming exceeds $20,000. This finding occurred due to staffing changes, we have provided training and updated procedures to support business integrity and this addresses the audit finding. The Policy Analyst reviews this report each month and it has resulted in a resolution to this finding. The request to OR-Kids for a system enhancement will remain on the list of future OR-Kids changes.

- Recommend department management ensure adequate processes are in place to ensure federal TANF payments are not made beyond the 60-month time limit. We also recommend department management correct the identified case and reimburse the federal agency for amounts claimed.

  Effective May 1, 2019, SSP TANF has designated a point person to review the over 60-month Time Limit data report. This report is generated monthly and the TANF point will review every month for accuracy. If the point determines a case needs updating. The TANF point will email the local branch office lead with instructions on how to update the case Time Limit issue.

  Adjusting entry BT178490 in the amount of $953.10 was completed on February 22, 2019 to reclass these costs from FF to GF as they were outside the federal time limit.

- Recommend department management continue to work with DHHS to obtain approval of the department's plan for "Indian country" time limit exemptions. We also recommend department management correct cases that had been improperly exempted prior to January 1, 2017, and review and reimburse the federal agency as appropriate for payments made beyond the allowable time limit.

  The departments plan for 'Indian Country' is outlined in the state plan which has been accepted. The cases were reviewed, and it was determined that they were not improperly exempted and therefore no reimbursement needed. The system is functioning correctly, the business requirements in the fed report were incorrectly reporting. With IE ONE rolling out this year a decision was made to not put resources into fixing the business requirements within the current Legacy system, it has been confirmed reporting out of ONE is correct for "Indian Country" time limit exemptions. ONE implementation across the state is scheduled to be completed by the end of calendar year 2020.

- Recommend department management investigate and identify the extent to which client income was not verified. We also recommend department management provide appropriate notification and training to staff to ensure that data is entered in a manner that would ensure the ONE system appropriately accesses the hub to verify income eligibility.

  The department has provided additional guidance by way of an all-staff transmittal issued in March of 2019, has updated the staff eligibility manual in April 2019, and made an update to the ONE eligibility system on April 11, 2019 to default the question about verification to trigger the Federal Data Services Hub. This update was done to ensure the Hub is pinged, regardless of the avenue in which the application is entered, when no one on the case has income. After the system update, guidance regarding the update was put in an agency-wide newsletter in May of 2019 and an all-staff transmittal was sent in August 2019.

- Recommend management strengthen controls to perform timely eligibility redeterminations and verification of client income, and ensure eligible clients are appropriately enrolled in both Medicare and Medicaid. Additionally, we recommend management provide periodic training to caseworkers to reduce the risk of

administrative errors. We also recommend management correct all identified issues and reimburse the federal agency for unallowable costs.

Approximately 90% of APD rule changes required for the implementation of the integrated ONE system on July 6, 2020 are complete and training materials have been updated to reflect these changes. The remaining 10% of rule changes will be effective on July 6, 2020. Cross program training, which covers, MAGI, OSIPM and Medicare Savings Programs, is in process and will be delivered prior to the new system's rollout in each area. This will ensure that staff across Aging and People with Disabilities and Self-Sufficiency programs are knowledgeable in all Medicaid programs, and that eligibility is determined timely, accurately, and with the required verifications.

- Recommend department and authority management strengthen controls to ensure documentation supporting a provider's eligibility determination is retained. We also recommend department management reimburse the federal agency for cost paid related to the ineligible provider.

  Questioned costs of $8,518 were adjusted through the JH system with document BTJHCQAP. The effective date of the adjustment was January 19, 2020.

  A missed data base verification has been added to the enrollment staff self-reporting spreadsheets. The state is reviewing a report to complete any missed required validations every three months.

  The automated solution is still a work in progress and will not begin to replace staff database checks until March 2020. We are also reviewing an automated missed check tool or a daily query to ensure missed checks are fixed within one business day.

- Recommend department management ensure all required documentation is completed timely, reviewed, and maintained. We also recommend department management reimburse the federal agency for costs paid related to the exceptions identified above.

A new OR-Kids report, EL-3026-D Foster Care IV-E Eligibility and Certification Status Detail was implemented on June 20, 2019. This report allows the user to pull a list of all children who are eligible for Title IV-E while placed with a provider who has a temporary certificate of approval, so that claiming corrections can be made in a timely manner.

CW eligibility staff were provided training regarding the IV-E age requirements for young adults 18 years or older during the March 2019 Statewide Eligibility Summit. This information was recently reiterated through email correspondence and the August 2019 Eligibility Newsletter.

An adjustment of $24,565 was entered into ORKIDS and reported on the 2019 third quarter CB-496 (04/01/2019 – 06/30/2019) report.

- Recommend department management review OR-Kids transaction processing and complete system modifications as appropriate to ensure proper financial reporting of program expenditures. We also recommend department management review prior year and current year transactions and reimburse the federal agency for grant expenditures claimed inappropriately.

  The known costs for IV-E were adjusted on document BT183513, and $277,004 was repaid and reported on the September 30, 2019 CB-496. The known costs for Medicaid, were adjusted on document BT186519 on February 10, 2020, and the $5,949 was repaid and entered into the CMS for FFY20 Q2. A report has been developed to identify adjustments that impact a state grant rather than the federal grant and is in the final validation stage. Once the report is validated, it will be used to accurately report federal expenditures. The new anticipated date for this report is June 30, 2021.

- Recommend department management ensure payments are adequately reviewed to verify payments are for the correct federal financial participation rate and calculated correctly. We also recommend department management reimburse the federal agency for unallowable costs.

The OR-Kids team continues to work on changes to the database to resolve this finding. The most recent update from the OR-Kids team was in June 2020, in which they said that automatic rate calculation is on the list for a future maintenance release. The current estimated implementation date is December 31, 2020. While waiting for this change to go into effect, Child Welfare continues to use a workaround process by sending out a transmittal at the beginning of each calendar year with the newest mileage rate information and by conducting spot checks for accuracy. The current mileage transmittal, CW-IM-20-001, went out to all of Child Welfare in January 2020.

- Recommend department management ensure adequate contract monitoring processes are in place to provide assurance that the department is receiving the services provided for in these waiver-based contracts.

  These findings are connected to the use of Title IV-E federal funds. For these specific services and contracts the IV-E funds were only allowed under the Title IV-E waiver, which ended September 30, 2019. Therefore, there is no longer concerns about inappropriate federal fund claiming because these contracts are only using general fund. Due to that change no further action is warranted.

- Recommend management ensure changes to the cost allocation process are included in its change log to ensure all changes are incorporated in subsequent plan submissions. Further, the department should ensure the discrepancies identified are corrected in the next plan submission.

  Going forward, we are documenting all of our correspondence in a log with a number, brief description and which plan year it applies to. Additionally, with each update requested, the plans are being produced in their entirety where each version builds on the prior so that the most recent plan or update is always the most current and inclusive of all changes and or updates. Regarding the Random Moment Sampling, the majority of those activity codes required narrative updates only to ensure the description of the calculation was accurate.

  There were two activity codes that resulted in claiming differences:

Activity Code 4.A.8 – Pre-Finalized Adoption Assistance Case Management – The penetration rate used in activity code 4.A.8 is based on IV-E Foster Care. This rate should have instead been based on IV-Adoptions. The funding source charged for this activity, however, was in fact "Title IV-E Adoption Assistance". Because the Federal Funding source is correct, there is no adverse impact to reporting. Because the Foster Care penetration rate is lower (57.07%) than the Adoptions rate (86.24%), the resulting impact on claiming is that Oregon under-claimed to IV-E. Since the amount that is not funded by IV-E is charged to State Funds (GF), as such no correcting entry is necessary.

Activity Code 4.A.2 Transportation for Medical, Dental, And Mental Health Services – The penetration rate used in this activity is XIX Foster Care (XIX FC) eligible children. The rate should have instead been XIX weighted / blended (based on Foster Care and In-Home). The approximate difference in rates is 2.5% less when using a blended rate. As a result, the agency over-claimed to title XIX. Activity code 4.A.2 accounts for approximately 1.77% of Child Welfare Survey results. The overall impact to Child Welfare RMSS results is 0.043% (or a 2.5% XIX reduction in the 1.77% of survey responses in activity code 4.A.2), the Federal Fund impact and correcting entry is estimated at approximately $63,000.

The entry for 4.A.2 was made with document numbers BTCC2130 through BTCC2136. Total Federal Fund impact was $36,204. The initial estimate was based on averages versus a month by month calculation. This will be reported on the CMS-64 FFY19Q4.

- Recommend management strengthen internal controls to ensure all costs entering the cost pools are allowed and for the correct amount. Further, the department should identify any additional mileage rate errors and correct all known issues.

  The agency has a regular process to review for duplicate payments; however, the questioned payment was missed. It was corrected on October 30, 2018 with document AR075480 for $2,201.

  Also, the agency will be working with program staff to ensure they understand that submissions for court

witness mileage reimbursements are paid a different IRS per diem rate. The agency reviewed court witness mileage reimbursements and found an additional 27 transactions paid at the inappropriate rate, resulting in $535 in overpayments. This amount was adjusted on March 15, 2019 with BTCL1177. The questioned cost of $18 was also adjusted on March 13, 2019, with BTCL1176.

- Recommend department management implement a consistent process to verify branch offices are conducting required inventory and accurately completing stock control logs.

  A plan has been developed and implemented to conduct quarterly inventory reviews for EBT stock control logs in Self Sufficiency offices and this will be expanded to include APD/AAA offices by October 1, 2019. The reviews are conducted by local business experts and the information is then tracked in a Central office database. The information will be reviewed during the quarterly business review to identify strategies to improve accuracy.

3. ODHS and OHA: Integrated Eligibility Project Has Generally Followed Industry Standards to Help Ensure Data is Converted Completely and Accurately, Fiscal Year 2019, audit #2019-37 (dated October 2019)

- Recommend compare data extracts to legacy systems to ensure completeness and accuracy and document the results.

  After the audit, the Integrated Eligibility, Data Conversion team reached out to the Legacy extract team to better understand steps taken to ensure the mainframe extracts correctly represented the data from the online systems.

  Each Legacy team providing an extract (FSMIS, CM, CI, OA and AJ) was interviewed and design/test artifacts were reviewed.

In summary, the team determined the following:

- *The Legacy teams have varying processes to manage and track extract requests - some using ticketing systems that track and manage requests, while other teams manage requests via email*
- *In all cases, the Legacy teams were working from defined specifications, either uploaded to the ticketing system or managed via email*
- *In all cases, the Legacy teams confirmed the accuracy of the extract with the Legacy BA's, who confirmed against the online system.*
- *Test evidence/confirmation was exchanged via email, and either uploaded to the ticketing system or preserved in email.*

Based on this follow up review of the process, there is now sufficient evidence that the mainframe data extracts have been adequately tested against a defined design, and accurately represent that data in the mainframe.

- Recommend management develop a staffing plan that reflects the potential volume of work that will need to be completed after data conversion along with existing eligibility processing workloads and staff availability.

  The state has developed a plan to minimize the amount of impacts created for eligibility workers by data conversion. This plan includes creation of a team to perform duties necessary to align the data within the multiple systems and automating some of the functions necessary to align the data within the multiple systems. These two strategies will decrease the impact to eligibility workers and allow for better service to Oregonians. There is a workplan that has been developed for the cases that will continue in conversion mode after go-live. This plan includes appropriate necessary time for every point of contact. This time correlates to our current recertification timelines.

- Recommend management eliminate the use of shared accounts to transmit PII and PHI.

The Audit Team observed server administrators using a shared account to manage file transfer of sensitive data. This practice was stopped upon notification to Project leadership and did not expose sensitive data outside of the system boundaries. Additionally, the server in question is being replaced and decommissioned.

- Recommend management improve monitoring of the transmission of PII and PHI.

  While the Audit Team did not assess specific security risks for the IE system, there was recognition by the Project Team that controls were needed to address Project-identified risks related to the protection of PII and PHI during UAT. A team called the Security Controls Workgroup was formed to identify and put into place controls necessary to protect this data. This workgroup was made up of security professionals from the Project Team, SI, Enterprise Security Office (ESO), Enterprise Technology Services (ETS), Office of Information Services (OIS), Public Knowledge, and oversight agency representatives. These controls included:

  - *Ensuring there was no mechanism to allow offshore resources to access the UAT environment.*
  - *Ensuring processes were in place to validate no PII or PHI was copied into Team Foundation Server or other environments in which offshore personnel had access.*
  - *Requiring all testers to use test ID's during testing.*
  - *In the mainframe environment, specifically placing "deniers" into access scripts to ensure testers could not access production environments and, conversely, production users could not access the test environment.*
  - *User profiles for testers were created to change the background color of screens such that it was easy for users to differentiate between production and test environments.*
  - *Ensuring processes were in place to quickly provide testing credentials (authentication and access) to new testers.*

In addition to the above controls, security-related plans are followed and are regularly updated and reviewed by the ESO and federal partners. These plans include:

- *System Security Plan (SSP)*
- *Information Security Risk Assessment (ISRA)*
- *Privacy Impact Assessment (PIA)*
- *Plan of Action and Milestones (POAM)*
-

- Recommend management update existing Business Associate Agreements to include clauses required under HIPAA.

  According to a message from DOJ dated November 14, 2019, the BAA template used by OIS was found legally sufficient and is not out of compliance with federal requirements. No further action will be taken on this finding by the IE Project Team leadership.

4. ODHS and OHA: Using the U.S. Treasury's Do Not Pay System for Health and Human Services Program Will Save Taxpayers Money, audit #2020-05, (dated February 2020)

- Work with U.S. Treasury to gain access to Do Not Pay's worker portal to perform on-demand searches.

  The implementation date for ODHS/OHA to gain access to the DNP portal is contingent upon the execution of a data use agreement (DUA) and other data security measures needed per data source. The data sources cross both the ODHS and OHA, and data sources contain protected health information, personally identifiable information, and other protected information. The protection and security strategies for sharing each data source will need to be clarified, and separate DUA's for ODHS and OHA may need to be executed.

  Communications with U.S. Treasury are ongoing, and the initial questionnaire has been submitted to U.S. Treasury.

- Work with U.S. Treasury to develop annual death matching that covers all clients and all providers in the SNAP, TANF, ERDC, and Medicaid programs. Based on research of those matches, terminate ineligible clients and provides, and correct erroneous data in information systems.

  ODHS and OHA request this recommendation incorporate the rationale of other recommendations, rather than having two separate timeframes for matching purposes. Monthly matches would be the most efficient and provide ODHS and OHA the opportunity to correct records in a timely manner.

- Develop internal policies and procedures for using Do Not Pay and taking the appropriate actions to close cases.

  Policies and procedures already exist for the current Date of Death work being conducted by OHA and ODHS. Once the DUA and other data security measures are executed, and portal access is approved, ODHS and OHA will know the specific aspects of the portal and data matching needing to be addressed in policy and procedures and will finalize prior to full utilization of DNP.

- Send letters to all clients and providers who are identified as potentially deceased, but whose records could not be independently verified by ODHS or OHA staff.

  ODHS and OHA staff will check all internal databases and perform internal research to verify the data that has been received by DNP. If DNP identifies someone as deceased, we are concerned that it would not be an effective approach to submit letters to clients and providers who, through the use of DNP, have been identified as deceased. We would clearly take the DNP data seriously and would do all necessary validation, but sending letters to potential surviving family members does not seem the most effective approach.

- Work with appropriate authorities to correct erroneous death reports found as a result of Do Not Pay data matching.

Policies and procedures will be developed to address methods and strategies for communicating with the data source of any potentially erroneous record.

- Work with U.S. Treasury to develop annual data analytics to identify potential data quality issues in information systems serving SNAP, TANF, ERDC, and Medicaid clients and providers.

  ODHS and OHA will use the matching process to identify the source, structure and prevalence of the data issue. ODHS and OHA will use the findings to identify corrective actions within data sets ODHS and OHA have control over.

- Work with U.S. Treasury's Do Not Pay services to develop monthly matches against required datasets for all providers. Based on research of those matches, terminate ineligible providers, and correct erroneous data in information systems.

  ODHS and OHA recommend incorporating this recommendation with other recommendations, thereby streamlining the operational aspects of the two recommendations.

- After the Integrated Eligibility system is implemented, research cases that lack Social Security numbers and valid exemptions. Based on research of those cases, address any eligibility, compliance, and/or system issues.

  This recommendation will be addressed post implementation of the Integrated Eligibility System. It will be addressed per applicable federal regulation for each program utilizing the Integrated Eligibility system.

5. ODHS: Oregon's Child Welfare Information System is Adequate for Case Management, but Enhancements are Needed to Improve Usability, audit #2020-01 (dated February 2020)

- Recommend ODHS continue to engage with program staff and end users to identify and document key usability issues and the potential risks associated with those issues. Based on this assessment, prioritize fixes to address high risk usability issues.

  In October 2019, ODHS established an OR-Kids User Group that brings together technical staff, program staff and end users. Requested enhancements and feedback on OR-Kids usability issues and potential risks are discussed at this forum. Input from the User Group feeds into decisions on priorities for OR-Kids fixes and enhancements which are currently discussed and determined by the Child Welfare Leadership Team in their monthly meeting. To ensure sustained, appropriate governance of OR Kids, discussions are underway between Child Welfare and the Office of Information Services on ways to improve governance. Consideration will be given to adopting the Information Systems Management Committee (ISMC) governance model and associated processes used by other ODHS program areas.

- Implement a data governance function that is responsible for creating a data quality strategy that aligns with the Child Welfare business strategy.

  In response to the Comprehensive Child Welfare Information System (CCWIS) requirements, ODHS has included in the 2020 Annual Planning Document Update (APDU) a plan for a data quality plan that includes data governance. The APDU was submitted on January 9, 2020 to the Administration for Children and Families (ACF) and is pending approval. Assuming approval by ACF, the Department anticipates full implementation no later than December 31, 2020.

- In conjunction with fully defining critical data and planning for data quality, fully identify and document associated automated and manual application controls and analyze whether additional controls are necessary to ensure data are complete, accurate, and reliable.

  The OR-Kids business and technical teams will review the control gaps identified as a part of this audit and will present recommendations to the OR-Kids governance body for additional automated and manual controls to ensure data are complete, accurate and reliable.

- Define the skills users are expected to possess in order to enter and retrieve information in OR-Kids based on their duties, develop procedures to evaluate user knowledge, and design training approaches to ensure users possess these skills.

  Currently, users are assigned a user-role that provides access to system functionality based on job classification. ODHS will use these existing roles as a basis for identifying and categorizing training materials to support respective user-roles and will assess the options available for assessing user knowledge and comprehension.

- Develop procedures to adjust training content and materials as needed to reflect changes to OR-Kids functionality or changes to Child Welfare practices that require changes to the use of OR-Kids.

  ODHS is planning to hire an analyst/technical writer to coordinate changes to training content to reflect OR-Kids and Child Welfare practice changes.

- Acquire a qualified project manager and maintain ongoing engagement with the Administration of Children and Families and Enterprise Information Services to ensure the CCWIS project remains in compliance with federal requirements and the state's IT investment oversight process.

  ODHS/OIS is working to assign a Project Manager. The Project Manager will be a member of the Office of Information Service's Project Solutions team and will be required to follow the standard OIS project management methodology and to stay in compliance with the state's IT investment oversight process.

