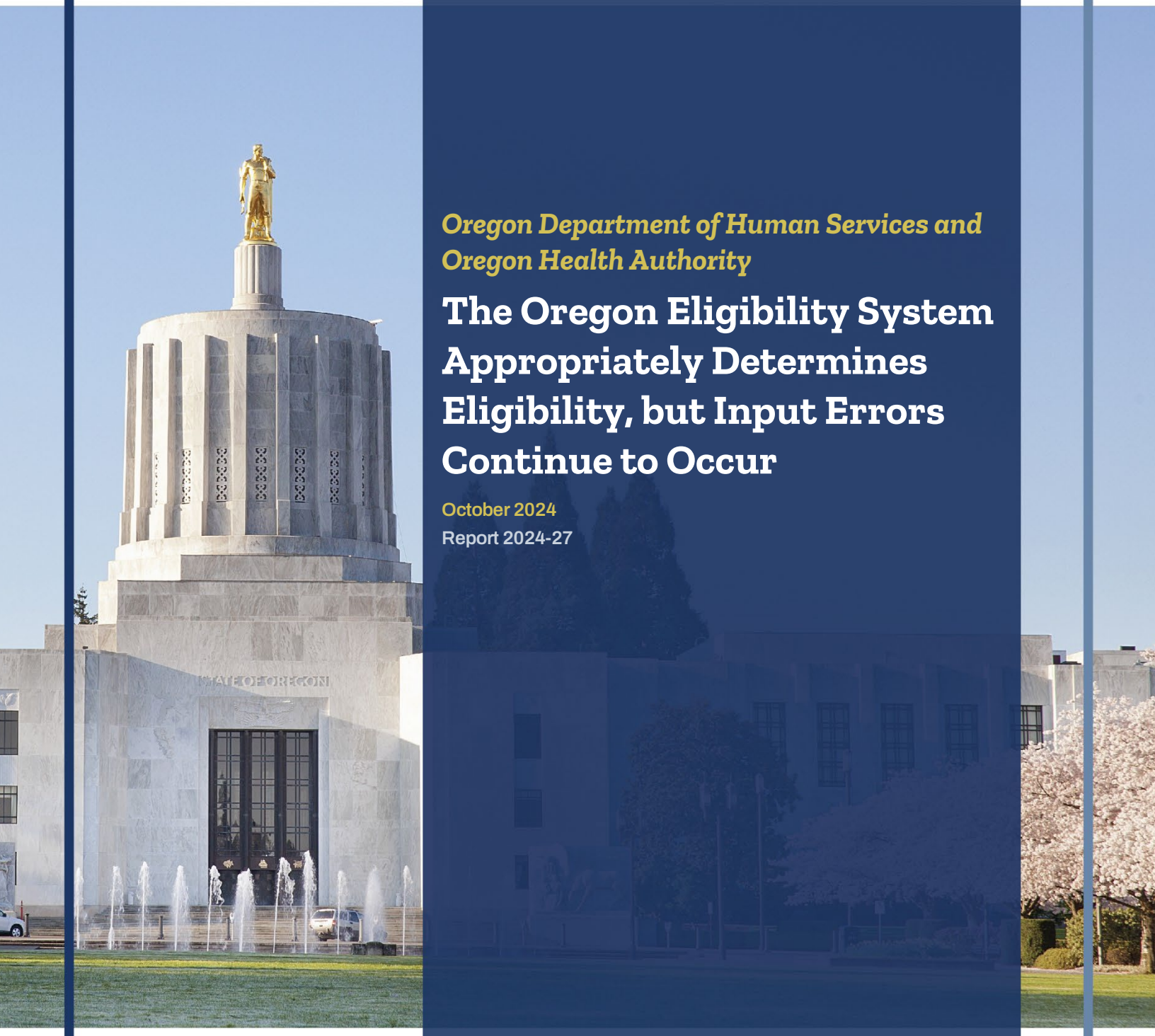


Oregon Department of Human Services and Oregon Health Authority

The Oregon Eligibility System Appropriately Determines Eligibility, but Input Errors Continue to Occur

