



Oregon

Kate Brown, Governor

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The Honorable Elizabeth Steiner Hayward, Co-Chair
The Honorable Dan Rayfield, Co-Chair
Ways and Means Joint Sub-committee on Human Services
Oregon State legislature
900 Court Street NE
Salem, OR 97301

Dear Co-Chairs Steiner Hayward and Rayfield:

Please accept this letter as the response to questions from the April 13, 2017 presentation to the Ways and Means Joint Subcommittee on Human Services regarding the Department of Human Services (DHS) Shared Services.

Q1: What is the relationship with the Department of Administrative Services (DAS) regarding facilities management?

A: The DHS Office of Facilities Management oversees 3 million square feet of facilities in approximately 180 locations across Oregon for DHS and the Oregon Health Authority (OHA).

DAS Leasing, using brokers, assists DHS and OHA with siting buildings and acquiring leased space; negotiating lease terms, and executing lease documents.

DHS provides a facilities needs assessment to DAS, who passes it on to the brokers. DHS Facilities does the daily management of the leases for DHS and OHA, and engages property owners when necessary. DHS Facilities also coordinates construction, remodeling and repairs of leased facilities; and modifies workspaces to accommodate changes in program service delivery needs. It also handles safety issues, furnishing and managing all building-related services such as janitorial services or paper shredding.

Q2: How has the complexity of background checks increased?

A: The Background Check Unit (BCU) conducts criminal and abuse history checks on staff and providers for DHS and the Oregon Health Authority. In 2016, the program completed 147,199 background checks. This is an increase of 32 percent in the number of background checks between 2012 and 2016.

Up to 2012 BCU sent out criminal history to Qualified Entities and they determined the background check. Due to concerns about statewide consistency in fitness determination and FBI Criminal Justice Information Services (CJIS) security requirements on the dissemination of criminal justice information to Qualified Entities, by December 2012 BCU was completing all fitness determinations, including criminal history and protective service components.

Since 2012 the complexity of background checks has changed primarily in the total number of background checks being requested, an increase in the amount of background checks that must include fingerprinting (with resulting increases in court and police records research), and an increase in the hours of work it takes to complete them. This is due to state and federal changes in who is required to have a background check and the components of the background check process.

Fingerprinting always increases complexity for a background check due to related out-of-state crimes research, access to police records and court documents from other states, and establishment of statutory comparisons between the out-of-state crimes and their Oregon equivalent for application to ORS 443.004 and other exclusion lists.

There are approximately 60 variations in background checks that BCU performs based on both clear and subtle differences between federal statute, Code of Federal Regulations (CFR), Oregon statute, agency rules or policy, program rules, and licensing rules. Each variation can impact elements there are to the background check and basic eligibility for the position. These variations in checks have already been streamlined wherever possible by federal or state statute and rule.

Q3: How are fitness determinations done in the Background Check Unit?

A: The Background Check Unit (BCU) conducts criminal history and abuse history checks on staff and providers for many DHS and OHA programs. People submitting for background checks who have “potentially disqualifying

convictions and conditions” (PDQs) that include certain crimes, crime-related conditions and serious abuse also require BCU to do a weighing test, also known as a fitness determination.

Factors in the weighing test are:

- Details of incidents
- Age of individual
- Proof of potentially disqualifying conditions and conditions (PDQs)
- Time since PDQ
- Other laws to consider
- Child and adult protective service information
- Out-of-state child protective information for foster and adoptive parents, and as of 2017, child care providers and their household members
- Other criminal activity
- Incarceration
- Compliance with parole or probation
- Compliance with court or protective service requirements
- Substance abuse issues
- Other treatment related to criminal or protective service history
- Repetition
- Other protective services information
- Change since PDQ
- Cooperation, honesty and accountability in how the person responds to the background check and being responsible for his or her actions
- Relevancy to the position

Having researched and documented the sections above, BCU compiles the information and shows, based on the evidence, whether the individual poses a risk to the physical, emotional or financial well-being of vulnerable individuals.

BCU will then make a fitness determination of approved, approved with restrictions, or denied. If denied or given a restricted approval, the person has hearing rights.

Individuals applying for positions falling under ORS 443.004, or the Child Care and Development Block Grant Act of 2014 and Centers for Medicare and Medicaid Services (CMS) exclusion lists, and found to have applicable convictions do not have hearing rights if he or she are found ineligible.