6. ODHS and OHA: Statewide Single Audit Including Selected Financial Accounts and Federal Awards for the Year Ended June 30, 2019, audit #2020-14 (dated March 2020)

- Recommend management ensure year-end accrual methodologies are complete and include consideration of all relevant expenditures.

The Office of Financial Services has updated its accrual methodology instructions to review all estimates to ensure they are calculated correctly and include consideration of all relevant expenditures. OFS will engage more closely with budget staff on projections of biennium-end expenditures to ensure alignment of expenditures and accrual estimates.

- Recommend department management provide additional coding elements related to expenditure data to allow for identification of federal expenditures within the dataset, and implement processes and procedures to ensure data reports accurately reflect case status and activity of the reporting period.

  A business change request was submitted March 11, 2020 for Legacy. Policy and business analysts continue to meet and review ONE business requirements for accuracy as well as continuing technical assistance with ACF. Once review of all business requirements are complete a change request will be submitted requesting to correct identified business requirements.

- Recommend department management strengthen controls to ensure adherence to the department's work verification plan documentation of participation and projection of hours of participation, and to ensure data entered into the automated data processing system is accurate and complete.

  TANF Policy in partnership with the training unit created materials and conducted training for field staff on July 21st, 2020. TANF Policy in partnership with Employment and Training conducted technical assistance with contractors on July 28th and 29th, 2020.

  Targeted communication with field staff who are responsible for retention of attendance documentation is scheduled for September 2020. Targeted reviews are scheduled to begin in August 2020.

- Recommend department management strengthen controls to ensure clients benefit payments are appropriately determined.

TANF Policy in partnership with the training unit created materials and conducted training for field staff on September 15, 2020. TANF policy has created protocols for both JOBS Disqualifications (DQ) and Child Support sanctions (CS), they have been uploaded to the TANF staff tools page and available for field staff.

- Recommend department management coordinate resources to better maintain and more readily provide sufficient eligibility documentation.

  TANF Policy in partnership with the training unit created materials and conducted training for field staff on August 18, 2020. Communication with the Business Operations Specialists team is scheduled for November 2020. Quality Assurance began targeted reviews in September 2020 and scheduled to run through November 2020.

  Oregon will be piloting a new eligibility system, ONE, beginning May 2020 with full rollout scheduled by end of calendar year 2020. It is anticipated ONE will resolve some of the errors based on system functionality.

- Recommend management ensure the cost allocations are processed according to the federally approved cost allocation plans.

  The Medicaid impact of $36,234 was corrected with document numbers BTCC2130 through BTCC2136 with an effective date of July 14, 2019. The refund was reported to CMS on the CMS-64 FFY19 Q4. The TANF impact of $1,824,260 was corrected with document numbers BTCC3054 through BTCC3137 with an effective date of September 8, 2019. The refund was reported to ACF on the ACF-196R Part 1 report, line 22B FFY19 Q4.

  Internal controls have been strengthened and the Public Assistance Cost Allocation Plan Change Log for both ODHS and OHA are reviewed on a monthly basis notating any change, the reason for the change, and the plan part and section reference. The changes accumulated over the year are reviewed prior to the annual

state fiscal year submission to the Federal Department of Health and Human Services Cost Allocation Services unit to ensure alignment between the Cost Allocation System and the federally approved plans.

- Recommend department and authority management strengthen controls to perform timely eligibility redeterminations and verification of client income and ensure eligible clients are appropriately enrolled in both Medicare and Medicaid. Additionally, we recommend management provide periodic training to caseworkers to reduce the risk of administrative errors. We also recommend management correct all identified issues and reimburse the federal agency for unallowable costs.

  The department is committed to providing timely benefits to only those individuals who are appropriately determined eligible.

  One of the five individuals identified who did not have their eligibility verified within 12 months was receiving MAGI Medicaid benefits. The MAGI redetermination was initiated timely, but the information returned to the agency, by the individual, was not processed timely. Since the time of this individual's redetermination, the department has taken the following steps:

  - *Implemented a more thorough process for workload management with increased reporting and data analysis to better resource ongoing work*
  - *Hired staff to monitor workload*
  - *Expanded capacity and locations of the SSP/OHP Processing Center, hiring additional eligibility staff in the process*
  - *Continuously analyzing resource allocation, making adjustments when needed.*

  For the remaining findings, the department expects that with the implementation of the new Integrated Eligibility (IE) System statewide during 2020, there will be greater operational opportunities to strengthen our client eligibility controls, specifically related to the timeliness and accuracy of eligibility initial

determinations and redeterminations along with improved electronic retention of required data elements such as signed applications. Additionally, the IE system implementation includes cross policy, system and advanced policy training to support staff, eligibility workers and case managers statewide. We believe this training will also assist in ensuring we are building and developing an informed workforce with consistent knowledge of federal and state eligibility policies.

The $342 in questioned Medicaid costs for homecare services was reimbursed (calculated at $375 when adding K plan 6%) on December 10, 2020. The reimbursement was reported to CMS on line 10a in Q1 FFY21, CIN A-10-20-60714.

The department will correct the remaining identified issues and recoup the funds by February 2021, from the provider who was overpaid and will reimburse the federal agency for unallowable costs.

- Recommend department management review OR-Kids transaction processing and complete system modifications as appropriate to ensure proper financial reporting of program expenditures. We also recommend department management review prior year and current year transactions and reimburse the federal agency for grant expenditures claimed inappropriately.

  A report has been developed to identify adjustments that impacted a state grant rather than the federal grant and remains in the validation stage. Once the report is completed and accurate, the agency will use it to report accurately and will begin to make appropriate adjustments to all incorrect claims. Known costs in this finding will be reimbursed on the 6/30/2021 CB-496.

  Foster Care Title IV-E questioned costs of $50,810 was corrected with document BT189872, effective August 11, 2020. These adjustments will be reflected on the 9/30/20 IV-E report. The Medicaid adjustment of $10,577 was made on August 30, 2020 and reported on line 10a in Q1 for FFY21.

- Recommend department management continue to correct known applicable child eligibility data issues in OR-Kids to ensure data used to estimate the savings in state expenditures is complete and accurate.

Federal Policy and Resources identified the issues related to the first finding due to a question from Office of Financial Services (OFS). The Department has already updated procedure/process to ensure testing and monitoring occurs when changes to OR-Kids are implemented into production until assured the system and reports are working appropriately. OR-Kids Business analysts and Office of Information Services will analyze and fix the bugs identified from the implementation of this change. Once all fixes are completed Federal Policy and Resources will work with Office of Financial Services to ensure all adoptions assistance title IV-E eligibility is being reported accurately.

The second finding where the three cases were incorrect, will be corrected and removed from the applicable child savings calculation. Federal Policy and Resource will submit a change request to require OR-Kids to improve the batch process for the final adoption assistance case. In the interim the Department will create an exception.

The three Adoption Assistance (AA) determinations with the incorrect answer selection were corrected on February 14, 2020 to reflect the appropriate answer and were removed from the applicable child savings calculation. As a follow up, Federal Policy and Resource provided 'Applicable Child Only' guidance to IV-E specialists via email on March 19, 2020 to ensure that they understand how to complete an AA determination accurately. The AA Determination batch process from case 2 to case 3 was corrected on JIRA 32928 and was released to production on April 1, 2020. The affected AA determinations were corrected and refinanced on JIRA 32926, 32934, and 33412. These all went into production on April 1, 2020. The ADP Adoption Report 3012 was fixed to correctly identify all eligible statuses for IV-E Adoption Assistance to include: applicable child, not applicable child and applicable/not applicable child. The new report went into production on June 29, 2020.

- Recommend department management review adequate support for administrative charges and revise the monitoring checklist to demonstrate that on-site monitoring of invoices is done.

  TEFAP – The Department is currently working with Food and Nutrition Services (FNS) partners to update three required monitoring tools for TEFAP and CSFP. Per federal requirements the monitoring schedule for

TEFAP is one annual storage facility review and one quadrennial comprehensive review of the sub-recipient agency, OFB. The Department will make corrections and updates to the current annual storage facility review tool per FNS and SOS guidance to meet the recommendation for documenting specific records reviewed during on site monitoring. The department will create and implement a quadrennial comprehensive review tool with FNS guidance and partnership. The Department will receive FNS approval on the finalized monitoring tools.

TEFAP – The Department plans to have these monitoring tools completed by April 2020 for implementation this FFY2020. The Department plans to conduct its on-site annual storage facility review by the end of June 2020.

CSFP – Per federal requirements the monitoring schedule for CSFP is to complete a biennial inventory and compliance review of the sub-recipient agency, OFB. The department will continue to work with FNS to update and correct the biennial monitoring tool to reflect FNS and SOS guidance to meet recommendations for documenting specific records reviewed during on site monitoring. The Department will receive FNS approval on the finalized monitoring tools.

7. ODHS: Oregon Should Improve Child Safety by Strengthening Child Care Background Checks and the State's Sex Offender Registry, audit #2020-21 (dated June 2020)

- To ensure consistency and standardization, OCC and BCU propose legislation to have all childcare background checks performed by a single agency that conducts childcare provider background checks.

  Implementation will require submission of a Policy Option Package (POP) for the 2021 Legislative Session. As OCC is the lead agency for Child Care in Oregon, OCC will be responsible for submitting the POP.

  The target date assumes that the POP is passed in the 2021 Session. If the POP was not approved, the target date would need to be extended as needed until legislative authority to centralize background checks was provided.

- In consultation with the Oregon Department of Justice, OCC and BCU should create a consistent list of automatic disqualifying crimes to use in background check determinations for state licensed and regulated childcare providers, and periodically evaluate that list as criminal laws change. Agencies should seek clarification from the U.S. Department of Health and Human Services Office of Child Care, as needed, for act requirements.

  Implementation will require collaboration between the ODHS Background Check Unit (BCU), ODHS Child Care Unit (CCU) and the Oregon Office of Child Care (OCC), and Oregon Department of Justice (DOJ) before proceeding to a Rules Advisory Committee (RAC) to publish permanent rules. Crime lists will be reviewed annually thereafter.

- OCC and BCU should work together to set the same background check requirements for all childcare providers that are at a high enough standard to protect the welfare of children. At a minimum, this should happen on a regular basis due to law changes and include determining other concerning crimes to consider, looking at trends or patterns of concerning behavior, timing of renewal and interim background checks, setting minimum age requirements, and reporting requirements.

  Implementation will require collaboration between BCU, CCU and OCC, and DOJ before proceeding to RCA to publish permanent rules. Thereafter procedural and other documents will need to be updated and training on new processes provided to all pertinent BCU and OCC staff. Synchronization of practice and requirements will be reviewed annually thereafter to maintain quality control.

- Recommend OCC and BCU advocate to the U.S. Dept. of Health and Human Services Office of Child Care the need for interstate sharing of information critical in assessing childcare providers.

  Conversations and advocacy for interstate data-sharing tools and processes between BCU, OCC, and the US Office of Child Care have been ongoing since early 2017. Oregon has participated in a variety of Region X teleconferences with US Office of Child Care and other states' licensing and background check agencies,

as well as state police departments working toward acquiring Federal statutory data-sharing authority, as well as Federally provided tools and applications.

- Recommend OCC and BCU establish policies and procedures to share updated, pertinent information resulting from background checks on related individuals.

  BCU and OCC will collaborate with DOJ and Oregon State Police (OSP) to identify what information can be shared, and what processes for that sharing are legally sufficient. BCU and OCC will enact those recommendations for data-sharing as applicable.

- Recommend OCC and BCU check the provider's address with Oregon's sex offender registry when conducting background check procedures on a provider whose home is where childcare is provided.

  BCU and OCC will collaborate with OSP's Sex Offender Unit to identify and implement the specific procedures necessary to request address-based checks of the Oregon Sex Offender Registry. BCU, CCU and OCC will thereafter jointly formulate procedures for how to apply such checks when a positive hit on a provider address occurs.

- Recommend ODHS work with OCC to regularly provide OCC with adult protective services reports.

  The Office of Child Care (OCC) received statutory authority per (HB4054/2018 session) ORS 329A.030(4)(a)(A) to access state adult abuse history when individuals apply to be listed on OCC's Central Background Registry. Upon receipt of this information, Aging & People with Disabilities (APD) coordinated with OCC in October of 2018 to create the following initial process for sharing adult protective services reports for investigations in both licensed (referred to as Facility APS investigations) and unlicensed settings (referred to as Community APS investigations):

  1. *OCC will request abuse history from APD whenever an applicant self-discloses abuse history on their application.*

2. APD established a central APD-APS Unit email address to send requests and created a specific contact person/gatekeeper, so OCC can send the request to one APD entity. Part of the contact person/gatekeeper's role is obtaining information from the Office of Safety, Oversight and Quality (SOQ) for information related to Facility APS investigations and combining it with any information contained in Community APS investigations for a consolidated APD response.

3. The request from OCC is sent via a secure e-mail from the Oregon Department of Education (ODE) helpdesk to the APD-APS Unit mailbox with a subject line identifier "OCC Request for Adult Abuse History." The OCC request includes a cover letter requesting "Adult Abuse History" and provides an APS case number, type of abuse, date the record was closed. APD is asked to return confirmation of all substantiated cases and any details. The applicant's name, DOB and SSN are included in the cover letter as verification points.

It is important to note that APD (in coordination with other ODHS/OHA programs) implemented a new Centralized Abuse Management (CAM) System. All APD or Area Agency on Aging (AAA) offices were operational in CAM as of Jan. 1, 2019. Our gatekeeper coordinates with respective contacts in SOQ and APD to ensure all relevant systems (legacy, CAM) are queried for pertinent information to ensure a comprehensive review is completed.

ODHS (including APD-APS, SOQ and the OTIS) will continue working with OCC to develop a process for sharing information necessary for OCC to perform their background checks.

- Recommend ODHS have common identifiers within its abuse and neglect registries that are reliable and can be used to readily identify a person involved in a protective service allegation. ODHS should collect and work with OCC to also collect those identifiers for all childcare providers. This will allow a more complete check of abuse and neglect registries.

  ODHS Aging and People with Disabilities (APD), in coordination with other ODHS/OHA programs, implemented a new Centralized Abuse Management (CAM) System for Adult Protective Services (APS). All

APD or Area Agency on Aging (AAA) offices were operational in CAM as of January 1, 2019. In addition, the Safety Oversight and Quality Office (SOQ) implemented a new Corrective Action and Licensing Management System (CALMS) as of February 18, 2020. CALMS imports information/records from CAM to SOQ that enables them to perform Licensing and Corrective Action tasks. In each system, several common identifiers exist to identify a person involved in an APS investigations and SOQ corrective action.

Examples include:

1. *Each intake or investigation is assigned a CAM/CALMS identification number as a unique identifier.*
2. *CAM has a global search feature that allows a user to search for an individual and any role they had in an APS intake or investigation. The roles include alleged victim, alleged perpetrator, reporter, witness, collateral contact, etc. This is another identification source that can be utilized.*
3. *Each individual involved in an APS intake or investigation has a unique person record created in CAM that contains identifiers such as name, alias, date of birth (DOB), address, Social Security Number (SSN), as available. A person record must be created before an intake or investigation can be assigned or closed.*

APD and OTIS recognize that DOB or SSN information is not always available. It is important to note, APS is not an eligibility-based program that requires this type of identification. Investigation parties have the right to decline APS interventions and asking for this type of identification during a case of familial type abuse could create a safety risk for a vulnerable adult.

Whenever possible, this information is included in the CAM/CALMS system or provided via other sources such as through SOQ for licensed providers. Currently, a data analysis query is being conducted by the APS Unit, QA/QI Coordinator to determine data trends for SSN and DOB numbers for both Community and Facility APS settings. The data analysis will be shared with Field Administration and respective offices for a quality improvement plan. Early results from the data query show a modest improvement in this area of data collection.

OTIS investigations similarly are using CAM and will review data capture for these common identifiers.

Child Welfare (CW) consistently requests identifying information, such as: name, DOB, address and SSN numbers. Like APS, child protective services (CPS) is not an eligibility-based program that requires this type of identification. Case participants have the right to decline providing this type of information during the investigation phase and even when a case is opened for services. When the information is available, it is added to the CW case record and is searchable.

CW and OTIS have developed business processes that facilitate the entry of OTIS investigations into the OR-Kids system for enhanced tracking of perpetrators and individuals involved in investigations.
In terms of working with OCC to collect common identifiers, there are notable privacy and security issues with gathering and storing sensitive information such as SSNs. Establishing data-sharing with ODHS protective services for OCC-collected Employment Identification Numbers (EINs) or Social Security Numbers (SSNs), and other common identifiers would require review by DOJ to establish what could be requested and shared between parties while remaining legally sufficient.
Secure methods of sharing the information would need to be implemented. Data-sharing would also need to include data integrity procedures to ensure that fraudulent or incorrect information (ex., incorrect SSNs) was not being added to protective service records. Likewise, even correct information would need to be cross matched accurately to the correct APS or CPS files. Erroneous or incorrectly matched information could create false negatives or false positives that would erode the integrity of the background check process as well as protective service records.

- Recommend ODHS regularly check department employees for criminal convictions and involvement in founded abuse and neglect allegations.

  Currently OAR 407-007-0020 (3) requires ODHS employees to report to ODHS Human Resources (HR) any new arrest, charge or conviction of any crime within 5 days of occurrence. HR is immediately notified by Child Welfare or Adult Protective Services if protective service investigations involve a ODHS employee.

When an employee is determined to have new criminal or abuse history, progressive discipline may be applied in such situations, or HR may request that a new background check is completed.

BCU and CW are both CJIS programs, consequently BCU and CW employees are all subject to the CJIS background check requirements. If an employee commits a crime that does not meet CJIS clearance thresholds, ODHS will currently be notified by OSP, and are required to take action to remove CJIS-related duties. These requirements may circumvent progressive discipline and could make a new background check superfluous.

ODHS has previously advocated unsuccessfully (HB 2228 in 2015) for statutory language that would have provided Oregon access to the FBI's Rap Back Program. This program provides employers with immediate updates when enrolled employees acquire new criminal history anywhere within the United States. Such a program could bring efficiencies to both provider and state employee background checks, especially for larger organizations like ODHS. Without such an efficiency, ongoing rechecks of employees may lead to increased workload and fiscal impacts without proportional increases to safety.

Per BCU and HR records during the audit, a total of eight employees were found to have not complied explicitly with OAR 407-007-0020 (3); two of the eight reported the history to their supervisor.

ODHS currently has 10,084 employees resulting in 0.0008% non-compliance. Due to the extremely low rate of non-compliance, ODHS HR will continue to recheck employees under current procedures.

It should be noted that ODHS adheres in its employment practices to EEOC guidelines, including those requirements delineated at the beginning of this response. In addition, due to the variety of populations that ODHS serves, in most circumstances it is best practice to have staff with lived experience who have successfully overcome issues such as addiction disorders, mental health issues, domestic violence, and other crisis to work with families with similar challenges. Experience has shown that a person-centered approach that takes into consideration individual circumnutates always works better than a one size fits all approach.

ODHS has implemented a process whereby the agency conducts criminal background checks for employees new to the agency; upon employee transfers, promotions and re-employments. In addition, the ODHS Background Check Unit receives Notification from law enforcement and the Courts when an ODHS employee is arrested or charged upon which time the employee is required to complete a criminal background check.