October 2024
Report 2024-27

Oregon Secretary of State
Audits Division

Audit Highlights

Oregon Department of Human Services and Oregon Health Authority

The Oregon Eligibility System Appropriately Determines Eligibility, but Input Errors Continue to Occur

WHY THIS AUDIT IS IMPORTANT

- As of April 2024, over 1.4 million people were receiving Medical benefits under the Medicaid program and the Children's Health Insurance Program (CHIP) and over 700,000 received Supplemental Nutrition Assistance Program (SNAP) benefits.
- The Oregon Eligibility System (ONE) is a complex system used by the Oregon Department of Human Services to determine eligibility and benefits across a wide range of aid programs such as Medicaid and SNAP.
- Some Medicaid programs and SNAP were implemented into the ONE System starting in 2020, with other Medical programs implemented in 2015.
- In fiscal year 2023, Oregon spent approximately $18.7 billion on Medicaid, CHIP, and SNAP.
- The ONE system has cost a total of $416 million to implement.

WHAT WE FOUND

1. Most automated functions used by ONE to determine eligibility function appropriately, including those handling income calculations, preventing overlapping benefits, and calculating benefit amounts correctly. (pg. 6)
2. Some errors or inconsistencies still occur in ONE, such as interface errors and social security number verification against federal records. We found they did not directly affect eligibility determination or affected small populations. (pg. 8)
3. While some controls and strategies are in place to prevent or detect input errors, most errors in eligibility determination and benefit calculations we detected were the result of manual input errors, not automated processes. The complexity of the system and frequent policy and process changes throughout the COVID-19 Public Health Emergency all led to increased manual inputs, along with input errors. (pg. 9)
4. Manual overrides by eligibility workers, while rare, have reversed appropriate automatic determinations. There are policies to guide and reports to monitor overrides, but we found these were not consistently followed by workers and are only recently being reviewed by management. (pg. 13)
5. Changes made to the system are consistently planned, reviewed, and tested prior to release. However, there are opportunities to improve user acceptance testing through more formal plans to ensure sufficient coverage. (pg. 14)

WHAT WE RECOMMEND

We made three recommendations to the Oregon Department of Human Services. The agency agreed with two of our recommendations and partially agreed with one. The response can be found at the end of the report.

Oregon Secretary *of* State
Audits Division

Secretary of State **LaVonne Griffin-Valade**
Audits Director **Kip R. Memmott**

Introduction

The OregONEligibility System (ONE) is a comprehensive online platform designed to streamline the application and enrollment process for various public assistance programs administered by the Oregon Department of Human Services (ODHS) and the Oregon Health Authority (OHA). In fiscal year 2023, Oregon spent approximately $18.7 billion combined on Medicaid, CHIP, and SNAP.

ODHS and OHA work together to provide critical public assistance programs

ODHS and OHA work closely together to ensure the health and well-being of Oregon's citizens. OHA is the administrating authority of Oregon's Medicaid program and the Children's Health Insurance Program, otherwise known as CHIP; however, the agency has an agreement with ODHS wherein ODHS performs the eligibility determinations for these programs on OHA's behalf.

OHA consists of nine program areas working together to improve the health of Oregonians through high-quality, reliable, and affordable health care. The program areas include the Health Systems Division, which supports Modified Adjusted Gross Income (MAGI) Medicaid benefits provided through the Oregon Health Plan; and Shared Services, which houses the agency's Office of Information Services that deploys and maintains IT hardware and software, including the ONE system.[1]

