

December 4, 2015

The Honorable Senator Richard Devlin, Co-Chair
The Honorable Representative Peter Buckley, Co-Chair
Interim Joint Committee on Ways and Means
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

Dear Co-Chairs:

Nature of the Request

At the request of Interim Joint Committee on Ways and Means, DHS and OHA are providing a status update on the implementation of ORS 413.161.

Agency Action

The 2015 Legislature approved \$634,672 for OHA and \$831,865 for DHS for five positions to “design, build and implement a tool to collect, report and analyze data on race, ethnicity, language and disability.” All but \$140,000 of the funding was unscheduled, with the expectation that DHS/OHA would report back with a more detailed plan. The attached report describes specific actions taken by DHS/OHA and provides information on positions and a spending plan for the 15/17 biennium.

Action Requested

The Department of Human Services and Oregon Health Authority request that the Interim Joint Committee on Ways and Means acknowledge receipt of this report.

Legislation Affected

None.


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If you have any questions or concerns, please call Lydia Muniz at 503-945-5700,
lydia.muniz@dhsoha.state.or.us or Leann Johnson, 971-673-1284,
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Sincerely,



Eric Luther Moore
DHS Chief Financial Officer



Lynne Saxton
OHA Director

Report Attached

cc: Ken Rocco
George Naughton
Laurie Byerly
Tamara Brickman
Linda Ames
Thomas MacDonald

The Department of Human Services (DHS) and the Oregon Health Authority (OHA) are submitting this report to the Legislature at the request of the Ways and Means Committee during the 2015 Regular Legislative Session. This report provides a progress update on the implementation of ORS 413.161, Collection of data on race, ethnicity, language and disability status.

Background

ORS 413.161 requires DHS/OHA to develop standards for the collection of disaggregated, or granular, data on race, ethnicity, language and disability (REAL+D). This standardized data collection will improve the ability of DHS/OHA, community stakeholders, elected officials, and other decision-makers to recognize, address, target, and eliminate health and human service disparities. In addition, they allow DHS/OHA to meet federal reporting expectations; compare Oregon's progress with national trends; improve quality service delivery; and ensure equitable allocation of resources. The collection of REAL+D data is endorsed by various community interest groups and required by DHS/OHA and contractors.

Between August 2014 and June 2015, DHS/OHA, through the Office of Information Services, conducted a Current State Analysis (CSA) to examine the current state of systems, forms and reports with regards to collection of REAL+D data across 22 DHS/OHA programs that collect or use client information. The CSA process resulted in three possible strategies that DHS/OHA could undertake to bring their data collection systems into compliance with the statute. A policy option package based on one of the recommendations was advanced to the Ways and Means Committee in June 2015.

However, changing all systems used by every program in DHS/OHA to capture REAL+D information was assessed to be impracticable given the time, effort and resources needed and competing major efforts already underway. A new proposal was identified to leverage both the development of the new Medicaid enrollment system and an existing integrated client data "warehouse" to capture and hold REAL+D data and match it with other client services. As a result, POP 201 was revised in June 2015 to reflect the effective use of existing processes and focus on business process changes and policy reconciliation to bring DHS/OHA programs into compliance with the policy.

Status on Implementation of REAL+D

Implementation of the REAL+D data standards across the programs of DHS/OHA will require the agencies to update not only the systems that support their programs, but their business processes, including their intake forms and applications. This effort will also require training on the new business processes and forms and technical assistance to enrollment assisters, research analysts, program analysts and other staff who collect, use and report the data. The DHS Office of Equity and Multicultural Services, OHA Office of Equity and Inclusion, and the Office of Forecasting, Research and Analysis are coordinating to achieve the integration of data collected through ONE System and provide technical assistance and training to internal and external partners to advance the REAL+D policy.

ICS and ONE Integration

The DHS/OHA approach to addressing the requirements of the REAL+D legislation approved by the Legislature is to leverage the current Integrated Client Services (ICS) data warehouse, which currently holds records about individuals receiving service from DHS/OHA. ICS is routinely used for operational and research analyses needing to match and index the various records created for an individual receiving services from different programs in DHS and OHA. This approach would leverage the years of experience ICS has gained in matching client records and reconciling terminology differences across systems to incorporate client record information from the OregONEligibility (aka "ONE") System.

It is estimated that upon use of the ONE system, records for at least 1 million DHS/OHA client records will be populated with REAL information, thus giving us the ability to use this formerly unavailable data to support DHS/OHA reporting and analysis of granular race, ethnicity and language data, informing the agencies on client needs and potential health and human service inequities.

The ONE System, used for Modified Adjusted Gross Income (MAGI) Medicaid eligibility determination will record demographic data including Race, Ethnicity, and preferred spoken and written Language for those applying for Medicaid coverage. In dialogue with CMS, the federal agency responsible for Medicaid funding, OHA came to an understanding that collecting detailed disability information about individuals who are applying for health coverage was not

allowed as it was seen as a barrier to prevent access.^{1, 2} Accordingly, OHA only asks two questions³ in order to route people who are applying for health coverage for evaluation of subsequent Medicaid services.

The Integrated Client Services Data Warehouse (ICS) is being used to gain access to the data already collected by many of the programs in DHS and OHA for reporting purposes. ICS already compiles most of the client-based data collected from the two Departments, including variables for Race, Ethnicity and Language. However, ICS currently provides the option to report one race, one ethnicity and a preferred spoken language only.

To accommodate the requirements of OAR 943-070-0000, ICS is being restructured to allow for the following:

- tracking of multiple race details;
- ethnicity;
- preferred spoken language;
- preferred written language;
- interpreter required;
- sign language interpreter required;
- written alternate format; and,
- a rating scale from 1 to 4, describing how well the individual understands English.