8. ODHS: Oregon Can More Effectively Use Family Services to Limit Foster Care and Keep Children Safely at Home, audit #2020-26 (dated July 2020)

- Establish collaboration protocols with partner divisions and agencies that set common goals, procedures, and timelines for action on Child Welfare referrals and at the front end of open cases.

  ODHS Child Welfare has already begun this work with the Office of Developmental Disabilities Services, working with the young people in foster care who experience temporary lodging.

  ODHS Child Welfare will continue the work of identifying additional opportunities to develop collaboration protocols to set common goals, procedures and timelines for action on Child Welfare referrals.

- Use data analysis and input from staff, parents, and other stakeholders to identify the types of services and providers that are most successful and cost-efficient, including alternatives for improving front-end family engagement, service coordination, and safety services.

  a. Provide ORRAI with enough capacity to credibly evaluate service outcomes and staffing needs, identify the most effective services, and conduct outreach to help districts improve performance management.

  The Office of Reporting, Research, Analytics and Implementation (ORRAI) will first need to determine if there is enough data for an evaluation, then complete program evaluation/service effectiveness for each program/service. The second step will be to automate the evaluation and determine the population best served by the program. The final step is running the models by individual/family, to determine the most

appropriate program/service for optimal outcome. Partners will be included to provide information about program, data, focused services, etc.

This is a multi-phased effort that begins with service effectiveness through program evaluation and service matching and will require automation to be effective. The entire process would take 2-3 years if started immediately.

It is also important to note that this recommendation is dependent on fiscal and staffing resources that are currently not available. Budget restrictions in the wake of Covid-19 may require the target date for this recommendation to be adjusted.

- Identify and implement alternatives to reduce caseworker workload. Potential alternatives include reducing time spent on data entry and other administrative activities and making case procedures more accessible and user friendly.

  In collaboration with partners, youth and parent mentors, Child Welfare has developed a new Family Report that significantly reduces workload to caseworkers. The new Family Report combines the case plan and reports to the juvenile court and legal parties, two very lengthy documents.

  The Child Welfare Policy Unit is currently analyzing the structure, accessibility and usefulness of the Child Welfare Procedure Manual. Since March 2020, Child Welfare has convened several workgroups that include field staff and central office policy staff, to document the business process flow for a journey through child welfare involvement. This information is being used to identify and inform procedural updates that create more efficiency in practice to then be reflected in the Procedure Manual. Revisions to the Child Welfare Procedure Manual are on track for implementation within the next year.

  Additionally, ODHS Child Welfare will analyze work assignments to caseworkers to determine whether there is opportunity for using case aides in a consistent manner.

- Develop contract measures at the district and central office level that set goals for provider timeliness, access, quality, and reporting of overall performance. Set clear performance management guidelines for contract administrators.

  The Child Welfare Contracts Team, in collaboration with district level contract administrators, will develop a charter or work agreement that establishes goals for consistent quality, performance management and overall performance.

- Work with contracted providers to develop diverse delivery options that address service gaps in rural areas and other underserved areas, such as delivering services online or virtually when appropriate.

  ODHS Child Welfare recognizes the benefits in delivering some services online and virtually especially in the wake of the COVID-19 global pandemic. Ongoing, the Child Welfare Contracts Team will request contracted providers to consider enhancing service delivery options that include implementing online or virtual options to address service gaps.

  It should also be noted *that not all services are effective through online or virtual settings. Contracted providers and the clients they serve have varying degrees of access, skill, and infrastructure to support consistent and effective service provision and participation through online or virtual services.*

- Work with OHA, CCOs, and other stakeholders to quantify needs for mental health and addiction treatment services in underserved areas, ensure adequate coverage, and establish data sharing for CCO-provided services in Child Welfare cases. Also work with OHA to develop publicly reported CCO performance metrics that tie to Family First goals.

  The Oregon Health Authority policy advisor to the Child Welfare Executive Leadership is convening a Medicaid/Child Welfare work group. That work group will be taking on implementing each component of this recommendation.

- Ensure that ORRAI's efforts to account for racial bias receive an independent review, either through peer-reviewed studies or commissioned experts.

  Work with OHA, CCOs, and other stakeholders to quantify needs for mental health and addiction treatment services in underserved areas, ensure adequate coverage, and establish data sharing for CCO-provided services in Child Welfare cases. Also work with OHA to develop publicly reported CCO performance metrics that tie to Family First goals.

- Incorporate detailed information on services for CIRT team evaluation of CIRT cases, including whether key services within or outside Child Welfare were effective or available.

  The Child Fatality Prevention and Review Program will take immediate steps to incorporate changes to the case file summary template to prompt the gathering of detailed information about services provided by or outside the agency, and whether they were available and effective. In addition, service discussion will be added to the CIRT meeting agenda to ensure detailed information on services will be provided and discussed during the CIRT meeting. These changes can be implemented within the next few months.

  While availability of service is fairly simple to determine, determining effectiveness of services is nearly impossible to do without a robust program evaluation criterion. In Recommendation 2, ORRAI is identifying nearly 3 years needed to develop and implement a process that determines effective and cost-efficient services.

- Provide biennial reports to state leadership and policymakers on service access, availability, and effectiveness throughout the state, drawing on improved performance information.

  Child Welfare submits an Annual Progress and Services Report (APSR) to the Children's Bureau. The APSR is a narrative report on progress made towards meeting each goal and objective approved in the 5-Year Plan/Child and Family Services Plan (CFSP). It documents changes in goals and objectives and narrates a description of the services to be provided in the coming year, as well as other program information required by the federal Program Instruction. These reports are submitted to the Governor's office for approval prior to submission to Children's Bureau. Upon

approval from the Children's Bureau, the report will be shared with key legislators on House and Senate Human services committees and posted to the ODHS website.

- Incorporate the previous recommendations into development of the new five-year Family First prevention plan for ongoing inclusion in periodic Child and Family Services plans.

  While many of the recommendations will naturally contribute to the Family First prevention plan, the previous three recommendations are outside of the scope of the Federal Program Instructions for the Family First State Plan. The charter guiding the Family First Prevention Plan work addresses the remaining recommendations as part of implementation.

Secretary of State Audits Current Status of ODHS Audits November 30, 2020

Ongoing Audits	Scope
SOS 2020 Single Statewide Audit - Financial	Audit of the State of Oregon's financial statements and related note disclosures included in the Comprehensive Annual Financial Report (CAFR) including report on internal control over financial reporting and compliance with laws, regulations and provisions of contract or grant agreements.
SOS 2020 Single Statewide Audit -Child Care Development Fund	Federal compliance audit for the Statewide Single Audit Report to determine if the federal program complied with the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Fieldwork in process.
SOS 2020 Single Statewide Audit -Temporary Assistance for Needy Families	Federal compliance audit for the Statewide Single Audit Report to determine if the federal program complied with the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Fieldwork in process.
SOS 2020 Single Statewide Audit - Vocational Rehabilitation	Federal compliance audit for the Statewide Single Audit Report to determine if the federal program complied with the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Fieldwork in process.
SOS 2020 Single Statewide Audit -Medicaid	Federal compliance audit for the Statewide Single Audit Report to determine if the federal program complied with the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Fieldwork in process. Entrance Conference held October 26, 2020.
SOS Performance Audit: Office of Developmental Disabilities	This audit will look at how ODDS can improve upon its existing efforts to meet its mission and goals of empowering individuals to live full lives in their communities. Audit scope has not been determined.

PROGRAM PRIORITIZATION FOR 2021-23

Agency Name: Oregon Department of Human Services

2021-23 Biennium **Agency Number: 10000**

Agency-Wide Priorities for 2021-23 Biennium

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			CW	Foster Care	Foster Care Prevention	Provides services to safely support children in their own homes and support family stability.	Timeliness and permanency of child reunification	12	1,488,717	91,282	10,340,750	0	$ 11,920,749	0	0.00	N	Y	FM	ORS 419A and 419B	All - see program unit/activity description	
			CW	Foster Care	Foster Family Shelter Care	A limited term payment provided to a certified family when a child or young adult in the legal or physical custody of the Department moves to a certified family's home from a placement with a BRS provider and there is no current level of care determination - paid for the first 20 days to allow time for the CANS to be administered.		12	2,621,731	371,877	3,544,916	0	$ 6,538,524	0	0.00	N	Y	FM	ORS 418.015	All - see program unit/activity description	
			CW	Foster Care	Regular Foster Care	Temporary out-of-home care provided by a relative caregiver or general applicant foster parent who has been authorized to provide care to a child or young adult in the legal or physical custody of the Department.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	52,825,707	6,586,558	52,840,583	0	$ 112,252,848	0	0.00	N	N	FM	ORS 418.015	All - see program unit/activity description	
			CW	Community Based Domestic Violence Services		ODHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault, survivors of domestic violence, and their children, in a culturally and linguistically appropriate manner.	Absence of repeat maltreatment	12	493,701	3,957,986	3,218,636	0	$ 7,670,323	0	0.00	N	Y		ORS 409.290 to 409.300		
			CW	Residential Care	Residential Treatment	Behavioral Rehabilitation Services (BRS) and therapuetic foster care for children with high needs.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	75,244,417	4,958,854	67,172,432	0	$ 147,375,703	0	0.00	N	Y	FM	ORS 418.015	All - see program unit/activity description	
			CW	Residential Care	FOCUS Children	Child specific contracts for out-of-state placements and additional supports to assure children's needs are being met while they are in care.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	15,397,130	240,261	108,166	0	$ 15,745,557	0	0.00	N	Y	FM	ORS 418.015	All - see program unit/activity description	
			CW	Foster Care	Personal Care	Specific services provided to a child with a chronic medical condition, with medical needs requiring specialized care, or with a physically handicapping condition requiring care and assistance in most domains of daily functioning.	Teen suicide, Absence of repeat maltreatment	12	2,711,970	180,710	4,412,892	0	$ 7,305,572	0	0.00	N	Y	FM	ORS 418.015	All - see program unit/activity description	
			SSP	TA Domestic Violence Survivors		The TA-DVS program provides temporary financial assistance and support to families affected by domestic violence during crisis or emergent situations when other resources are not available. TA-DVS is used to help the domestic violence survivor and the children address their safety concerns and stabilize their living situation, reducing the likelihood of the survivor returning to the abuser. The TA-DVS Benefits are 100% federally funded by the TANF Program.	TANF re-entry, TANF family stability, Absence of repeat maltreatment	12	9,325,133	0	10,308,145	0	$ 19,633,278	0	0.00	N	N	FO	45 CFR 260.31 (b) & ORS 411.117 (1) (e)		
			SSP	TA-DVS Advocates		ODHS contracts with local Domestic Violence Sexual Assault agencies to provide co-located Certified Domestic Violence (DV) Advocates in Self-Sufficiency and Child Welfare offices. The goal of the Co-located DV Advocates Program is to improve outcomes and stability for families experiencing domestic violence through services including but not limited to: safety planning, risk and fatality assessment, shelter services, support in referrals to other community resources such as housing, mental health services, counseling, peer support groups, etc		12	4,289,973	0	0	0	$ 4,289,973	0	0.00	N	N	S	ORS 411.117 (1) (c)		
			CW	Community Based Sexual Assault Victims Fund		ODHS makes grants available to domestic violence and sexual assault service providers throughout Oregon. These providers offer crisis lines, crisis response, emergency shelter and other related services to survivors of sexual assault, survivors of domestic violence, and their children, in a culturally and linguistically appropriate manner.		12	86,972	556,265		0	$ 643,237	0	0.00	N	Y		ORS 409.273 to 409.285		
			CW	Tribal Programs		General Fund portion of foster care maintenance payments and payment for BRS placements for children in Tribal custody.		12	1,295,146	32,824	4,932,971	0	$ 6,260,941	0	0.00	N	N		ORS 418.015		
			APD	APD Program	Oregon Supplemental Income Program (OSIP)	OSIP offers cash and medical assistance to eligible clients who qualify by meeting means tested income and resource requirements.		12	13,550,885	0	0	0	$ 13,550,885	0	0.00	N	N	FO	ORS 410.070	All - see program unit/activity description	
			APD	APD Program	In-home Program	In-home services are the cornerstone of Oregon's community-based care system. For older adults or people with physical disabilities, the ability to live in their own homes is compromised by the need for support in regular activities of daily living. For more than 25 years, Oregon has created options to meet people's needs in their own homes. All options are funded with support of the Medicaid program through home- and community-based waivers or state plan options. Oregon has been able to create cost-effective programs that meet people's needs in their homes and other community settings using these options and spared Oregonians from the unnecessary use of much higher cost services, primarily offered in nursing facilities. Services to older adults and people with physical disabilities are designed to support assistance with fundamental activities of daily living (ADLs), such as mobility, cognition, eating, personal hygiene, dressing, toileting and bathing. To receive in-home services, an individual must be financially eligible for Medicaid. A case manager works with the client and together they identify needs and develop a plan for the in-home services.		12	372,790,972	4,197,619	762,773,343	0	$ 1,139,761,934	0	0.00	Y	N	FO	ORS 410.070	All - see program unit/activity description	POP 140 - APD Consumer Community Integration Package
			APD	APD Program	Community-Based Care Facilities	These include a variety of 24-hour care settings and services to provide an alternative to nursing facilities. Services include assistance with activities of daily living, medication oversight and social activities. Services can include nursing and behavioral supports to meet complex needs. State and federal guidelines related to health and safety of these facilities have to be met.		12	380,120,722	15,255,627	741,491,879	0	$ 1,136,868,228	0	0.00	Y	Y	FO	ORS 410.070	All - see program unit/activity description	POP 121 - Community Based Care Medicaid Access Package, POP 140 Consumer Community Integration Package

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			APD	APD Program	Nursing Facilities	Institutional services for older adults and people with physical disabilities are provided in nursing facilities licensed and regulated by ODHS. Nursing facilities provide individuals with skilled nursing services, housing, related services and ongoing assistance with activities of daily living. Oregon has led the nation since 1981 in the development of lower cost alternatives to institutional (nursing facility) care. Home- and community-based alternatives to nursing facility services emphasize independence, dignity and choice and offer needed services and supports at lower costs than medical models.		12	271,551,412	173,130,565	717,326,230	0	$ 1,162,008,207	0	0.00	N	Y	FM	ORS 410.070	All - see program unit/activity description	
			I/DD	I/DD Program	K Plan Services (Incudes community living supports (CLS))	K-Plan or Community First Choice Option (CFCO) provides a broad range of home and community-based servcies and supports for people with disabilities, including those with I/DD. Most used servce under the K-Plan is Attendant Care which provices support for people to perform activities of daily living and instrumental activities of daily living (ADL/IADL), which may include skills training in those areas. With CFCO, this is the primary service available to people with I/DD. Attendant care services and are generally categorized based on the setting in which the person lives. Services that now fall under attendant care include: • In-home supports for children and adults • Children's intensive in-home services • 24-hour services. • Group home for children and adults • Adult and child foster care • Supported living (adults only) • Day supports • Stabilization and Crisis Unit (SACU) Other servcies provided under the K-plan include environmental safety modifications, assistive technoogy, behavioral consultation, transportation.	People with disabilities in community settings	12	943,392,251	9,064,328	1,911,795,580	0	$ 2,864,252,159	0	0.00	Y	Y	FO	42 CFR 441 s	All - see program unit/activity description	POP 126 - Workforce & Expansion Development POP 129- Expanded Supports for Kids with Significant Needs POP 133- Intensive Employment Supports (Day Supports)
			I/DD	I/DD Program	Waiver Services - Employment First (no CSL)	These services have been strengthened and improved as part of the important Employment First initiative. I/DD has restructured employment services to encourage integrated, competitively paid employment for people with I/DD. Employment services are no longer bundled with attendant care services, they have been broken out into discrete services to support people as they learn about, find and maintain employment. Employment services are not offered through the CFCO, they remain available through the Medicaid waiver. Employment services include: Employment path; job discovery; Job development; Job coaching and Small-group supported employment.	People with disabilities in community settings	12	40,235,138	0	61,527,704	0	$ 101,762,842	0	0.00	Y	Y	FO	EO 15-01 https://www.oregon.gov/ODHS/EMPLOYMENT/EMPLOYMENT-FIRST/Documents/Executive%20Order%2015-01.pdf	All - see program unit/activity description	POP 133- Intensive Employment Supports
			I/DD	I/DD Program	Waiver Services - No Employment	1915c Waivers include Adult HCBS Waiver, Children's HCBS Wiaver and three model Wiavers for children under 18 with complex needs: Medically Involved Children's Model Waiver, Medically Fragile Model Waiver, and Behavioral Model Waiver. These waivers primary servcie is case management that is furnished to assist individuals in gaining access to needed medical, social, educational and other services. Waiver Case Management includes the following assistance: assessment and periodic reassessment of individual needs, development (and periodic revision) of a specific care plan, referral and related activities, and monitoring and follow-up activities. Other 1915c Wiaver servcies include environmental safety modifications, vehicle modifications, family training, specialized medical supplies, and direct nursing servcies (for adults only).	People with disabilities in community settings	12	17,313,737	8,902,385	25,086,532	0	$ 51,302,654	0	0.00	Y	Y	FO	42 CFR 441 Subpart G https://www.ecfr.gov/cgi-bin/text-idx?SID=ee1d5a7b4341f1514069eca301e17436&mc=true&node=pt42.4.441&rgn=div5	All - see program unit/activity description	POP 102 - 100% Workload Model POP 118 - I/DD Data Management System POP 126 -Workforce Expansion & Development POP 129 - Expanded Supports for Kids with Significant Needs (CIIS) POP 138 - Improve Health & Safety for People with I/DD
			I/DD	I/DD Program	Stabilization and Crisis Unit (k plan group homes)	SACU is a 24-hour service provided under the CFCO. SACU provides a safety net for Oregon's most vulnerable, intensive, medically and behaviorally challenged people with I/DD. SACU provides services when no other community-based option is available for a person. This includes persons with I/DD coming out of the Oregon State Hospital, corrections systems, and from crisis situations where counties and private providers cannot meet the needs of the person to ensure their health and safety. SACU focuses on supporting people in community-based settings and enabling them to return to less intensive service levels as quickly as possible. SACU provides 24-hour residential and day supports to people with I/DD from across the state who have significant medical or behavioral needs. The services are provided in licensed five-bed group homes.	People with disabilities in community settings	12	52,474,569	1,498,250	93,073,639	0	$ 147,046,458	745	744.92	N	Y	FO	42 CFR 441 s	All - see program unit/activity description	N/A
			CW	Foster Care	Independent Living Services	Helps youth who are, or were, in foster care to become self-sufficient adults. Gives an opportunity for youth to learn valuable skills necessary to make a successful transition from state or tribal care to living independently.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	2,576,717	70,772	5,378,732	0	$ 8,026,221	0	0.00	Y	Y	FM	ORS 419A and 419B	All - see program unit/activity description	POP 142 to increase services to current and former foster youth
			CW	Foster Care	Nursing Assessments	Every child receives an intake nursing assessment by a ODHS contracted nurse shortly after entering foster care. This assessment assures the child has all prescribed medication and assistive devices and is second set of eyes assuring safety. The contracted nurse also works with the foster/relative care provider to assure they have a clear understanding of the child's needs and can expedite referral to a physical, dental or mental health assessment when necessary.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	934,550	12,469	1,414,987	0	$ 2,362,006	0	0.00	Y	Y	FM	ORS 419A and 419B	All - see program unit/activity description	POP 137 to provide nursing assessments for young children with an in home case and for children going home on a trial reunification.