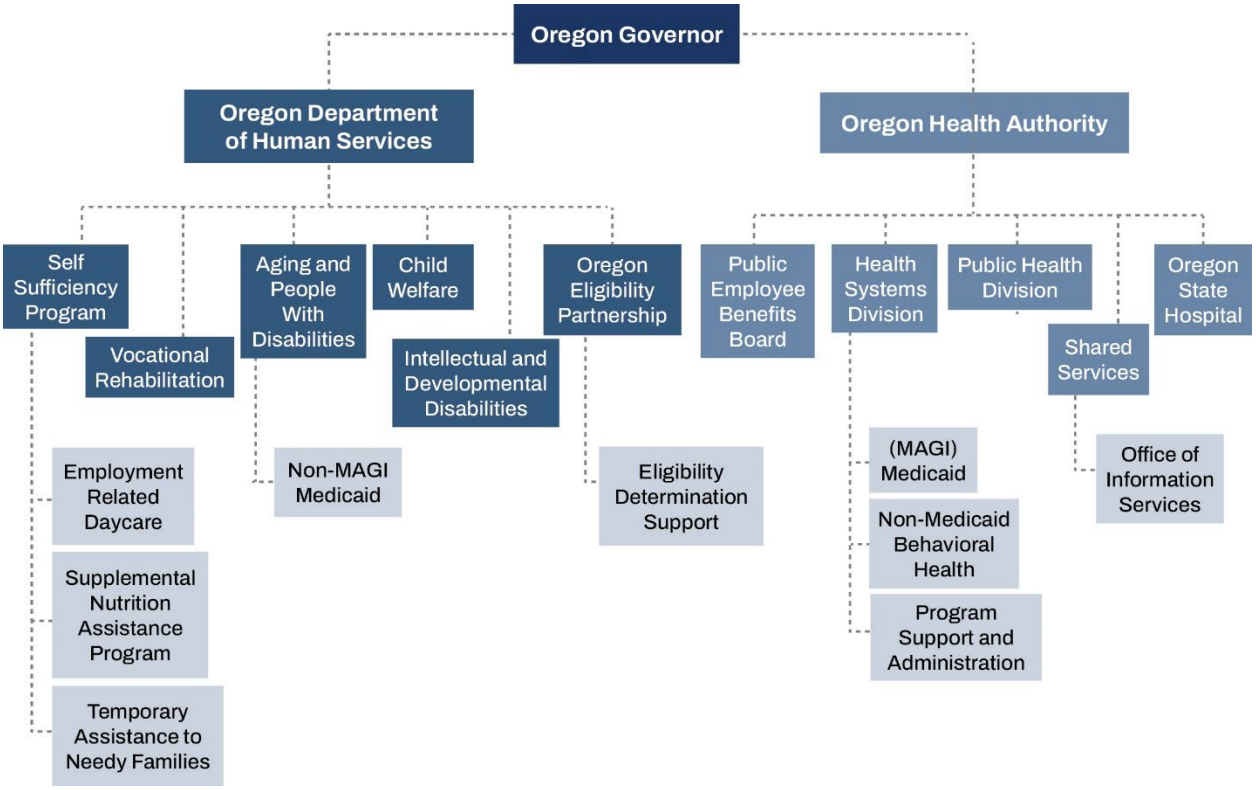
ODHS includes six distinct program areas, including Self Sufficiency Programs, Aging and People with Disabilities, and the Oregon Eligibility Partnership. Self Sufficiency helps low-income families by helping clients meet basic needs; for example, Self Sufficiency includes the Supplemental Nutrition Assistance Program (SNAP) to help individuals and families pay for food. Aging and People with Disabilities provides services to seniors and people with physical disabilities, including financial assistance through non-MAGI Medicaid.[2]

To support these efforts, the Oregon Eligibility Partnership assists staff working to determine eligibility for people applying for and receiving medical, food, and other benefits. The Oregon Eligibility Partnership was created by ODHS in 2023 with a new budget structure to consolidate most eligibility staff and functions and streamline the benefit application process for timely and accurate eligibility determinations. The 2023-25 legislatively adopted budget for the Oregon Eligibility Partnership totals just over $800 million, including $369.1 million in General Fund dollars. The budget includes 2,599 full-time positions.

[1] The additional program areas in OHA not relevant to our audit were the Health Policy and Analytics Division, Public Employees' Benefits Board, Oregon Educators Benefit Board, Public Health Division, Oregon State Hospital, Central Services, and State Assessments and Enterprise-wide Costs.

[2] The additional programs in ODHS not relevant to our review were Intellectual and Development Disabilities, Child Welfare, and Vocational Rehabilitation.