ICS will also create the following fields to be ready to compile the information about disabilities when the data is collected by the programs:

- Hearing disability
- Hearing disability age
- Vision disability
- Vision disability age
- Cognitive disability

¹ Federal Register /Vol. 77, No. 57 / Friday, March 23, 2012 /Rules and Regulations, Preamble, page 17165.

² 42 CFR 435.907 (e)(1) & (2).

³ The current OHA Medicaid online and paper application currently asks two questions that are disability-related. Per CMS guidance, these questions are only asked for those people who are applying for benefits because depending on certain criteria, answering “yes” may mean they are referred for additional services or coverage options. Below are those questions:

1. Is anyone legally blind?
2. Does anyone have a disability that will last more than 12 months **AND/OR** does anyone need assistance with daily activities such as walking, eating and remembering?

- Cognitive disability age
- Mobility disability
- Mobility disability age
- Self-caring disability
- Self-caring disability age
- Self-sufficiency disability
- Self-sufficiency disability age

Approximately 80% of the clients served by DHS/OHA are also served by Medicaid. The MMIS system used by the Medicaid program already stores most of the race ethnicity and language information listed above and will be used to populate the fields whenever possible. For the remaining 20% of clients who do not come through the Medicaid program, the information provided by other programs will be used to populate as many fields as possible.

ICS expansion is the initial phase of the REAL+D process and is currently being redesigned to make capacity for these additional variables and to create user-friendly reporting tools to make the information readily available. The estimated completion date of this phase is June 30, 2016.

The data that ICS gathers and reports moves DHS/OHA significantly forward in the ability to target programs and resources to address health and service inequities, meeting the intention of the law.

Budget and Staffing

The 2015 Legislature approved \$634,672 for OHA and \$831,865 for DHS for five positions to “design, build and implement a tool to collect, report and analyze data on race, ethnicity, language and disability.” The IT Subcommittee held a hearing on this project and referred it back to the Human Services Subcommittee, due to the new programmatic approach that was approved. All but \$140,000 of the funding was unscheduled, with the expectation that DHS/OHA would report back with a more detailed plan.

Office of Forecasting Research and Analysis (OFRA)

REAL+D has moved from an Information Systems development project to data integration process, and is now overseen by the Office of Forecasting, Research and Analysis (OFRA). OFRA received position authority and budget for one Operations Policy Analyst 4, one Research Analyst 4, and one Information

Systems Specialist 8. The ISS8 position authority and budget was transferred to OIS and the position was filled on November 1, 2015. The OPA4 position has posted and DHS is in the process of interviewing and hiring this position. This position will be coordinating the process to expand the ICS data warehouse to store the additional race, ethnicity and language information about DHS and OHA clients. This includes monitoring the budgets and timelines to completion. This position will work closely with the DHS Office of Equity and Multicultural Services and with the OHA Office of Equity and Inclusion to ensure the requirements of the OARs are fulfilled and each Office can access the data.

The RA4 position is in the posting process and DHS expects the position to be filled in the next 30-60 days. The position will support OFRA, OEMS and OEI and gather requirements from each Office to ensure the data is accessible in reports specifically designed for each Office.

The ISS8 position was filled on November 1, 2015. The position will be working closely with the ICS team to restructure the tables storing the race, ethnicity and language data, migrate the data from the existing ICS tables into a new platform and develop reporting tools to facilitate easy retrieval of the data. This position will also assist in the on-going maintenance and operation of ICS.

DHS Office of Equity and Multicultural Services (OEMS) and OHA Office of Equity and Inclusion (OEI)

OEMS and OEI each received position authority and budget for an Operations Policy Analyst 4 to fulfill the duties of REAL+D work. The DHS position was filled effective November 1, 2015.

Recruitment for the OEI OPA4 position is currently underway and anticipated to be complete by January 2016. In the interim, OEI has been working with Program Design and Evaluation Services (PDES), an interagency applied research and evaluation unit, to help design the OPA4 position description and develop a template for the collection of REAL+D data for OHA Programs. Additionally, OEI and PDES have provided technical assistance on the ONE framework to ensure that the client interface is effectively capturing REAL+D information, as well as provided technical assistance and training to OHA programs and CCOs on the REAL+D Policy and data collection methods.

The OPA4 positions will be aligned in their position duties to work closely with OFRA staff to:

- Manage and coordinate comprehensive studies of data policy issue related to health and service equity
- Analyze and report data as it becomes available

- Work closely with OFRA OPA4 to conduct assessment of data quality to identify potential challenges
- Identify issues with data collection at the point of collection (e.g., enrollment portal; enrollment assisters, forms), identify and implement necessary improvements
- Assess training needs related to REAL+D data collection
- Design, implement, and evaluate training for staff, enrollment assisters, research analysts and others that collect, analyze and report data.
- Propose strategies to support data collection solutions for other datasets not affected by this approach

OEMS and OEI recognize that collecting, analyzing, and reporting REAL+D data requires a higher level of sensitivity and intentional strategies to build the trust of diverse communities who have experienced historical mistreatment based on their demographic status. A key role of the OPA4 positions will include implementing activities to engage and inform community partners and stakeholders on the approach and progress.

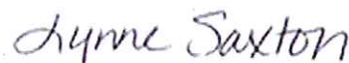
Contacts for the Project:

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- Leann Johnson, Director, OHA Office of Equity and Inclusion, 971-673-1287 or leann.r.johnson@state.or.us
- David Rohrer, Office of Forecasting, Research and Analysis, 503-945-6923 or david.l.rohrer@state.or.us

Thank you.



Lydia Muñiz
Director
DHS Office of Equity and Multicultural



Lynne Saxton
Director
Oregon Health Authority