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			CW	Foster Care	Other Medical	Other Medical is used to pay for services to help guide good case planning when the services are not covered by Medicaid or private health insurance, such as: Parent/Child Interaction, Sibling Interaction, Urinalysis Drug Testing, Psychosexual Evaluations, etc.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	5,556,314	24,706		0	$ 5,581,020	0	0.00	N	Y	FM	ORS 419A and 419B	All - see program unit/activity description	
			CW	Foster Care	Client Transportation	Client Transportation is used to fund transportation related to visitation, medical appointments, court hearings, etc.	Timeliness and permanency of child reunification	12	6,932,002	278,673	2,932,627	0	$ 10,143,302	0	0.00	Y	Y	FM	ORS 419A and 419B	All - see program unit/activity description	POP 144 PLACEHOLDER for Family First Legislation, which will impact all services and their funding sources across child welfare.
			CW	Foster Care	IV-E FC and Admin Reimbursements	Title IV-E Waiver project is Leveraging Intensive Family Engagement (LIFE). LIFE services include intensive family finding efforts to create and strengthen relationships with kith and kin, structured case planning meetings that are strengths based; trauma informed; culturally responsive, and family driven, and referrals to parent mentors who can facilitate the family's navigation through the system to help shorten the lengths of stay for children predicted to stay in the system for more than 3 years.	Timeliness and permanency of child reunification	12	0	0	10,349,025	0	$ 10,349,025	0	0.00	Y	N	FO	ORS 419A and 419B	All - see program unit/activity description	POP 143 to restore lost FF due to the ending of the IV-E Waiver Program to support the LIFE Program in its current state. POP 145 Expand the LIFE Program statewide.
			CW	Foster Care	Foster Care Services	Contracted services to support the recruitment and retention of good foster families.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	20,169,221	1,687	1,106,636	0	$ 21,277,544	0	0.00	Y	Y	FO	ORS 419A and 419B	All - see program unit/activity description	POP 139 to provide continuing education for caregivers.
			CW	Foster Care	Interstate Compacts	The Interstate Compact for the Placement of Children (ICPC) Program processes requests for placement across state lines in the context of dependency cases and in private placements, ensuring that legal and administrative requirements are met so that children are placed in safe and appropriate permanent homes. In addition, field-based specialized ICPC workers complete home studies for Oregon families across the state who are seeking placement of their relative children from another state's foster care program.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	557,002	17,117	316,512	0	$ 890,631	0	0.00	N	N	FO	ORS 419A and 419B	All - see program unit/activity description	
			CW	In-Home Safety and Reunification Services		This program provides culturally appropriate intensive, short term services to families with children who can remain safely in their homes, and to children and families who are safely reunited. ISRS provides a combination of safety and strengths-based services that lead to lasting safety changes within the family. These services are time limited and are complemented by SPRF services for families in need of longer term or more intensive services.		12	2,421,975	204,338	18,499,887	0	$ 21,126,200	0	0.00	N	Y	FO	ORS 419A and 419B	All - see program unit/activity description	
			CW	Addiction & Recovery Services		Services in Washington, Clackamas and Lane counties that allow parents who have just completed residential treatment for their addiction to stabilize in their communities in settings that are alcohol and drug free and staff supported. Decreases foster care costs as chidlren stay with their parents. Family Support Teams are a combination of contracted staff with expertise in addiction treatment and intervention and Child Welfare caseworkers responding to parents with substance use disorders. Service providers include addictions counselors and peer level supports known as 'outreach workers' housed in Child Welfare branches for immediate access by caseworkers and families.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification. Absence of repeat maltreatment	12	2,630,268	159	5,700,105	0	$ 8,330,532	0	0.00	N	Y	FO	ORS 419A and 419B	All - see program unit/activity description	
			CW	System of Care		System of Care funds support Oregon's most vulnerable children by providing local child welfare offices with the flexibility to purchase specific services to meet a family's specific needs to assure the safety, permanency and well-being of their child(ren). Services are identified and planned for through family engagement and involvement in case planning. Whenever possible, shared funding of custom-designed services is achieved through collaboration with community partners.	Absence of repeat maltreatment	12	8,852,815	110,191	2,855,843	0	$ 11,818,849	0	0.00	N	Y	FO	ORS 418.015	All - see program unit/activity description	
			CW	Strengtheng, Presrvg & Reunfg Families (SPRF)		The Strengthening Preserving and Reunifying Families law (ORS 418.575-418.598) allows funding for an array of services for families through collaboration between ODHS and local community partners. The Department has developed outcome-based contracts for services to specifically address the needs of children and families who come to the attention of child welfare through a screened in report of abuse or neglect. These outcome based contracts are foundational for an overall ability to report on results associated with SPRF services and funding.		12	20,482,127	0	0	0	$ 20,482,127	0	0.00	Y	Y	FO	ORS 418.575	All - see program unit/activity description	POP 143 to restore lost FF due to the ending of the IV-E Waiver Program.
			CW	Guardianship Assistance		Guardianship Assistance is intended to help prevent a child from remaining in foster care when reunification with parents and adoption are not appropriate permanency options. Guardianship assistance supports relatives assuming legal guardianship by providing financial and medical assistance until the child/young adult is 18 years of age, to guardians who are not able to meet their child's needs without assistance.	Timely adoption, Absence of repeat maltreatment, Timeliness and permanency of child reunification	12	16,463,935	328,115	20,208,300	0	$ 37,000,350	0	0.00	N	N	FO	Social Security Act, Section 473; ORS 418.330; ICWA	All - see program unit/activity description	
			CW	Adoption Assistance		Adoption Assistance is intended to help prevent a child from remaining in foster care when they cannot be safely returned to parent(s), and provides financial and medical assistance unti the child/young adult is 18 years of age, to adoptive parents who are not able to meet the child/young adult's needs without assistance.	Timely adoption, Timeliness and permanency of child reunification	12	81,357,331	199,903	88,782,192	0	$ 170,339,426	0	0.00	N	N	FM	Public Law 96-272; Public Law 105-89; Social Security Act , Section 473; ICWA	All - see program unit/activity description	

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			CW	Post Adoption-Services		Post Adoption Services support adoptive parents and guardians through training, specialized support, mentoring, etc.	Timely adoption, Timeliness and permanency of child reunification	12	412,399	3,067,582	1,030,591	0	$ 4,510,572	0	0.00	N	Y	FO	ORS 419A and 419B	All - see program unit/activity description	
			SSP	Supplemental Nutrition Asst. Program	EBT SNAP	SNAP offers food assistance to low-income individuals and families to help meet their nutritional needs. Benefits to participants are 100 percent federally funded; however, the administration of the program requires a 50 percent state match. Approximately one in five Oregonians receive food assistance through SNAP. SNAP is an important and constantly growing anti-poverty program. Recent research has shown that SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing child poverty. SNAP benefits add about $1.1 billion dollars per year to the Oregon Economy including rural Oregon. Self-Sufficiency offices across the state serve the majority of the SNAP population. Elderly persons (60 and older) plus persons with disabilities who require services are assisted by Aging and People with Disabilities (APD) Program offices and their contracted: Area Agencies on Aging, Disability Services Offices and Councils of Government.	Food stamp utilization, Food stamp accuracy	12	0	0	0	2,883,534,623	$ 2,883,534,623	0	0.00	N	N	FM	SNAP is guided by federal legislation found in the "Farm Bill" authorized by the Agricultural Act of 2014 (P.L. 113-79, Feb. 7,2014). Program policy is reauthorized every five years through the Farm Bill.	All - see program unit/activity description	
			SSP	Supplemental Nutrition Asst. Program	SNAP Cashout	SNAP offers food assistance to low-income individuals and families to help meet their nutritional needs. Benefits to participants are 100 percent federally funded; however, the administration of the program requires a 50 percent state match. Approximately one in five Oregonians receive food assistance through SNAP. SNAP is an important and constantly growing anti-poverty program. Recent research has shown that SNAP benefits reduce the depth and severity of poverty, and have a particularly strong effect on reducing child poverty. SNAP benefits add about $1.1 billion dollars per year to the Oregon Economy including rural Oregon. Self-Sufficiency offices across the state serve the majority of the SNAP population. Elderly persons (60 and older) plus persons with disabilities who require services are assisted by Aging and People with Disabilities (APD) Program offices and their contracted: Area Agencies on Aging, Disability Services Offices and Councils of Government.	Food stamp utilization, Food stamp accuracy	12	0	0	0	92,333,504	$ 92,333,504	0	0.00	N	N	FM	SNAP is guided by federal legislation found in the "Farm Bill" authorized by the Agricultural Act of 2014 (P.L. 113-79, Feb. 7,2014). Program policy is reauthorized every five years through the Farm Bill.	All - see program unit/activity description	
			APD	Disability Determination Services Program		People with disabilities may be able to qualify for one of two federal disability programs: Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI). These programs are governed by the federal Social Security Administration (SSA). Oregon performs this work on behalf of the Social Security Administration under contract. DDS employs over 200 employees and has a budget of over $60M.			0	0	20,828,907	0	$ 20,828,907	0	0.00	N	N	FM	N/A		
			SSP	Supplemental Nutrition Asst. Program	SNAP Employment and Training	Oregon is federally required to offer a limited companion employment and training program. SNAP participants may be enrolled in one of the following programs: Oregon Food Stamp Employment Transition (OFSET) program and the Able-Bodied Adults Without Dependents (ABAWD) program. More comprehensive services are provided through the 50/50 employment and training program, referred to in Oregon as SNAP Training and Employment Program (STEP).	Food stamp utilization, Food stamp accuracy	12	788,045	0	11,241,573	0	$ 12,029,618	0	0.00	N	N	FM	This program is mandated by federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill.	All - see program unit/activity description	
			SSP	Supplemental Nutrition Asst. Program	SNAP Ed	SNAP Ed provides direct education services to SNAP participants in every county in Oregon. Through its Hub model, Oregon reached 371,220 participants (combination of direct education, social marketing and PSE interventions). SNAP-Ed's social marketing initiative "Food Hero" has an evidence-based website, recipes and PSE interventions that support low-income audiences in making healty choices on a limited budget. SNAP-Ed is 100% Federal Funds.			0	0	15,329,085	0	$ 15,329,085	0	0.00	N	N	FM	This program is mandated by federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill.	All - see program unit/activity description	

PROGRAM PRIORITIZATION FOR 2021-23

Agency Name: Oregon Department of Human Services

2021-23 Biennium **Agency Number: 10000**

Agency-Wide Priorities for 2021-23 Biennium

1 Priority (ranked with highest priority first)	2 Agcy Prgm/ Div	3 Agency Initials	4a Program or Activity Initials	4c Program or Activity Initials (DCR)	4d Sub-DCR	5 Program Unit/Activity Description	6 Identify Key Performance Measure(s)	7 Primary Purpose Program-Activity Code	8 GF	10 OF	12 FF	13 NL-FF	14 TOTAL FUNDS	15 Pos.	16 FTE	17 New or Enhanced Program (Y/N)	18 Included as Reduction Option (Y/N)	19 Legal Req. Code (C, D, FM, FO, S)	20 Legal Citation	21 Explain What is Mandatory (for C, FM, and FO Only)	22 Comments on Proposed Changes to CSL included in Agency Request
			SSP	Supplemental Nutrition Asst. Program	SNAP Outreach 50%	SNAP Outreach to potentially eligible household who are not currently accessing SNAP benefits is part of Oregon's plan. priorities include messaging the need to complete and return necessary paperwork and retention of their Oregon Trail Cards (Oregon's EBT card). The education component of the plan also includes stretching food budgets, utilizing locally available resources and assist by educating people about reporting changes. Currently there are 15 Outreach contracted partners that work closely with local ODHS offices. This State Plan has a 50% Federal reimbursement for contractors.			0	0	1,632,546	0	$ 1,632,546	0	0.00	N	N	FM	This program is mandated by federal legislation found in the Food and Nutrition Act of 2008, authorized by the 2008 Farm Bill.	All - see program unit/activity description	
			SSP	Food Assistance	TEFAP, CSFP, OHRF, OHTF	The Emergency Food Assistance Program (TEFAP) is a federally funded program that helps supplement the diets of low-income Americans, including elderly people, by providing them with emergency food assistance at no cost. The Oregon Food Bank is primary grantee in Oregon and works with the Oregon Food Bank network to deliver services across Oregon. The Commodity Supplemental Food Program (CSFP) provides nutritious commodities to help meet the nutritional needs of low-income elderly persons (aged 60 or older) in Oregon. Through local agencies, each participant receives a monthly package of commodities. There are currently 7 Regional Food Banks who contract with roughly 100 pantries that distribute the food boxes. The Oregon Hunger Response Fund is an allocation from the Legislature to the Oregon Food Bank to help build infrastructure and transport food to food pantries and other important efforts to support the Food Bank and Food Bank Networks. Oregon Housing and Community Services, with legislative approval, transferred the Oregon Hunger Response Fund (OHRF) to the Department of Human Services effective 10/1/2015. Oregon Hunger Task Force (OHTF) is a 28-seat task force that is directed to "serve as an advocate for hungry persons," studying the problem of hunger, making recommendations, and helping local communities implement changes. Working with partners throughout Oregon, the task force has since worked to promote community awareness, compile research, develop proposals for government action, and conduct outreach to expand participation in nutrition programs.	Food stamp utilization, Food stamp accuracy	12	4,447,280	0	2,985,769	0	$ 7,433,049	0	0.00	N	N	FM	7 CFR Part 247 and 250; Emergency Food Assistance Act of 1983;FNS Instructions 716-3, 410-1, and 113-1; Oregon Revised Statutes 458.530; Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.)	All - see program unit/activity description	
			SSP	Family Support and Connections		Provides supports to prevent children in the TANF program from entering the child welfare system. Home visiting and community-based services are some of the interventions used to build on family strengths and address family functioning issues.	TANF re-entry, TANF family stability	12	298,502	0	4,222,871	0	$ 4,521,373	0	0.00	N	N	FO	Title II of the Child Abuse Prevention and Treatment Act (CAPTA), as amended by P.L. 111-320, authorizes grant funds to be released to the states and names the program Community-Based Grants for the Prevention of Child Abuse and Neglect (CBCAP).	All - see program unit/activity description	

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			SSP	Cash Assistance	TANF Basic	TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. It is a critical safety net program for families with children living in extreme poverty and helps families from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. Families typically use TANF funds to prevent homelessness and to help with other factors contributing to family instability. The goal of the program is to help families address barriers, gain skills and access employment opportunities to become self-sufficient.	TANF re-entry, TANF family stability	12	20,973,196	358,400	154,065,977	0	$ 175,397,573	0	0.00	Y	Y	FO	The TANF program is authorized under Title IV-A of the Social Security Act, as amended by the Personal Responsibility and Work Opportunity Act, as amended by the Work Opportunity Reconciliation Act of 199 (PRWORA), and the Deficit Reduction Act of 2005. State Statue chapters are 411 and 412.	All - see program unit/activity description	Pkg 70 TANF revenue shortfall
			SSP	Cash Assistance	TANF UN	TANF is a collection of programs directed at improving the lives of very low-income Oregon families with children. It is a critical safety net program for families with children living in extreme poverty and helps families from a variety of diverse backgrounds to address their most basic needs. TANF provides eligible families with cash assistance, connections to support and community resources, case management, and employment and training services. Families typically use TANF funds to prevent homelessness and to help with other factors contributing to family instability. The goal of the program is to help families address barriers, gain skills and access employment opportunities to become self-sufficient.	TANF re-entry, TANF family stability	12	46,571,324	640	0	0	$ 46,571,964	0	0.00	N	Y	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description	
			SSP	Cash Assistance	State Family Pre SSI/SSDI	The State Family Pre-SSI/SSDI (SFPSS) Program is designed to assist TANF-eligible individuals with disabilities obtain Social Security disability benefits through the Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) programs. The program serves individuals who are not required to participate in the JOBS program. The program provides families with a cash grant, professional assistance with Social Security Administration (SSA) applications and appeals as well as case management services. Once a client is awarded SSI benefits, the department recovers a portion of the payments it made to the family during the application process from the client's initial SSI lump-sum payment.	TANF re-entry, TANF family stability	12	1,487,365	1,688,072	0	0	$ 3,175,437	0	0.00	N	Y	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description	
			SSP	JOBS Contracts/Support Services Activities	TANF Programs	Most adults must meet additional requirements to receive TANF services. The JOBS program provides employment, education, skill-building and family stability services to individuals of families receiving TANF assistance. Individuals participate in JOBS to gain skills necessary to join the workforce and retain employment.	TANF re-entry, TANF family stability	12	11,612,920	451,439	82,173,400	0	$ 94,237,759	0	0.00	Y	N	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description	POP 122 - Emergency Housing Assistance; POP 127 - ED Attainment Support for TANF & SNAP Parents
			I/DD	I/DD Program	Other Services (Includes Housing)	The I/DD Community Housing Program assists persons with developmental disabilities to live successfully in community housing that is affordable and safe and contributes to their independence and quality of life. I/DD Community Housing supports services to persons with developmental disabilities by overseeing the property management of homes developed for the former Fairview State Training Center residents, develops and manages funds eligible for home modification for IDD individuals, coordinating the operation of the Fairview Community Housing Trust that was established with revenue from the sale of Fairview and providing technical assistance to individuals, families, brokerages, and counties regarding housing issues faced by persons with developmental disabilities and best practices to implement solutions.	People with disabilities in community settings	12	6,426,788	3,131,348	3,324	0	$ 9,561,460	0	0.00	N	Y	FO	42 CFR 441 s	All - see program unit/activity description	N/A
			VR	VR - Basic Rehabilitative Services		These are basic services provided to individuals whose disabilities present a potential barrier to employment. A rehabilitation counselor conducts a comprehensive assessment to evaluate vocational potential, including diagnostic and related services necessary for the determination of eligibility for services as well as the nature and scope of services to be provided. Vocational counseling and guidance builds on this assessment and helps the client identify a vocational goal. The counselor, in partnership with the client, develops an individualized plan for employment and authorizes appropriate services in support of the plan while maintaining a counseling relationship with the client. This program has a mandated set aside for providing students with Pre-employment Transition Services as well as a set aside to serve youth witht he most significant disabilities in supported employment.	Vocational rehabilitation services employment	12	16,200,512	951,836	41,793,174	0	$ 58,945,522	0	0.00	Y	Y	FO	29 U.S.C. 796c and 29 U.S.C 796e-2	All - see program unit/activity description	POP 135 - VR Career Technical