Q4: Can you break out the drivers of the increased complexity in background checks by federal and state requirements?

A: There is a mix of federal and state laws, as well as licensing and program rules, that dictate what types of checks and how often. Requirements can depend on the program and sometimes the type of facility someone works in.

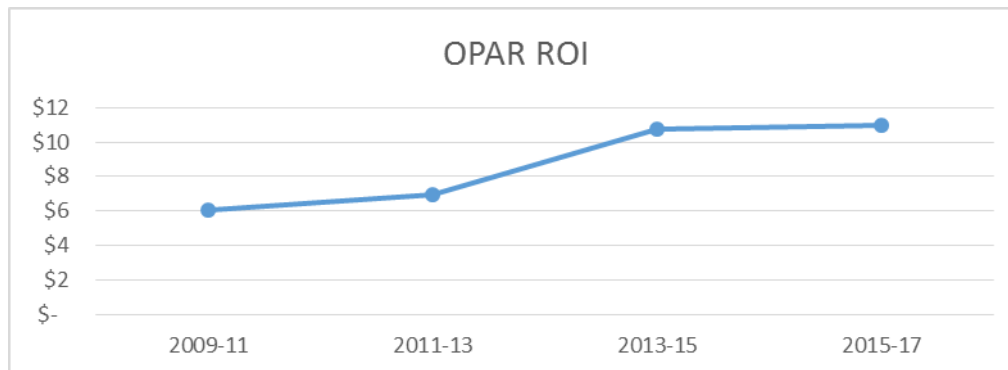
The drivers of the increase in workload complexity include:

- Changes in federal and state law relating to fingerprinting all “high risk” individuals (42 CFR 455.410 and 455.434)
- Changes in FBI requirements that led to a 57 percent increase in due diligence fingerprinting
- Changes in Oregon Senate Bill 1515 (2016) requiring new checks for stalking, restraining and other protective orders; increased depth of adult protective service checks; and new abuse/neglect substantiation and investigation reporting requirements to child caring agencies
- Changes in requirements of the Child Care Development Block Grant requiring mandatory fingerprinting, out-of-state child protective services checks and new, specific types of criminal history checks for all child care providers and household members beginning in September 2017

Q5: The Office of Payment Accuracy and Recovery increased recoveries by \$1.2 million in one year through process improvements. How much did it cost to get the recoveries?

A: The Office of Payment Accuracy and Recovery consistently pursues process improvements to increase accuracy, timeliness and the amount of payment recoveries. The program achieved the \$1.2 million increase in recoveries through redesigning processes as part of an internal improvement initiative at no additional cost to the program.

Overall, this program “pays for itself” and its return on investment has grown in recent years. In 2009, every dollar spent funding OPAR produced a \$7 return in recoveries and cost avoidance combined. The return grew to nearly \$12 in 2016.



Q6: What are the categories for recoveries in the Office of Payment Accuracy and Recovery?

A: Recovery and cost avoidance efforts conducted by the Office of Payment Accuracy and Recovery brought in a combined \$252.3 million this biennium so far, an increase over the prior biennium.

Recovery categories:

- Estate Administration (Primarily Medicaid)
- Medical Payment Recovery (Primarily Medicaid)
- Overpayment Recovery (SNAP, TANF, ERDC, Medicaid)
- Personal Injury Lien (Medicaid)
- Provider Audits (Medicaid; not tracking after 3/1/17)
- Recovery Audit Contractor (Medicaid)

Cost avoidance categories:

- Health Insurance Group – Ensures identified third party payers (insurance companies) are entered into MMIS promptly to help ensure Medicaid is the payer of last resort.
- HIPP (Assist premiums) - Assists Medicaid clients with private insurance premium payments when this has been identified as a lower cost option for the state.
- Fraud investigations – Focuses on public assistance programs such as food, cash and child care assistance, and Oregon Health Plan
- Data matching – Ensures program integrity by working reports where public assistance clients match with state death records, correction institution records, new hire data, or public assistance records from other states

If you have additional questions, please contact Legislative Coordinator Jill Gray at jill.gray@state.or.us or (503) 569-9484.

Sincerely,



Eric Moore
Chief Financial Officer

cc:

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