

**Only Impacts on Original or Engrossed
 Versions are Considered Official**

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Measure Description:

Requires the Oregon Health Authority (OHA) to enroll children in coordinated care organizations if they are in the legal custody of the Department of Human Services (DHS), eligible for medical assistance, and placed by DHS in substitute care in this state.

Government Unit(s) Affected:

Department of Human Services (DHS), Oregon Health Authority (OHA)

Expenditure Impact - Oregon Health Authority:

	2017-19 Biennium	2019-21 Biennium
General Fund	\$1,029,787	\$869,629
Other Funds*	3,810,594	3,063,637
Federal Funds	3,063,637	2,593,389
Total Funds	\$7,904,018	\$6,526,655
Positions	14	11
FTE	9.63	6.03

* OIS is shared services. The Other Funds amount reflects how the agency accounts for shared services.

Analysis:

This bill requires the Oregon Health Authority (OHA) to enroll children in coordinated care organizations if they are in the legal custody of the Department of Human Services (DHS), eligible for medical assistance, and placed by DHS in substitute care in this state. OHA and DHS must have procedures in place to ensure that these children are enrolled in a coordinated care organization (CCO) when taken into custody or when placement changes, and remain enrolled, even if transitioned to another geographic area of the state, until they can be enrolled in a local CCO. The health information in the case plan, any plan for care and treatment, medical records, and care history for these children must be electronically transmitted without delay to the CCO in which the child is or will be enrolled. In addition, the child's electronic record in the medical assistance database must have a code that enables a CCO to identify the child as being in substitute care.

The bill also requires OHA and DHS, in collaboration with CCOs, to take steps to share data for their shared clients, including developing an Internet-based universal health record database for all children in substitute care. OHA is required to report on the status of the database implementation no later than September 15, 2018. The bill goes into effect on January 1, 2018.

Oregon Health Authority (OHA)

There is currently no database in OHA or DHS that captures and allows the sharing of medical information across the parties identified. OHA would need to develop a new database that could interface with various other systems to gather the data to be shared. This would require 15 months of IT staffing for initiation and planning, 16 months of IT staffing for execution and implementation, and ongoing maintenance and operational support. Development of this database would also require outside vendor support. A total of 14 positions (9.63 FTE) are needed this biennium to develop this database. Although the bill takes effect on January 1, 2018, three of the positions are 24-month positions that are necessary to get the project underway immediately to meet the September 15, 2018 reporting deadline.

Department of Human Services (DHS)

This bill requires the Child Welfare Division to promptly transfer health information to the child's CCO, which will cause an increase in workload. The Child Welfare Division may also be required to provide support or inputs into the health record system mandated by the bill, which could also increase workload. It's unclear what level of workload impact these elements of the bill could demand of staff at DHS. The fiscal impact on DHS is indeterminate.