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			VR	State Independent Living Council (SILC)		This funding supports the seven Centers for Independent Living through out the state of Oregon. Centers for Independent Living are designed to help individuals who experience disabilities achieve personal goals for independence and participation in their families and communities.	Vocational rehabilitation services employment	12	1,998,738	0	708,568	0	$ 2,707,306	0	0.00	N	Y	FO	29 U.S.C. 796d	All - see program unit/activity description	
			APD	APD Program	Other Services	The Centers for Medicare and Medicaid Services (CMS) requires ODHS to coordinate with Medicare in many areas and clients need help accessing other programs for which they are eligible. The federal Medicare program is the most common program clients need assistance with. APD determines client eligibility and submits client data to CMS for two Medicare-related programs: Medicare buy-in and Medicare Part D low-income subsidy. APD served more than 130,000 clients in these two programs over one year. These programs help low-income beneficiaries with their cost-sharing requirements. Securing this coverage also ensures Medicare remains in a "first payor" status, ultimately saving the state's Medicaid program significant money.		12	5,132,548	3,856,543	12,784,721	0	$ 21,773,812	0	0.00	Y	Y	FO	ORS 410.070	All - see program unit/activity description	POP 128 - Family Caregiver & Community Support Initiative, POP 132 Deaf and Hard of Hearing Services
			APD	APD Program	Older Americans Act	Services and supports provided to individuals under the Older Americans Act (OAA) provide vital assistance designed to prevent or delay entry into Medicaid-funded long-term care such as In-Home or 24-hour residential services. The OAA is a Federal law that set out a national aging network structure consisting of the U.S. Administration on Aging (AoA) now part of the Administration for Community Living, State Units on Aging (ODHS/Aging and People with Disabilities program), and Area Agencies on Aging (AAAs). The OAA authorizes funding and services through this network to serve older individuals in their homes and communities, through local entities. All individuals, aged 60 or older, regardless of income are eligible to receive services but the programs are targeted towards those in greatest social or economic need. A specific focus on how to better serve diverse populations of older adults across race/ethnicity, sexual orientation, gender, veteran status, and other intersecting categories are essential with the continually changing demographics of Oregon.		12	3,000,828	0	34,865,201	0	$ 37,866,029	0	0.00	N	Y	FO	ORS 410.070	All - see program unit/activity description	
			APD	APD Program	Oregon Project Independence	This is a state-funded program offering in-home services and related supports to individuals 60 years of age and older or people who have been diagnosed with Alzheimer's or a related dementia disorder. Approximately 5,000 Oregonians are served in this program. It represents a critical element in Oregon's strategy to prevent or delay individuals from leaving their own homes to receive services in more expensive facility-based settings, or depleting their personal assets sooner than necessary and accessing more expensive Medicaid health and long-term service benefits. The program was expanded by the 2005 Oregon Legislature to include younger adults with disabilities. In 2014 and 2015 a pilot program was funded expanding the program to adults ages 19-59 with physical disabilities. Through this pilot more than 500 individuals have been served. OPI is administered statewide by local Area Agencies on Aging (AAAs). Many areas have waiting lists due to high demand and limited program funding. Client eligibility is determined by an assessment of functional ability and natural supports related to activities of daily living. Typical services include assistance with housekeeping, bathing, grooming, health care tasks, meal preparation, caregiver respite, chore services, adult day services and transportation. The OPI program has no financial asset limitations for clients. A sliding fee scale is applied to clients with net monthly income between 100 and 200 percent of the federal poverty level (FPL) to pay toward the cost of service. A small group with income above 200 percent of FPL pays the full rate for services provided. Generally, this is because they benefit from the case management; ongoing support and monitoring, in addition to the actual purchased services.		12	29,315,299	0	34,805,145	0	$ 64,120,444	0	0.00	N	Y	S	ORS 410.410		
			SSP	Employment Related Daycare		ERDC assists low-income families in obtaining child care so they can work and attend training or education needed to advance in their employment. The ability to go to work and not worry about child care assists parents in gaining economic stability. Parents receive a sliding subsidy amount based on income toward their child care allowing them more options in connecting to reliable, quality providers. Quality providers can help improve school readiness during the critical learning years of birth to five. The program has a higher rate of payment available for working families who need child care and have a child with special needs. Providers approved by ODHS meet a set of health and safety standards, attend training, submit to monitoring visits and pass required background checks before they can receive payment on behalf of the family.	Enhanced child care	12	67,908,091	113,927,929	363,256	0	$ 182,199,276	0	0.00	Y	N	FO	ORS 409.010(2)©, 411.141 and 418.485	All - see program unit/activity description	POP 125 - Expand ERDC
			SSP	Refugee Program		The program serves individuals and families who fled persecution in their country of origin and were legally admitted for resettlement by the United States government. Refugees and people who have been granted asylum access the program for financial, employment-related and acculturation services. The program guides refugees toward economic stability through employment as early as possible. The program serves only those persons in immigration categories approved by the Federal Office of Refugee Resettlement (ORR).		12	2,000,000	0	6,554,623	0	$ 8,554,623	0	0.00	N	N	FM	ORS 411.060, 409.010(2) ©, 409.010(2)(h)	All - see program unit/activity description	

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Agcy	Prgm/ Div																				
			SSP	Cash Assistance	TANF Transition	Services are available to families who transition from TANF cash benefits to employment. These programs include allowing families to make more money before closing the TANF grant, a reduced copay for childcare, and three months of supportive cash benefits once the TANF has closed. These services are intended to provide a glide path for families as they transition to employment and help ease the burden of the costs related to this change.	TANF re-entry, TANF family stability	12	3,497,325	0	0	0	$ 3,497,325	0	0.00	N	N	FO	State Statutes Chapters 411 and 412.	All - see program unit/activity description	
			SSP	Youth Services		My Future - My Choice program is an age-appropriate, medically accurate, sexual health education program. This service supports community prevention efforts to help families break the generational connection to public assistance. The program expands on the historical teen pregnancy prevention program to provide education and tools for youth to resist multiple risk-taking behaviors. ODHS partners with the Oregon Department of Education and the My Future - My Choice Advisory Committee to develop and implement the program.		12	2,664,213	0	1,397,335	0	$ 4,061,548	0	0.00	N	N	FO	The Title V Federal Abstinence Education Program Grant	All - see program unit/activity description	
			SSP	Teen Parent Child-Care		Teen parent contracted child care services are administered through the ODHS Child Care Program. The program assists teen parents with income below 185% FPL in accessing child care to allow them to participate in an approved education program leading to graduation from high school or a general education diploma (GED) completion program. The goal of the teen parent program is to support teens in education to help this vulnerable population out of poverty. The contracts were transferred from the Early Learning Division to ODHS beginning January 1, 2018. There are currently 32 contracts in all ODHS districts except 7 and 13. The contracted child care services are paid through the Child Care Development Funds (CCDF). Due to federal funding limitations the child care program cannot pay child care services for teen parents who are eligible for TANF (teen parents must pursue TANF first).		12	0	2,708,000	0	0	$ 2,708,000	0	0.00	N	N	FO	ORS 409.010(2)©, 411.141 and 418.485		
			SSP	SUD Childcare		The Department of Education, Early Learning Division (ELD) supported contracts with Substance Use Disorder (SUD) treatment clinics to cover child care for parents in treatment for several years. Due to changes in the funding source, 2014 Reauthorization of the Child Care Development Block Grant, ELD was no longer able to leverage these funds to support the contracts. Department of Human Services (ODHS) worked closely with the SUD facilities, ELD, Child Welfare, and Oregon Health Authority to create the ODHS SUD child care program to allow for continued support for the SUD facilities and the families they serve. ODHS leveraged TANF Federal funding to support the contracts to cover child care needs for families in SUD treatment. The TANF funding allows ODHS to cover the cost of care for up to 4 months while the families apply for a TANF grant and work with their local ODHS worker to create a case plan that includes SUD treatment. Once a case plan is in place the child care is covered through the local ODHS JOBS support service payment budgets.		12	0	0	900,000	0	$ 900,000	0	0.00	N	N	FO	45 CFR 260.31 (b) & ORS 411.117 (1) (e)		
			CW	Adoption Supports		Adoptions finalized in an Oregon court for a child who is not in the custody of the Department of Human Serivces. ODHS provides background checks and files petitions and provides adoption assistance for eligible private adoptions. Contracted adoption agencies provide placement reports for independent adoptions as assigned by ODHS. They also complete home studies when assigned by ODHS. Contractors provide assisted search services for the Adoption Search & Registry Program, search for eligible birth and adoptive persons.	Timely adoption, Timeliness and permanency of child reunification	12	612,471	349,760	713,082	0	$ 1,675,313	0	0.00	N	Y	FO	ORS 109.309	All - see program unit/activity description	
			CW	Contracted Adoption Services		Contrators provide adoption committee presentation, placement, adoption supervision and finalization services.	Timely adoption, Timeliness and permanency of child reunification	12	2,540,462	0	2,152,246	0	$ 4,692,708	0	0.00	N	Y	FO	ORS 419A and 419B	All - see program unit/activity description	
			CW	Child Care for Foster Parents		$375 per month per child reimbursement to foster parents when all foster parents work outside of the home.		12		7,691,257	5,078,376	0	$ 12,769,633	0	0.00	N	N	FM	ORS 418.015		
									2,654,032,846	368,456,327	5,063,129,014	2,975,868,127	11,061,486,314	745	744.92						

Oregon
Theodore R. Kulongoski, Governor

Oregon Department of Human Services
Office of the Director
500 Summer Street NE, E-15
Salem, OR 97301-1097
(503) 945-5944
Fax: (503) 378-2897

February 1, 2021

The State CFO-Required 10% Reduction Options for the Governor's Budget

The reduction options presented in this document are not intended to reflect the policy or program recommendations of the agency. The Oregon Department of Human Services (ODHS) is acutely aware that the reduction options on this list have significant consequences for Oregonians and the communities in which they live. The agency will continue to identify opportunities for efficiencies that allow us to reduce costs and maximize resources with minimal impact to clients. Reductions not on the 10% list also taken in Governor's Budget have been added to the original 10% reduction list.

ODHS was guided by a set of priorities in making proposed reductions, however, the extent of the proposed reductions meant options also needed to be included that don't align with our priorities.

Guiding Priorities:

- For all programs, the agency looked closely at client safety and stability with the goal of preserving the infrastructure of programs and the provider systems that serve clients, maintenance of effort (MOE) issues, legal risk, cross-program impact, cost shifting, and the reduction's related loss of federal matching funds.
- ODHS will continue to evaluate the impact of repeated reductions to programs. In other words, the agency is evaluating at what point it no longer makes sense to continue programs with deep cuts and consider the elimination of some programs in order to preserve others.
- Child Welfare programs were not included in the 10% reduction requirement due to the program being a Governor's priority.
- In Intellectual and Developmental Disabilities programs, ODHS worked to prioritize the health and safety of individuals in services while balancing the impact reductions will have on providers and the direct care workforce.
- In Self Sufficiency, Intellectual and Developmental Disability and Vocational Rehabilitation programs, ODHS prioritized services and programs that help support and preserve family stability and to maintain employment outcomes for Oregonians.
- In Aging and People with Disabilities programs, ODHS prioritized keeping as much of Oregon's high-quality system in place as possible, prioritizing home and community-based services.

Agency Name (Acronym)			*ODHS*												
2021 - 2023 Biennium															
			modified CSL	$ 4,476,440,274	$ -	$ 639,509,563	$ -	$ 6,534,524,654	$ 1,939,345,331	$ 13,589,819,822	9,689	9,629.66			
			Detail of Reductions to 2021-23 Current Service Level Budget												
1	3	4	5	6	7	8	9	10	11	12	13	14		15	
Priority	**Agency**	**SCR or Activity Initials**	**Program Unit/Activity Description**	**GF**	**LF**	**OF**	**NL-OF**	**FF**	**NL-FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**Used in Gov. Budget Yes / No**	**Impact of Reduction on Services, People and Outcomes**	**Effective Date**
	DHS	Agency	Remove pkg 31 inflation for S&S	(7,157,862)		(869,822)		(7,148,989)		$ (15,176,673)	0	0.00	Yes	Std inflation in S& S removed.	**7/1/2021**
	DHS	Agency	Additional vacancy savings	(22,527,990)		(3,745,698)		(15,650,966)		$ (41,924,654)	0	0.00	Yes	Additional 3% vacancy savings taken across the board.	**7/1/2021**
	DHS	Agency	DAS Service Reduction	(19,726,474)		(781,048)		(11,122,112)		$ (31,629,634)	0	0.00	Yes	Reductions to DAS - will mean less services to the Agency and possible cost increase	**7/1/2021**
	DHS	Agency	Attorney General Rate adjustment	(2,936,874)		(78,582)		(2,504,232)		$ (5,519,688)	0	0.00	Yes	Reduction to account for adjustment of AG rates for 21-23	
	DHS	Agency	Microsoft 365 DAS adjustment	(4,141,290)		(157,191)		(2,363,317)		$ (6,661,798)	0	0.00	Yes	Reductions to DAS funding for MS365 will mean possible cost increase to the Agency	**7/1/2021**
	DHS	APD	Extend reduction to vacant field staff positions made in SB5723	(3,659,028)		-		(2,439,442)		$ (6,098,470)	(32)	(32.00)	Yes	Reduces access to Medicaid Eligibility services in the field as 50% of Eligibility, Case Management and Supervisor positions that were awarded in the 19-21 budget package 805 are eliminated permanently.	**7/1/2021**
	DHS	APD	FMAP Fund Shift for Qtr 1	(25,919,562)				25,919,562		$ -	0	0.00	Yes	Assumes enhanced COVID FMAP of 6.2% through first Qtr (Sept. 2021)	**7/1/2021**
	DHS	I-DD	FMAP Fund Shift for Qtr 1	(24,787,752)				24,787,752		$ -	0	0.00	Yes	Assumes enhanced COVID FMAP of 6.2% through first Qtr (Sept. 2021)	**7/1/2021**
	DHS	CW	FMAP Fund Shift for Qtr 1	(2,296,001)				2,296,001		$ -	0	0.00	Yes	Assumes enhanced COVID FMAP of 6.2% through first Qtr (Sept. 2021)	**7/1/2021**
	DHS	SSP	FMAP Fund Shift for Qtr 1	(363,256)				363,256		$ -	0	0.00	Yes	Assumes enhanced COVID FMAP of 6.2% through first Qtr (Sept. 2021)	**7/1/2021**
	DHS	I-DD	Eliminate funding for statewide CM system	(2,367,610)						$ (2,367,610)	0	0.00	Yes	This funding was slated to allow for the implementation of a centralized information system for client plans, services, and outcomes. There is no impact to providers and individals of the I/DD program.	**7/1/2021**
	DHS	CW	Behavioral Rehab Svcs (BRS) Bed Adjustment	(190,189)		(12,429)		(165,021)		$ (367,639)	0	0.00	Yes	This reduction reduces the Residential Treatment Services budgeted beds by 1.5 beds on an average daily basis. This reduction has a modest impact on the program's ability to serve clients with unique and specialized needs, including those at risk for Temporary Lodging, in the 21-23 biennia.	**7/1/2021**
	DHS	CW	Reduce office expense by 50%	(2,709,119)		(51,837)		(558,860)		$ (3,319,816)	0	0.00	Yes	Child Welfare case workers need equipment in order to efficiently do their jobs. By cutting this budget, this have unintended consequences to field operations and the ability to complete work efficiently and timely. The agency has made great strides over the past year to make sure case workers are supported and able to meet work load demand, equipment is an important element of this function.	**7/1/2021**
	DHS	CW	Reduce Instate Travel by 50%	(2,097,289)		(19,327)		(199,721)		$ (2,316,337)	0	0.00	Yes	Travel is an essential function of a Child Welfare case workers job, there are training needs and the ability to learn in a classroom setting. While in the short term the pandemic is limiting travel, the long term consequence will affect the ability of the Child Welfare agency to provide staff the required classroom trainings.	**7/1/2021**
	DHS	VR	Eliminate positions vacant over 6 mths	(574,352)		(11,694)		(2,115,414)		$ (2,701,460)	(13)	(13.00)	Yes	The reduction of 13 FTE will greatly impact our service delivery and possibly force the program into the Order of Selection. An Order of Selection is a process for prioritizing eligible individuals into a waitlist and delays some individuals from receiving VR services due to limitations. Invoking the Order of Selection would have a negative cascading impact in the program and for the state. VR is committed to achieving the outcomes identified in the Governor's Executive Order for Employment for People with I/DD and the Lave v. Brown settlement. And to this date we have met those expectations with our existing budget and staff. Operating a program under Order of Selection could greatly impact meeting the benchmarks of this settlement agreement and could lead to more delayed services of eligible individuals. The VR program has worked hard to maintain proper position authority and limited position vacancies	**7/1/2021**
	DHS	VR	Reduce by an additional 5% OF GL 3434 Account related to Youth Transition Prog (YTP) (based off 20% of Total modified CSL GF)	(1,882,457)	-	1,882,457	-	-	-	$ -	0	0.00	Yes	As a ONE TIME Reductions action; "Should Other Funds not be used to backfill, the proposed reduction would result in a 25% decrease in case services forcing the creation of a waitlist. 4,175 individuals would not receive services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available and penalty fines, resulting in the program reinstituting the Order of Selection. OVRS without an investment above the Current Service level is at risk of reinstituting the Order of Selection, and is at risk for failure to meet the level of services set forth in Executive Orders 13-04 and 15-01 and in the settlement agreement for Lane V Brown regarding employment for persons with Intellectual and Developmental Disabilities."	**7/1/2021**

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2021 - 2023 Biennium															
			modified CSL	$ 4,476,440,274	$ -	$ 639,509,563	$ -	$ 6,534,524,654	$ 1,939,345,331	$ 13,589,819,822	9,689	9,629.66			
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Priority	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services, People and Outcomes	Effective Date
	DHS	CTL	Eliminate positions vacant over 6 mths	(561,998)		(2,250)		(98,970)		$ (663,218)	(3)	(3.00)	Yes	One of the positions has been filled for 3 mths (in HR). The other 2 are Modernization Business Analysts. Reductions of these positions would impact the agency's ability to prioritize resources in Enterprise Modernization projects and initiatives, such as: initial stabilization support of the ONE system (which will continue to demand a higher level of support initially than it will in future operations and maintenance); data integrity/data governance; enterprise reporting; and analysis of centralizing business analysis services; as well as ongoing enterprise, integrated modernization initiatives yet to be prioritized.	**7/1/2021**
	DHS	CTL	Director's Office - Reduce Professional Services	(659,029)		-		-		$ (659,029)	0	0.00	Yes	Will impact Directors office ability to contract for necessary services, consultants and subject matter experts.	**7/1/2021**
	DHS	CTL	OBIS - Reduce Professional Services	(250,000)		-		-		$ (250,000)	0	0.00	Yes	This is a reduction of 35% of our Pro Services budget an will cause significant impacts on our professional development of resources	**7/1/2021**
	DHS	CTL	OBIS - Reduce Office Expenses 75%	(620,000)		-		-		$ (620,000)	0	0.00	Yes	This reduction in OBIS office expense budget will cause critical reductions in our ability to provide appropriate supplies, resources and Training for staff	**7/1/2021**
	DHS	CTL	OBIS - Reduce Employee Training 50%	(90,000)		-		(6,300)		$ (96,300)	0	0.00	Yes	This is half of our total Employee Training budget and will have significant impacts on quality of services provided	**7/1/2021**
	DHS	CTL	OBIS - Reduce Instate Travel 50%	(50,000)		-		(42,000)		$ (92,000)	0	0.00	Yes	This is half of our total Travel budget and will have significant impacts on our ability to travel to provide and receive support and trainings.	**7/1/2021**
	DHS	CTL	OBIS - Reduce Professional Svs further	(250,000)		-		(250,000)		$ (500,000)	0	0.00	Yes	This is a reduction of 70% of our Pro Services budget an will cause critical impacts on our professional development of resources	**7/1/2021**
	DHS	CTL	Add'l vacancy savings-Aug 2020 session POS	(95,050)		(3,250)		(80,702)		$ (179,002)	0	0.00	Yes	In order to meet this reduction HR would need to leave an HRA3 vacant for a year. If ODHS HR is unable to fill this position for a year, this will put the agency at risk by not providing support to managers in managing their workforce and reducing agency risk. Managers will have to wait longer for assistance and employees will not have a resource to help them. This will also increase the caseloads of existing HRA3's, causing stress and turnover in our Labor & Employment Teams. HRA3's also support the DHS Strategic Plan by providing the infrastructure for managers to hire, train and retain a diverse and qualified workforce which are fundamental elements related to HR in	**7/1/2021**
	DHS	SAEC	ODHS share of OIS S&S reductions	(1,379,314)		(53,654)		(1,019,001)		$ (2,451,969)	0	0.00	Yes	This reduction reflects a 10% reduction to the OHA Office of Information Services' Services & Supplies budget. This reduction could impact OIS' ability to cover Enterprise-wide contracts, such as the annual Microsoft License and other obligated contracts.	**7/1/2021**
	DHS	SAEC	ODHS share of inflation elimination	(1,867,963)		(72,648)		(1,348,837)		$ (3,289,448)	0	0.00	Yes	This reduction reflects a reduction to the OHA Office of Information Services' Services & Supplies inflation. This reduction could impact OIS' ability to cover increases to Professional Services, IT Professional Services and other obligated costs related to ODHS and OHA operations.	**7/1/2021**
1	DHS	APD	Estimated Waivered Case Mgmt (WCM) savings	(10,800,000)		(2,600,000)		-		$ (13,400,000)	0	0.00	Yes	GF reduction related to projected Savings for WCM and ME.	**7/1/2021**
2	DHS	APD	Give up 50% Inflation in Community-based Care (CBC) (5.7% built in at CSL for future changes in CPC)	(10,069,030)		(321,460)		(19,120,492)		$ (29,510,982)	0	0.00	Yes	Reducing DAS approved inflation by 50% in Community Bases Care does not reduce Legislatively Approved rates. However, it does create a risk within the 2021-23 budget where inflation would cover naturally increasing costs in service of care.	**7/1/2021**
3	DHS	APD	Give up 100% Inflation in CBC (5.7% built in at CSL for future changes in CPC)	(10,069,030)		(321,460)		(19,120,492)		$ (29,510,982)	0	0.00	Yes	Eliminating DAS approved inflation in Community Bases Care does not reduce Legislatively Approved rates. However, it does create a risk within the 2021-23 budget where inflation would cover naturally increasing costs in service of care.	**7/1/2021**
4	DHS	APD	Give up 50% Inflation (5.7% built in at CSL for future changes in CPC, does not impact Home Care Worker (HCW) bargained rates) for In Home Services	(9,840,442)		(90,249)		(19,651,055)		$ (29,581,746)	0	0.00	Yes	Reducing DAS approved inflation by 50% in In-Home services does not reduce Legislatively Approved rates. However, it does create a risk within the 2021-23 budget where inflation would cover naturally increasing costs in service of care.	**7/1/2021**
5	DHS	APD	Give up 100% Inflation (5.7% built in at CSL for future changes in CPC, does not impact HCW bargained rates) for In Home Services.	(9,840,442)		(90,249)		(19,651,055)		$ (29,581,746)	0	0.00	Yes	Eliminating DAS approved inflation in In-Home services does not reduce Legislatively Approved rates. However, it does create a risk within the 2021-23 budget where inflation would cover naturally increasing costs in service of care.	**7/1/2021**
6	DHS	I-DD	Reduce Community Housing contract based on number of CIP homes (CIP homes maintenance)	(1,557,726)		(1,557,726)		-		(3,115,452)	0	0.00		Effective 7/1/2021, this program provides funding for maintenance and repairs of CIP homes. Funding is reduced based on the homes that matured off the CIP program in prior biennia.	**7/1/2021**
7	DHS	I-DD	Reduce to five (5) Personal Support Worker (PSW) OT hours	(2,813,540)		-		(5,420,575)		(8,234,115)	0	0.00		Effective 9/1/21 ongoing throughout biennium. This reduction holds bargained PSWs to a limit of billing no more than 5 overtime hours per payroll week. Will require bargained.	**9/1/2021**

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Priority	**Agency**	**SCR or Activity Initials**	**Program Unit/Activity Description**	**GF**	**LF**	**OF**	**NL-OF**	**FF**	**NL-FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**Used in Gov. Budget Yes / No**	**Impact of Reduction on Services, People and Outcomes**	**Effective Date**
8	DHS	I-DD	Eliminate PSW OT hours for those at the 40 hour limit	(2,622,058)		-		(5,051,665)		(7,673,723)	0	0.00		Effective 9/1/21 ongoing throughout biennium. This reduction holds bargained PSWs who should not be billing overtime hours by not allowing PSWs to work overtime. Will not require bargaining as it is in the current CBA.	**9/1/2021**
9	DHS	SSP	Employment Related Day Care (ERDC) - Reduce caseload cap from Budgeted Amount to 6829.	(30,088,800)	-	-	-	-	-	$ (30,088,800)	0	0.00		Caseload cap is currently 8,421: this would reduce to an average of 6,829 Increase in TANF cases may make it very difficult to get at desired level. This reduction continues the elimination of child care supports for all parents with incomes under 185% of poverty, limiting those supports to only TANF families transitioning to employment; families reapplying for ERDC benefits after a break of less than two calendar months; families with a child in the filing group that is eligible for a current opening in a contracted child care slot or Early Head Start – Child Care Partnership; families that are currently eligible or have been determined eligible for TA-DVS in any preceding three months; or families currently working with Child Welfare (as part of an assessment, open case or transition) and there is an ongoing safety plan in place that states child care is required to keep the child in their home, place the child with a relative or other known adult or when transitioning the child back into the home or out of stranger foster care. This reduction will further impact the ability of parents to maintain employment, the ability of child care providers to provide care and be employed, and the quality of child care children receive. This reduction will impact family child care providers, child care centers, Early Head Start/Head Start and after-school programs and may increase the number of children left home without an appropriate provider. This would affect several providers. This reduction will reduce the amount of state expenditures that count toward its MOE obligations. ERDC is mainly funded by CCDF federal dollars through an Interagency Agreement with DHS and The Oregon Department of Education (ODE). ODE has a stake in this reduction and has expressed their concern to DHS.	**10/1/2021**
10	DHS	SSP	Temporary Assistance to Needy Families (TANF) - Time Limit 60 Months -Full Family Sanction (No Hardship Exemptions)	(16,506,008)	-	-	-	-	-	$ (16,506,008)	0	0.00		This action establishes a 60 month time limit for TANF receipt for the entire family allowing no exemptions. The current Oregon time limit is 60 months and state statute allows for only the adults needs to be removed from TANF once the 60 month limitation has been reached and the family has no hardship exemption. Oregon's policy provides for the children in the home to continue to receive TANF. For families who have reached the new time-limit, the entire case would close. Some families may see an increase in SNAP benefits as cash benefits end. Ending TANF cash benefits for the entire family may result in family instability and homelessness. Families would have to rely on other community based safety net programs which have already experienced increased demand. During the biennium an average of 1,804 families are expected to be impacted. Families will also be impacted if they come from another state and the accrued time (alone or in combination with Oregon accrued time) equals to or exceeds 60 months. This action requires an amendment to ORS 412.079. * (This includes the reduction of 50% and 100% SSI Children, as they are included in the time limit reductions already, and we didn't want to double count them) This reduction will reduce the amount of state expenditures that count toward its MOE obligations.	**10/1/2021**
5% Subtotal				***(233,367,535)***	**-**	***(8,958,117)***	**-**	***(81,762,647)***	**-**	***(324,088,299)***	***(48)***	***(48.00)***			
11	DHS	SSP	Admin Portion for TANF Time Limits 60 Months (18 month reduction)	(3,839,751)	-	-	-	(2,415,704)	-	$ (6,255,455)	0	(37.13)		If we reduced the Time Limit to 60 Months, we would be losing 1,804 Cases. Calculation assumptions: Reduce TANF caseload by 3,952 cases from ongoing and case maintenance categories. Assumed 26% of clients are JOBS MANDATORY and do equal reductions to coaching and home visits category as well with approx. 2.64 clients per case.	**12/31/21**
12	DHS	SSP	Count 100% of children's SSI income for eligibility and benefit calculation	(1,953,727)	-	-	-	(1,229,143)	-	$ (3,182,870)	0	0.00		This action establishes counting 100% of the SSI Child Standard Payment as income towards the TANF grant, which would make them ineligible due to the income limit. The standard payment for SSI recipients is $783, which is more than most TANF grants. There would be a small percentage (5%) or so that would be eligible due to special circumstances and received a smaller TANF Grant. Cases closed due to over-income limit would be approximately 1207, and 64 cases with reduced payments. SSI 100% has the same impact as 50%. Therefore, there this cut is the same at 50%.	**10/1/2021**

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13	DHS	APD	Eliminate Sequestration to AAA's	(2,331,972)	0		0		0	$ (2,331,972)	0	0.00		This would eliminate the sequestration funding given to AAAs to offset the effects of sequestration on Older Americans Act programs.	**7/1/2021**
14	DHS	APD	Eliminate Oregon Care Partners	(4,768,127)	0		0	(2,429,000)	0	$ (7,197,127)	0	0.00		This would eliminate the program of free training to direct care givers in Oregon.	**7/1/2021**
15	DHS	APD	Eliminate funding for Options Counseling Services.	(3,530,224)	0		0	(406,477)	0	$ (3,936,701)	0	0.00		This reduction would eliminate funding for the Area Agencies on Aging and Centers for Independent Living to provide options counseling services.	**7/1/2021**
16	DHS	APD	Reduce the complex medical add-on for nursing facilities by 50% (Assumes that rates are paid at the current statutory level)	(46,477,102)		-		(70,446,425)		$ (116,923,527)	0	0.00		This reduction would eliminate half of the 40% premium paid to nursing facilities that serve individuals with certain complex medical conditions. Taking this reduction will require a statutory change to implement.	**7/1/2021**
17	DHS	I-DD	Reduce Personal Support Worker (PSW) wages by 4% for all services	(8,237,510)		-		(15,870,414)		(24,107,924)	0	0.00		This is a bargained group that will require additional bargaining to reduce provider wages. To exclude this population of providers in the reduction process would mean severe cuts to services for those individuals living in residential settings. This cut will reduce the wages of PSWs who provide vital direct care services to children and adults with IDD	**8/1/2021**
18	DHS	I-DD	Reduce Adult Foster Care (AFH) rates by 4% for foster services	(5,481,394)		-		(10,759,772)		(16,241,166)	0	0.00		This is a bargained group that will require additional bargaining to reduce provider rates. Provider rates of all other service providers are being reduced. This reduction will negatively impact AFH Providers, caregivers they hire and people who live in the homes.	**10/1/2021**
19	DHS	I-DD	Reduce Day Service Activites (DSA) Rates by 4%	(770,894)		-		(1,481,841)		(2,252,735)	0	0.00		This will require CMS approval. Day Support Activities (DSA) services provide vital opportunities for people with I/DD to receive skills training targeted toward a particular goal, community engagement options, socialization, and ways to be more fully in	**10/1/2021**
20	DHS	I-DD	Reduce Employment Path Services Rate 4%	(379,863)		-		(547,651)		(927,514)	0	0.00		This reduction requires CMS notification and removal of service from all 1915c authorities. This service provides pre-employment supports to about 1,300 individuals with a goal to find competitive employment. Elimination of the support will undermine ODDS' ability to meet the mandates of the Lane v. Brown settlement agreement.	**10/1/2021**
21	DHS	I-DD	Reduce all non-bargained In Home Provider Rates by 4%-	(4,196,537)		-		(8,084,376)		(12,280,913)	0	0.00		Reduce all non-bargained In Home Agency provider rates by 4%. This would be an across the board reduction of non-bargained rates for all DD in home services. The reduction will negatively impact provider agencies, Direct Support Professionals and people who receive these vital services.	**8/1/2021**
22	DHS	I-DD	Closure of Stabilization and Crisis Unit (SACU) - Elliot 1 & 2	(1,743,240)		-		(3,382,406)		(5,125,646)	(28)	(28.00)		Closure of Elliot homes would involve negotiations with Oregon Nurses Association (ONA) and AFSCME. These homes serve individuals with complex medical needs. During 2019 Session ODDS presented a report on potential closures of these homes and discussed potential closure with the unions, staff, individuals served in the homes and their families. There are currently 9 residents (total of 10 beds) in these homes served by total of 27 staff. Individuals remaining in these homes would be offered choice and transitioned of other settings operated by private provider agencies.	**3/1/2023**
23	DHS	I-DD	Reduce all residential services (group and foster homes) for non bargained providers by 4%	(13,196,712)		-		(25,420,198)		(38,616,910)	0	0.00		Reduce all non-bargained residential provider rates by 4%. This would be an across the board reduction of non-bargained rates for all DD residential service providers who provide services both children and adults, This will negatively impact provider agenceis, Direct Support Professionals and people served.	**8/1/2021**
24	DHS	I-DD	Reduce Small Group and Job Coaching Employment rates by 4%	(904,146)		-		(1,303,511)		(2,207,657)	0	0.00		These critical Employment Services support people to gain skills to get competitive, integrated jobs in the community. Thie rate redution will negatively impact provider agencies, Employment Specifialiast staff and people who receive this service.	**10/1/2021**
25	DHS	SSP	Adult Count 50% of SSI Income for TANF Eligibility (Adults Only)	(3,837,272)	-	-	-	(2,414,201)	-	$ (6,251,473)	0	(37.84)		This action establishes counting 50% of the SSI Adult's SSI Payment as income towards the TANF grant, which could make them ineligible due to the TANF income limit. 50% of the standard payment for SSI recipients is $392 which is more than the TANF payment standard for most SSI adult situations with two or fewer children. There could be a small percentage (5%) or so that would be eligible due to special circumstances. Estimated cases closed due to being over the income limit would be 1,826, and approximately 96 cases would be reduced to a lower TANF grant amount.	**10/1/2021**
26	DHS	APD	Eliminate Oregon Project Independence (OPI) for people with disabilities.	(6,000,000)		-		-		$ (6,000,000)	0	0.00		We estimate that approximately 1,000 of the over 2,100 individuals currently being served per month by the traditional OPI program will	**7/1/2021**
27	DHS	APD	Reduce In Home Agency rates by 2.5%	(1,171,671)		-		(2,299,847)	0	$ (3,471,518)	0	0.00		Reducing In Home Agency rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	**7/1/2021**

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28	DHS	APD	Reduce CBC rates by 2.5%, AFH excluded, priced separately	(8,902,117)		-		(16,684,412)	0	$ (25,586,529)	0	0.00		Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	**7/1/2021**
29	DHS	APD	Reduce Adult Foster Care bargained rates by 2.5%	(1,930,476)		-		(3,874,954)	0	$ (5,805,430)	0	0.00		Reducing Adult Foster Care rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	**7/1/2021**
30	DHS	APD	Reduce OPI by $10M. ($16M Total)	(10,000,000)	-	-	-	-	-	$ (10,000,000)	0	0.00		We estimate that approximately 1,000 of the over 2,100 individuals currently being served per month by the traditional OPI program will	**7/1/2021**
31	DHS	I-DD	Reduce Brokerage and CDDP Equity by 4% (91% equity)	(6,793,707)		-		(7,735,457)		(14,529,164)	0	0.00		Effective7/1/2021 Reduces the operating funding to CDDPs and Brokerages by another 4%. This will negatively impact case management services, abuse investigations and AFH licesnsing. It will reduce the ability of people with IDD to access these important services in a timely manner.	**10/1/2021**
32	DHS	VR	Reduce by 5% OF GL 3434 Account related to YTP (based off 5% of Total modified CSL GF)	(1,882,457)	-	1,882,457	-	-	-	$ -	0	0.00	Yes	As a ONE TIME Reductions action; "Should Other Funds not be used to backfill, the proposed reduction would result in a 25% decrease in case services forcing the creation of a waitlist. 4,175 individuals would not receive services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available and penalty fines, resulting in the program reinstituting the Order of Selection. OVRS without an investment above the Current Service level is at risk of reinstituting the Order of Selection, and is at risk for failure to meet the level of services set forth in Executive Orders 13-04 and 15-01 and in the settlement agreement for Lane V Brown regarding employment for persons with Intellectual and Developmental Disabilities."	
33	DHS	VR	Reduce by an additional 5% OF GL 3434 Account related to YTP (based off 10% of Total modified CSL GF)	(1,882,457)	-	1,882,457	-	-	-	$ -	0	0.00	Yes	As a ONE TIME Reductions action; "Should Other Funds not be used to backfill, the proposed reduction would result in a 25% decrease in case services forcing the creation of a waitlist. 4,175 individuals would not receive services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available and penalty fines, resulting in the program reinstituting the Order of Selection. OVRS without an investment above the Current Service level is at risk of reinstituting the Order of Selection, and is at risk for failure to meet the level of services set forth in Executive Orders 13-04 and 15-01 and in the settlement agreement for Lane V Brown regarding employment for persons with Intellectual and Developmental Disabilities."	
34	DHS	I-DD	Reduce Host Homes CL by 30	(1,720,229)		-		(3,376,747)		(5,096,976)	0	0.00		Eliminate the funding for 30 Host Home beds allocated during the 2019 Legislative Session. ODDS was granted funding to start the new Host Home service for children with significant needs who can not be safely served in their family or foster home, but do not require Group Home level of care.	**7/1/2021**
35	DHS	I-DD	Reduce Adult Foster Care rates by additional 4% for foster services	(5,481,395)		-		(10,759,774)		(16,241,169)	0	0.00		This is a bargained group that will require additional bargaining to reduce provider rates. With the reduction in line 18, this results in an 8% total reduction. Provider rates of all other service providers are being reduced. This reduction will negatively impact AFH Providers, caregivers they hire and people who live in the homes.	**10/1/2021**
36	DHS	SSP	TANF - Time Limit 48 Months - Removing Adult Only	-	-	-	-	(623,630)	-	$ (623,630)	0	0.00		This action would remove the Adult only on the case which would put the child in a TANF no-adult pay standard table, which would lower their grant, the caseload wouldn't be affected. There is very little GF left in program and it is needed for MOE. This would free up TANF FF. This reduction is taken to achieve GF savings in the eligibility and case management side.	**10/1/2021**

Agency Name (Acronym)			*ODHS*												
2021 - 2023 Biennium															
			modified CSL	$ 4,476,440,274	$ -	$ 639,509,563	$ -	$ 6,534,524,654	$ 1,939,345,331	$ 13,589,819,822	9,689	9,629.66			
			Detail of Reductions to 2021-23 Current Service Level Budget												
1	3	4	5	6	7	8	9	10	11	12	13	14		15	
Priority	**Agency**	**SCR or Activity Initials**	**Program Unit/Activity Description**	**GF**	**LF**	**OF**	**NL-OF**	**FF**	**NL-FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**Used in Gov. Budget Yes / No**	**Impact of Reduction on Services, People and Outcomes**	**Effective Date**
37	DHS	SSP	TANF - Time Limit 48 Months -Full Family Sanction (No Hardship Exemptions) This is additional of the 60 month	-	-	-	-	(5,333,165)	-	$ (5,333,165)	0	0.00		This action establishes a 60 month time limit for TANF receipt for the entire family allowing no exemptions. The current Oregon time limit is 48 months and state statute allows for only the adults needs to be removed from TANF once the 48 month limitation has been reached and the family has no hardship exemption. Oregon's policy provides for the children in the home to continue to receive TANF. For families who have reached the new time-limit, the entire case would close. Some families may see an increase in SNAP benefits as cash benefits end. Ending TANF cash benefits for the entire family may result in family instability and homelessness. Families would have to rely on other community based safety net programs which have already experienced increased demand. During the biennium an average of 6,611 families per month are expected to be impacted. Families will also be impacted if they come from another state and the accrued time (alone or in combination with Oregon accrued time) equals to or exceeds 48 months. This action requires an amendment to ORS 412.079. There is very little GF in program and it is needed for MOE. This would free up TANF FF. This reduction is taken to achieve GF savings in the eligibility and case management side.	**10/1/2021**
38	DHS	SSP	Admin Portion for TANF Time Limits 48 Months (18 month reduction)	(7,264,938)	-	-	-	(4,570,130)	-	$ (11,835,068)	0	(67.38)		If we reduced the Time Limit to 48 Months, we would be losing 1,624 Cases. Calculation assumptions: Reduce TANF caseload by 3,952 cases from ongoing and case maintenance categories. Assumed 26% of clients are JOBS MANDATORY and do equal reductions to coaching and home visits category as well with approx. 2.64 clients per case. PHASE OUT 18 Mos, positions phase out in 2021-23. This reduction will reduce the amount of state expenditures that count toward its MOE obligations.	**12/31/21**
39	DHS	VR	Reduce by an additional 5% OF GL 3434 Account related to YTP (based off 15% of Total modified CSL GF)	(1,882,457)	-	1,882,457	-	-	-	$ -	0	0.00	Yes	As a ONE TIME Reductions action; "Should Other Funds not be used to backfill, the proposed reduction would result in a 25% decrease in case services forcing the creation of a waitlist. 4,175 individuals would not receive services including youth served under third-party agreements with local school districts. This would jeopardize the match dollars that these agreements provide thus further reducing the program budget. Small specialized vendors who rely on the program for revenue would experience a sharp drop in income. Additionally this will impact the ability of the program to meet the required Maintenance of Effort resulting in a reduction in federal funds available and penalty fines, resulting in the program reinstituting the Order of Selection. OVRS without an investment above the Current Service level is at risk of reinstituting the Order of Selection, and is at risk for failure to meet the level of services set forth in Executive Orders 13-04 and 15-01 and in the settlement agreement for Lane V Brown regarding employment for persons with Intellectual and Developmental Disabilities."	
40	DHS	APD	Eliminate Adult Day Services	(825,680)		(9,000)		(1,638,447)		$ (2,473,127)	0	0.00		This reduction would eliminate Medicaid funding for Adult Day Services in Oregon.	**7/1/2021**
41	DHS	APD	Reduce CBC rates by an additional 2.5% (5% total), AFH excluded, priced separately	(8,902,117)		-		(16,684,412)		$ (25,586,529)	0	0.00		Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	**7/1/2021**
42	DHS	APD	Reduce In Home Agency rates by another 2.5% (5% total)	(1,171,671)		-		(2,299,847)		$ (3,471,518)	0	0.00		Reducing In Home Agency rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	**7/1/2021**
43	DHS	APD	Reduce Adult Foster Care bargained rates by another 2.5%, (5% total)	(1,930,476)		-		(3,874,954)		$ (5,805,430)	0	0.00		Reducing Adult Foster Care rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	**7/1/2021**
44	DHS	APD	Eliminates the complex medical add-on for nursing facilities from 20% above the basic rate, to the same as the basic rate. (Assumes that rates are paid at the current statutory level)	(46,477,102)		-		(70,446,425)		$ (116,923,527)	0	0.00		This reduction would eliminate the 40% premium paid to nursing facilities that serve individuals with certain complex medical conditions. Taking this reduction will require a statutory change to implement.	**7/1/2021**
10% Subtotal				***(449,234,956)***	***-***	***(3,319,746)***	***-***	***(378,155,967)***	***-***	***(830,710,669)***	***(76)***	***(218.35)***			

Agency Name (Acronym)			*ODHS*												
2021 - 2023 Biennium															
			modified CSL	$ 4,476,440,274	$ -	$ 639,509,563	$ -	$ 6,534,524,654	$ 1,939,345,331	$ 13,589,819,822	9,689	9,629.66			
			Detail of Reductions to 2021-23 Current Service Level Budget												
1	3	4	5	6	7	8	9	10	11	12	13	14		15	

Priority	Agency	SCR or Activity Initials	Program Unit/Activity Description	GF	LF	OF	NL-OF	FF	NL-FF	TOTAL FUNDS	Pos.	FTE	Used in Gov. Budget Yes / No	Impact of Reduction on Services, People and Outcomes	Effective Date
45	DHS	SSP	ERDC - Provider Incentive Payments (100% Reduction)	(3,755,335)	-	-	-	-	-	$ (3,755,335)	0	0.00		Eliminating the provider incentive payment for 3, 4, 5 star providers would limit the number of providers who chose to become star rated. Children benefit from quality child care situations, especially during the critical years of brain development, birth to 5 years old. Star rated providers must meet additional training requirements in several areas including child development to reach a star rating. Data through Western Oregon Teaching institute showed an increase in provider interested in achieving a star rating due the incentive payments available when providing child care to a subsidy child full time.	**10/1/2021**
46	DHS	SSP	ERDC - Second reduction to caseload cap from 6829-500 additional cases to 6329	(9,450,000)	-	-	-	-	-	$ (9,450,000)				Caseload cap is currently 6,829 after the first reduction. This would reduce to an average of 6,329. Increase in TANF cases may make it very difficult to get at desired level. This reduction continues the elimination of child care supports for all parents with incomes under 185% of poverty, limiting those supports to only TANF families transitioning to employment; families reapplying for ERDC benefits after a break of less than two calendar months; families with a child in the filing group that is eligible for a current opening in a contracted child care slot or Early Head Start – Child Care Partnership; families that are currently eligible or have been determined eligible for TA-DVS in any preceding three months; or families currently working with Child Welfare (as part of an assessment, open case or transition) and there is an ongoing safety plan in place that states child care is required to keep the child in their home, place the child with a relative or other known adult or when transitioning the child back into the home or out of stranger foster care. This reduction will further impact the ability of parents to maintain employment, the ability of child care providers to provide care and be employed, and the quality of child care children receive. This reduction will impact family child care providers, child care centers, Early Head Start/Head Start and after-school programs and may increase the number of children left home without an appropriate provider. This would affect 1,590 providers. This reduction will reduce the amount of state expenditures that count toward its MOE obligations. ERDC is mainly funded by CCDF federal dollars through an Interagency Agreement with DHS and The Oregon Department of Education (ODE). ODE has a stake in this reduction and has expressed their concern to DHS.	**10/1/2021**
47	DHS	APD	Eliminate Services for Individuals with Service Priority Levels (SPL's) of 13 or higher	(14,433,306)		(2,936,754)		(30,642,928)		$ (48,012,988)	0	0.00		We estimate that 717 fewer individuals will receive services through APD if this reduction is taken. Taking any SPL reduction would impact all other reductions.	**1/1/2022**
48	DHS	APD	Reduce Nursing Facility Rates to the 60th Percentile from the statutory rate (unaudited adjusted rates as of July 2021).	(615,885)		(115,032)		(1,186,273)		$ (1,917,190)	0	0.00		This would require a statutory change. No impact on consumers or access is anticipated with this reduction. Nursing facilities could likely absorb this without much consequence.	**7/1/2021**
49	DHS	APD	Eliminate Services for Individuals with SPL's of 12	(902,082)		(183,547)		(1,915,183)		$ (3,000,812)	0	0.00		We estimate that an additional 45 fewer individuals will receive services through APD if this reduction is taken. Taking any SPL reduction would impact all other reductions.	**1/1/2022**
50	DHS	APD	Eliminate Services for Individuals with SPL's of 11	(11,139,659)		(2,266,593)		(23,650,283)		$ (37,056,535)	0	0.00		We estimate that an additional 553 fewer individuals will receive services through APD if this reduction is taken. Taking any SPL reduction would impact all other reductions.	**1/1/2022**
51	DHS	APD	Reduce Nursing Facility Rates to the 55th Percentile from 60th Percentile (unaudited adjusted rates as of July 21)	(4,660,513)		(1,007,035)		(9,199,167)		$ (14,866,715)	0	0.00		This would require a statutory change. No impact on consumers or access is anticipated with this reduction. Nursing facilities could likely absorb this without much consequence.	**7/1/2021**
52	DHS	I-DD	Eliminate ability to disregard parental income	(7,554,507)		-		(15,550,328)		(23,104,835)	3	1.50		Eliminate the ability to disregard parental income for children with IDD under age 18 who live with family. This could impact numbers above. Pricing includes the cost of 3 OPA3s for a 12 month period. Under this reduction, children that require parental income disregard to meet Medicaid financial eligibility requirements will lose Medicaid eligibility and Medicaid funded services. This reduction will require CMS notification and may have ADA/Olmstead legal implications. ODDS estimates 1,070 children are estimated to lose eligibility due to this change during 21-23 biennium.	**4/1/2022**

Agency Name (Acronym)			*ODHS*												
2021 - 2023 Biennium															
			modified CSL	$ 4,476,440,274	$ -	$ 639,509,563	$ -	$ 6,534,524,654	$ 1,939,345,331	$ 13,589,819,822	9,689	9,629.66			
			Detail of Reductions to 2021-23 Current Service Level Budget												
1	3	4	5	6	7	8	9	10	11	12	13	14		15	
Priority	**Agency**	**SCR or Activity Initials**	**Program Unit/Activity Description**	**GF**	**LF**	**OF**	**NL-OF**	**FF**	**NL-FF**	**TOTAL FUNDS**	**Pos.**	**FTE**	**Used in Gov. Budget Yes / No**	**Impact of Reduction on Services, People and Outcomes**	**Effective Date**
53	DHS	APD	Reduce Nursing Facility Rates to the 50th Percentile from the 55th Percentile (unaudited adjusted rates as of July 21)	(1,834,478)		(204,666)		(3,289,163)		$ (5,328,307)	0	0.00		This would require a statutory change. No impact on consumers or access is anticipated with this reduction.	**7/1/2021**
54	DHS	APD	Hold nursing facility rates flat at the rate being reimbursed at 6/30/21. ($340.00 as of 7/16/20)	(9,154,296)		(1,703,113)		(17,527,806)		$ (28,385,215)	0	0.00		This would require a statutory change. No impact on consumers or access is anticipated with this reduction. Nursing facilities could likely absorb this without much consequence. (If a Percentile change reduction or Complex reduction is taken along with this reduction, this reduction would need to be repriced. Priced at approved Basic & percentile)	**7/1/2021**
55	DHS	APD	Reduce CBC rates by an additional 2.5%, AFH excluded, priced separately, (7.5% total)	(8,902,117)		-		(16,684,412)		$ (25,586,529)	0	0.00		Reducing CBC rates may result in decreased access for Medicaid consumers. Medicaid rates are already substantially below rates facilities may secure from private pay consumers.	**7/1/2021**
56	DHS	SSP	Eliminate the TANF UN program	(39,699,669)	-	-	-	-	-	$ (39,699,669)	0	0.00		This action eliminates the TANF UN program beginning 10/21 which is estimated to impact 2,264, cases monthly. This estimate assumes approx. 10% of the cases transition to the TANF BASIC program due to one parent leaving the family.	**10/1/2021**
57	DHS	SSP	Eliminate the Administrative portion associated with TANF UN program	(6,590,230)	-	-	-	(4,146,056)	-	$ (10,736,286)	0	(70.40)		This action eliminates the TANF UN program beginning 10/1/21 which is estimated to impact 2,552 cases monthly. This estimate assumes approx. 10% of the cases transition to the TANF BASIC program due to one parent leaving the family. Phased out in 2021-23	**12/31/21**
58	DHS	Agency	forego Other Funds			(65,000,000)								Will require backfill of GF to retain programs	
59	DHS	Agency	forego federal funds					(120,000,000)						Will require backfill of GF to retain programs	
TOTAL				**(567,927,033)**	**-**	**(76,736,486)**	**-**	**(621,947,566)**	**-**	**(1,081,611,085)**	**(73)**	**(287.25)**			

UPDATED **OTHER FUNDS ENDING BALANCES FOR THE 2019-21 & 2021-23 BIENNIA**

Agency: **Oregon Department of Human Services**

Contact Person (Name & Phone #): **Sara A. Singer 503-385-7537**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Other Fund Type	**Program Area (SCR)**	**Treasury Fund #/Name**	**Category/Description**	**Constitutional and/or Statutory reference**	**2019-21 Ending Balance**		**2021-23 Ending Balance**		**Comments**
					In LAB	**Revised**	**In CSL**	**Revised**	
Limited	060-01 Self Sufficiency Programs		CHILD CARE/DEVELOPMENT FUND, DISCRETION		2,007,995	0	0	0	Dedicated Funds. Comprised of ERDC Discretionary Funds. This is federal Childcare Funds that are transferred from DOE quarterly and is an OF-FF pass through grant. This grant can have a monthly balance and is always a month or two behind due to having to wait for the month to officially close before we can analyze it for appropriate expenditures and have the A/R Unit set up an A/R to Early Learning. This will be invoiced and zeroed out.
Limited	060-02 Child Welfare Safety	0401-General Fund	Fees Related to CFAA & Marriage License Tax	409.300 & 409.273	0	988,765	0	832,305	Marriage License Tax revenue and CFAA revenue are projected and do not have funds available at the start of the Biennium so we carry forward enough money to fund contracts for Community Based Domestic Violence and Sexual Assault Victims contracts for the first quarter of the new biennium allowing the contracts to continue until revenue is received. No change due to COVID19.
Limited	060-03 Child Welfare Well Being	1798: #100/ADOPTION APPLICABLE CHILD SAV FUND	Adoptions Appl. Child Savings Fund	418.345 Adoption Applicable Child Savings Fund	6,370,936	6,370,936	7,950,413	7,950,413	Dedicated funds. Moneys received by the Department of Human Services from the General Fund for adoption assistance payments under ORS 418.330 (Payments to adoptive parents or guardians) that have been calculated as General Fund applicable child savings in accordance with 42 U.S.C. 673(a)(8); Moneys in the fund shall be used to supplement existing funds used for child welfare services and may not be used in lieu of these existing funds.
Limited	060-04 Child Welfare Permanency	1798: #100/ADOPTION APPLICABLE CHILD SAV FUND	Adoptions Appl. Child Savings Fund	418.345 Adoption Applicable Child Savings Fund	1,575,415	1,575,415	2,252,333	2,252,333	Dedicated funds. Moneys received by the Department of Human Services from the General Fund for adoption assistance payments under ORS 418.330 (Payments to adoptive parents or guardians) that have been calculated as General Fund applicable child savings in accordance with 42 U.S.C. 673(a)(8); Moneys in the fund shall be used to supplement existing funds used for child welfare services and may not be used in lieu of these existing funds.
Limited	060-07 Voc Rehab	0401-Other Fund	Matching funds for YTP provided by school districts	CFR 34 Part 74.24 Program Income	1,229,767	9,923,362	0	4,610,337	Restricted R5: 34 CFR 361.60 Subpart C. Fund 3434 is used to accumulate match revenue for the Youth Transition program charged to the Basic 110 Grant, grant 100110 CFDA 84.126. DHS contracts with school districts who operate the Youth Transitional Programs that are operated under the State Vocational Rehabilitation Programs under the BASIC 110 grant. The contracts indicate the amount of match revenue that the school districts send to DHS. This match revenue is deposited to fund 3434. School districts later bill DHS for YTP services. DHS codes payments federal and state(fund 3434 & 3400). Authority for the match is under 34 CFR 360.60 Subpart c. The ending balance amount assumes GB fund shift package 90 is approved.
Limited	060-08 APD	Quality Care Fund/OST Acct #1000001346	Grant Fund - Quality Care Fund	ORS 443.001	1,640,710	7,700,000	1,737,153	1,737,153	Revenue reported in 10000-060-08-08-00000, DD transfers monthly revenue from penalties to apply against qualifying expenditures or ORS. APD - Quality Care Fund
Limited	060-09 I/DD	1029 DD COMMUNITY HOUSING FUND OST Acct 1000001029	Operations - Community Housing fund	ORS 427.340 and OAR 411-315-0010 through 411-315 0090	3,502,251	3,080,678	3,631,348	3,631,348	Oregon Housing and Community Service Department (OHCDSD) agreement requires $500,000 be kept in reserve to assure the maintenance of assets purchased with GO bonds. Statutorily bound.
Limited	060-09 I/DD	DD Settlement Grant 411420	Other - IDD Settlement Account	N/A	0	1,927,768	0	1,500,000	The balance in settlement grant 411420. We need to maintain enough balance to cover any future settlements and also any of the remaining $300,000 in CBC liabilities that could be uncollectible.
Limited	060-08 APD	LTC Quality Assurance Fund/Provider Tax	Other - LTC Provider Tax	Restricted R3: Ch 736 Oregon Laws 2003 S 16 (1) establishes a long term care facility assessment imposed on each long term care facility in this state. Chapter 736 Or Laws 2003 SECTION 22 indicates amounts collected from the assessment under section 16 shall be deposited in a suspense account established under ORS 293.445. After the payment of refunds, the net amount of revenue shall be transferred to the Long Term Care Facility Quality Assurance Fund established under section 24 of this 2003 Act. Chapter 736 Oregon Laws 2003 section 24 establishes the Long Term Care Facility Quality Assurance Fund. Section (2) indicates amounts in the Long Term Care Facility Quality Assurance Fund are continuously appropriated for the purposes of funding long term care facilities, as defined in section 15 of this 2003 Act. Enabling legislation is established in Ch 736 Or Laws 2003 sect 16, 22 & 24, therefore this fund is restricted R3. (GASB 54 analysis Jan-2011)	163,785,933	170,742,756	142,157,023	142,157,023	Carry over fund from 17-19 was 41.2M. Of this, 32.2M was applied to 19-21 budget and $2M is reserved for payment to providers, refund for overpayment of prior provider tax. Provider tax collections have declined as a result of COVID-19, an adjustment was made to offset this by 5.3M GF. Depending on how long COVID 19 impacts the state of OR and it's aging population we may need to utilize the remaining balance that was carried forward from 17-19, $6.96M.

UPDATED **OTHER FUNDS ENDING BALANCES FOR THE 2019-21 & 2021-23 BIENNIA**

Agency: **Oregon Department of Human Services**

Contact Person (Name & Phone #): **Sara A. Singer 503-385-7537**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
Other Fund Type	**Program Area (SCR)**	**Treasury Fund #/Name**	**Category/Description**	**Constitutional and/or Statutory reference**	**2019-21 Ending Balance In LAB**	**2019-21 Ending Balance Revised**	**2021-23 Ending Balance In CSL**	**2021-23 Ending Balance Revised**	**Comments**
Limited	060-09 I/DD	IDD Care of State Wards - Room & Board	Trust	N/A	8,535,364	8,535,364	8,902,385	8,902,385	Trust recoveries are Other Funds collected from Social Security Administration (SSA), Social Security Insurance (SSI) and child support payments and used to reimburse the state for the maintenance cost of children in care. Trust recoveries come from collection of SSI disability payments (24 percent), child support payments (53 percent) and SSA death and survivor benefits (23 percent). Trust recoveries are used in place of General Funds to match Title XIX federal funds for the long-term care program.
Limited	060-09 I/DD	Local Match - CDDP Case Management & Admin	Other -Local Match	CRF 433.51	5,737,249	5,737,249	5,983,951	5,983,951	SE-48: CDDP Case Management Local Match and SE-02 CDDP Admin. These are local matching funds for services paid in eXPRS.
Limited	060-09 I/DD	Local Match - Non-Medical Transportation	Other -Local Match	OAR 411-370 & 411-323 42 CFR 447.45(d)-Transportation SE53	8,417,124	8,417,124	8,964,099	9,064,328	These are local matching funds for transportation services invoiced to the state for approval and receive a match of FMAP match.
Limited	060-09 I/DD	SACU - Client Contributions	Other- Client Contributions	N/A	1,467,118	1,467,118	1,534,082	1,534,082	Client rent subsidy contributions. This revenue is applied to the following expenditures: rent, utilities, food and medical supplies.
Limited	060-09 I/DD	ODDC from Education-Discretionary Grant 410100	Other grant	ORS 190.110 and 283.110	940,000	940,000	940,000	940,000	Pass through grant - Education grant to DD Council
Limited	060-09 I/DD	ODDC Child Care Development Fund - Discretionary Grant 209002	Other grant	ORS 190.110 and 283.110	91,000	91,000	91,000	91,000	Pass through grant - CCDF from ODE
Limited	060-09 I/DD	DD License Renewals- LTC Quality Initiatives	Grant Fund - Quality Care Fund	CFR 34 Part 74.24 Program Income	0	0	0	0	Revenue reported in APD - Quality Care Fund Report DD's estimated accrued revenue is 700k.
Limited	060-08 APD	APD-XIX Estates Recoveries	Other - Estates Recoveries	Chapter 461 – Division 135 Estate Recovery	28,232,916	28,232,916	29,446,931	30,195,791	Estate recoveries budgeted within APD are budgeted to offset Nursing Facilities' cost.
Limited	060-08 APD	APD Client Contributions Grant 411450	Other - Client contributions	OAR 461-160-0610	20,276,664	20,276,664	19,453,246	19,453,246	In the Client Employed Provider (Home Care Worker) program, a small number of clients are able to provide a portion of the funds necessary to pay for the services provided. Client contributions, also known as Client Pay-In, are applied to reduce total fund expenditures for home care costs. Client/Provider liabilities collected via PACE. This revenue is also budgeted and applied against current biennium expenditures.
Limited	060-08 APD	APD - Medicaid Local Match MAP & Admin (Delivery)	Other - Local match	CRF 433.51	20,074,053	20,074,053	31,913,485	31,913,485	These are local matching funds for services invoiced to the state for approval and receive a match of 50% for Admin work above workload contract. This is also the Case mgmt match for participating gov't entities that perform above workload funded contract.
Limited	060-08 APD	APD-Medicaid Local Match MAP (Non-Medical Transportation)	Other - Local match	CRF 433.51	1,842,685	1,842,685	1,856,211	1,878,024	These are local matching funds for transportation services invoiced to the state for approval and receive a match of FMAP match. This is also the Case mgmt match for participating gov't entities that perform above workload funded contract.
Limited	060-08 APD	APD-Waivered Case Management	Operations - WCM	N/A	26,862,800	26,862,800	28,790,809	28,790,809	Limitation needed to process Medicaid match expenditures tied to Random Moment Sample Survey (RMSS) waivered case management activities.
Limited	060-08 APD	Tsfr from Nursing- XIX Adm 50% Non-waiver	Grant Fund	ORS 190.110 and 283.110	1,234,017	1,234,017	1,234,017	1,234,017	Funding necessary to meet statutory and regulatory requirements related to Nursing Facility (NF) eligibility for payment of services under Title XVIII (Medicare) and Title XIX (Medicaid) of the Social Security Act
Limited	060-08 APD	APD General Assistance Program Grant 411320	Operations	ORS 411.710	1,869,511	1,869,511	1,869,511	1,869,511	The General Assistance (GA) program is designed to help individuals with severe disabilities who are experiencing homelessness or who are at risk of homelessness. This program is administered by DHS's Aging and People with Disabilities Collaborative Disability Determination Unit (CDDU). GA program benefits include up to $545 per month in housing assistance, $90 in utility assistance per month, $60 in cash assistance per month, and free assistance with the Social Security application and appeals process.
Limited	060-08 APD	APD Support of Deaf Commission Grant 41355	Grant Fund - Deaf & Hard of Hearing	ORS 410.070 & 410.740	3,293,267	3,293,267	3,293,267	3,293,267	Funds transferred from the Oregon Deaf and Hard-of-Hearing Commission. Funding program provided by ODHS. The purpose of the program is to assist members of the public and state agencies in making agency programs available and accessible to individuals who are deaf or hard of hearing.

Objective: Provide updated Other Funds ending balance information for potential use in the development of the 2021-23 legislatively adopted budget.

Instructions:

Column (a): Select one of the following: Limited, Nonlimited, Capital Improvement, Capital Construction, Debt Service, or Debt Service Nonlimited.

Column (b): Select the appropriate Summary Cross Reference number and name from those included in the 2019-21 Legislatively Approved Budget. If this changed from previous structures, please note the change in Comments (Column (j)).

Column (c): Select the appropriate, statutorily established Treasury Fund name and account number where fund balance resides. If the official fund or account name is different than the commonly used reference, please include the working title of the fund or account in Column (j).

Column (d): Select one of the following: Operations, Trust Fund, Grant Fund, Investment Pool, Loan Program, or Other. If "Other", please specify. If "Operations", in Comments (Column (j)), specify the number of months the reserve covers, the methodology used to determine the reserve amount, and the minimum need for cash flow purposes.

Column (e): List the Constitutional, Federal, or Statutory references that establishes or limits the use of the funds.

Columns (f) and (h): Use the appropriate, audited amount from the 2019-21 Legislatively Approved Budget and the 2019-21 Current Service Level at the Agency Request Budget level.

Columns (g) and (i): Provide updated ending balances based on revised expenditure patterns or revenue trends. Do not include adjustments for reduction options that have been submitted unless the options have already been implemented as part of the 2019-21 General Fund approved budget or otherwise incorporated in the 2019-21 LAB. The revised column (i) can be used for the balances included in the Governor's budget if available at the time of submittal. Provide a description of revisions in Comments (Column (j)).

Column (j): **Please note any reasons for significant changes in balances previously reported during the 2019 session.**

Additional Materials: If the revised ending balances (Columns (g) or (i)) reflect a variance greater than 5% or $50,000 from the amounts included in the LAB (Columns (f) or (h)), attach supporting memo or spreadsheet to detail the revised forecast.

PROPOSED SUPERVISORY SPAN OF CONTROL REPORT

In accordance with the requirements of ORS 291.227, the Oregon Department of Human Services presents this report to the Joint Ways and Means Committee regarding the agency's Proposed Maximum Supervisory Ratio for the 2021-2023 biennium.

Supervisor Ratio based on CHRO data:

The agency actual supervisory ratio as of is 1:10.22 as of October 5, 2020.

The Agency actual supervisory ratio is calculated using the following calculation:

975 = 894 + 82 - (1)

(Total supervisors) (Employee in a supervisory role) (Vacancies that if filled would perform a supervisory role) (Agency head)

9,972 = 8,862 + 1,110

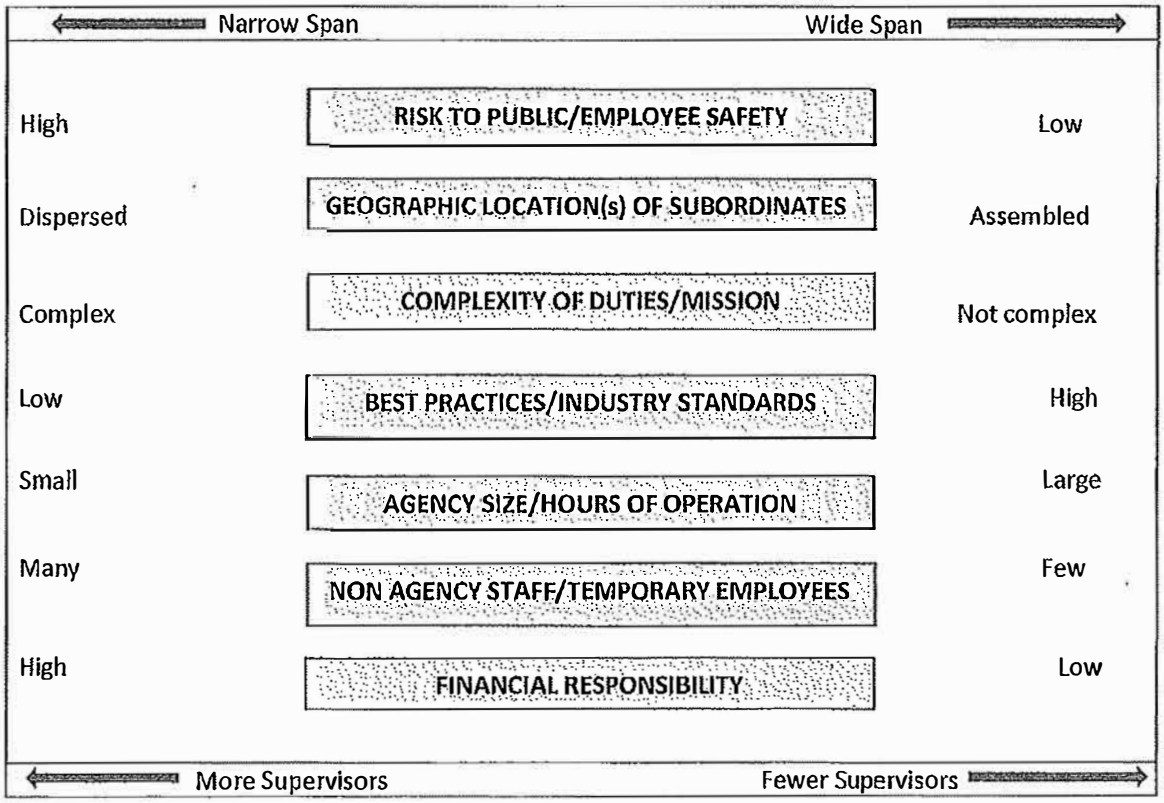
(Total non-supervisors) (Employee in a non-supervisory role) (Vacancies that if filled would perform a non- supervisory role)

The agency has a current actual supervisory ratio of-

1: 10.22 = 9,972 / 975

(Actual span of control) (Total non - Supervisors) (Total Supervisors)

When determining an agency maximum supervisory ratio all agencies shall begin of a baseline supervisory ratio of 1:11, and based upon some or all of the following factors may adjust the ratio up or down to fit the needs of the agency.



Ratio Adjustment Factors

Is safety of the public or of State employees a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS is responsible for the safety of many vulnerable Oregonians in Child Welfare, Self Sufficiency, Aging and People with Disabilities, Individuals with Intellectuals Disabilities and Vocational Rehabilitation programs. Due to safety concerns and industry best practices in both Child Protective and Adult Protective Services a higher than 1:11 MSR is appropriate. ODHS has many supervisors that are working clinical supervisors responsible for the supervision of case managers that have an industry standard much higher ratio than 1:11 in order to maintain the safety of Oregonians and keep reasonable workloads.

ODHS houses the Stabilization and Crisis Unit (SACU) a series of 24/7 homes for people with developmental or intellectual disabilities who are in crisis. Currently the staff to supervisor ratio is below the 1:11 ratio. This is not an ideal ratio to begin with due to the acuity of the clients in the homes and the fact that currently ODHS has supervisors that cover more than one house. 1:7 is a more reasonable target for a supervisory ratio and ODHS is using this as its "target" ratio for SACU employees who are now all in the police and fire designation due to difficulty, stress and potential danger of the positions working with difficult clients.

Is geographical location of the agency's employees a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS has over 158 office locations statewide including many smaller offices in very rural parts of Oregon. (The number of buildings was reduced by consolidating some older, smaller offices into newer, larger offices.) However, many supervisors must travel long distances to interact with their staff and have smaller offices. Because of these geographic limitations a higher than 1:11 MSR is appropriate.

ODHS has, without double counting staff, 1,377 employees in non-urban settings of these areas the ratio ranges from 1:9 and 1:15.17, this includes 107 supervisors and 1,270 non-supervisors. ODHS believes a reasonable target ratio for these rural areas should be 1:8. The remaining urban employees are proposed to be 1:11 where they are currently running at 1:11.44. This does not include CW staffing mentioned in the child welfare section of the "industry standards" section.

Is the complexity of the agency's duties a factor to be considered in determining the agency maximum supervisory ratio? Y/N
Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS is comprised of 5 major programs the smallest of which is over $120 million TF. The largest is over $4.3 billion TF. In addition to Central Services ODHS also houses Shared Services that support both ODHS and OHA. In each major program area there are multiple sub programs that must be managed each with its own set of complexities from federal reporting to limitations on how grants can be spent to complex eligibility determinations. In addition, each of these programs have impacts on each other making the interaction and complexity of ODHS much higher than most agencies. In many parts of the agency Supervisors are responsible not just for the management of staff but also for policy and procedure questions and providing final guidance on how cases are managed. In other words, they are working supervisors not just supervisors. This is the case in most of ODHS as there are very few supervisory positions that don't also do policy or technical work in addition to their supervisory duties. There is also a concerted effort to work across programs to become more focused on wrapping services around families for better outcomes at the lowest level. For ODHS working across programs is like working across agencies due to the size and complexity of the current 5 major program areas. The smallest "program area" in ODHS is larger than most state agencies. ODHS also houses Shared Services that support both ODHS and OHA this means juggling the needs of each organization for tasks like accounting and overpayment recovery. This adds to the complexity of the organization. These two factors justify a higher MSR than one to eleven.

Are there industry best practices and standards that should be a factor when determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

Child Welfare working supervisors, based on a January 2018 Casey Family Programs issue brief entitled Healthy Organizations (citing both Child Welfare League of America. (n.d.) *Standards of excellence for child welfare services.* Retrieved from http://www.cwla.org/our-work/ cwla-standards-of-excellence/standards-of-excellence-for-child-welfare-services and the Council on Accreditation. (n.d.) *Standards for public agencies: PA-PDS 3: Leadership support of supervisors.* Retrieved from http://coanet.org/standard/ pa-pds/3/, para. 7), have an industry best practice of 1:5/7 for supervisors providing clinical support to caseworkers. This is in addition to their supervisory duties. ODHS is using 1:5 as the target ratio.

Adult Protective services, based on a 2017 National Adult Protective Services Association nationwide survey the average ratio of caseworkers to supervisors in Adult Protective Service programs is 1:5.65. While this has not yet been published, according to H. Ramsey-Klawsnik, Ph.D., NAPSA Director of Research, NAPSA is planning to publish it as findings from the 2017 National Survey of State APS Programs at their next NAPSA conference.

Vocational Rehabilitation also has working supervisors that provide clinical supervision.

In all three cases these managers are also doing case worker clinical type supervision of the actual work not just "supervising" employees. All three cases justify a higher ratio than 1:11 due to clinical supervision duty needs that help with the overall safety of these vulnerable populations.

Is size and hours of operation of the agency a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

While not yet fully implemented, ODHS is moving towards a fully staffed 24-hour child welfare hotline which will justify a higher MSR than 1:11. ODHS is also reviewing its field structure and footprint and may be moving to more smaller locations across the state which may change the geographic footprint of the agency.

In addition, ODHS runs a 24/7 crisis service through the Stabilization and Crisis Unit (SACU). This provides services to those with intellectual and/or developmental disabilities in crisis. There are over 780 positions at SACU with some supervisors having to cover multiple houses and as necessary providing direct services to clients to ensure proper staff to client ratios based on the needs of the client. Staffing ratios have been below 1:11 which is not a reasonable ratio considering the acuity of clients and the 24/7 nature of the business. SACU should be at a higher ratio such as 1:7 to be more appropriately staffed in a 24/7 environment.

Are there unique personnel needs of the agency, including the agency's use of volunteers or seasonal or temporary employees, or exercise of supervisory authority by agency supervisory employees over personnel who are not agency employees a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

On average ODHS has over 100 volunteers and many contractors that need some level of supervision. These positions are not in the "system" per se, at this point but do require some level of supervision. This justifies a higher ratio than 1:11.

In addition, all supervisors but the director have supervisors and supervisors should be included as supervised employees in the denominator of the calculation. This would also justify a higher than 1:11 MSR. This should be taken into consideration on the ASR calculation but is not currently part of the calculation of the ASR.

Is the financial scope and responsibility of the agency a factor to be considered in determining the agency maximum supervisory ratio? Y/N Yes

Explain how and why this factor impacts the agency maximum supervisory ratio upwards or downward from 1:11-

ODHS is responsible for serving over 1 million Oregonians per year (which is close to one quarter of the state's total population of 4.2 million individuals) encompassing over $14.6 billion-dollar total fund in the Governors' budget. This comes with more than 126 funding streams each with their own limitations, rules and reporting requirements. There are 5 major program areas each bigger than most agencies. Within each program are multiple sub programs again each with their own rules, funding sources and complexities. Most of this funding is spent in the community through hundreds of contracts, thousands of providers and multiple interagency agreements. Each program comes with its own eligibility criteria, usually having multiple different factors. Each sub program usually has its own set of eligibility criteria and there is not continuity between program eligibility due to federal regulations. Employees must know each separate sub program and their supervisor must also be able to guide the employee or answer questions they may have as to how to apply the criteria etc. In addition, the central office staff for each program must keep up with ever changing federal regulations and state changes that must then be distributed out to our many field offices. These changes can be weekly or even daily sometimes meaning employees and managers need to keep up with a myriad of process or policy changes every day. This justifies a higher ratio than 1:11.

Based upon the described factors above the agency proposes a Maximum Supervisory Ratio of 1: 8.41.

Unions Requiring Notification: SEIU; AFSCME; ONA

Date unions notified: SEIU 10/12/20; AFSCME 10/19/20; ONA 10/30/20

Submitted by: Eric Moore, ODHS CFO **Date: January 25, 2021**

Signature Line _____ **Date** January 25,2021

Print Name: Fariborz Pakseresht, ODHS Director

Signature Line _____ **Date** January 25, 2021

Print Name: Audray Minnieweather-Crutch, ODHS HR Director

Signature Line Audray D Minnieweather Crutch **Date** January 25, 2021

Print Name: Kim Roberts, ODHS HR Program Administrator

Signature Line _____ **Date** 1/25/2021