Figure 1: ODHS and OHA work together on a number of public assistance programs



Source: Auditor prepared based on the 2023-2025 Legislative Adopted Budget

ONE serves as a centralized system for determining eligibility and benefits

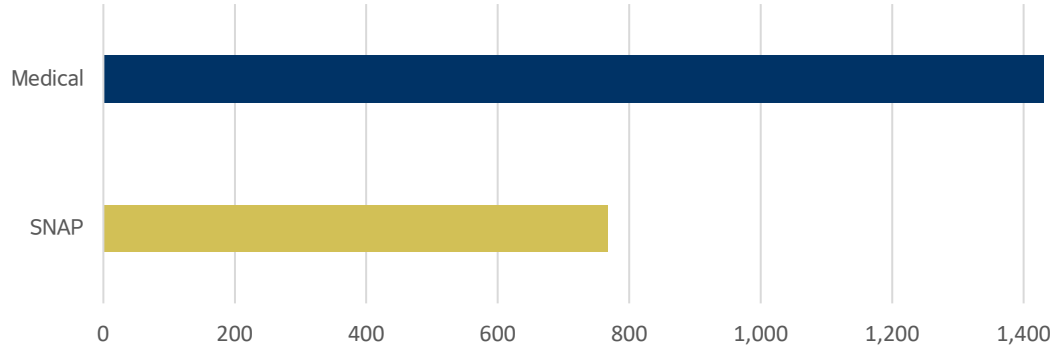
The Oregon Eligibility Partnership also manages the ONE system, which acts as a centralized hub for determining eligibility and has a role in managing benefits across initiatives like Medical and SNAP programs.[3] With a total annual cost of about $18.7 billion, these programs are also among the most expensive in the state, emphasizing the need to ensure money is spent efficiently.

Medical Programs include Medicaid and CHIP, catering to low-income individuals, families, and children with comprehensive health care coverage spanning medical, dental, and mental health services. Oregon is one of 36 states to integrate non-MAGI Medicaid with an integrated MAGI Medicaid and CHIP system. The MAGI group uses financial eligibility rules to qualify children, pregnant women, parents, and other non-elderly adults for Medicaid, whereas the non-MAGI group bases eligibility on age – adults over the age of 65 – and individuals with disabilities. Medicaid and CHIP expenditures for fiscal year 2023 totaled $15.7 billion and $523 million, respectively.

SNAP, formerly known as food stamps, offers financial assistance to eligible individuals and families, striving to combat hunger and enhance nutritional standards within low-income households. SNAP expenditures for fiscal year 2023 totaled $2.5 billion, including administrative costs.

[3] The ONE system also determines eligibility for Temporary Assistance to Needy Families, Employment Related Day Care, and other smaller programs such as Disaster (Emergency) SNAP. These programs were not in scope for our audit.

Figure 2: Over 1.4 million Oregonians were receiving benefits processed through ONE as of April 2024 (enrollment in thousands)



Source: OHA and US Department of Agriculture

The intention of ONE was to simplify and improve the process of applying and managing benefits for applicants and workers. Using a "no wrong door" approach, Oregonians would be able to submit a single application for benefits, and have that application be used to determine eligibility for multiple assistance programs. Previously, an applicant would apply separately for each program, often repeating administrative work for the applicant and for the state's eligibility workers. With ONE, an applicant would have less work to perform, and the state would have increased efficiency and accuracy in its administration of costly programs.

Significant resources have been invested into the new eligibility system

In 2015, the ONE system began operations to determine eligibility for MAGI Medicaid and CHIP. Additional programs – such as non-MAGI Medicaid and SNAP – were incorporated into the integrated system beginning in 2020.

The initiative to create both the original and the expanded ONE system was spearheaded by the Office of Information Services, a shared office between ODHS and OHA, in partnership with Deloitte Consulting LLP (Deloitte). Computer code for ONE was acquired at no cost from the state of Kentucky; however, costs were incurred to update the system to meet Oregon's needs and develop various interfaces with existing systems. Deloitte performed the design, development, and implementation work for the ONE system and continues to provide support through a maintenance and operations contract that currently extends to June 2029.

As of June 2024, the state had spent over $416 million total in contracts for the design, development, and implementation of both the original and integrated systems, with an additional $298 million since October 2020 in maintenance and operations costs. The ongoing maintenance and operations contract for state fiscal year 2023 and beyond costs approximately $47 million per year. About 78% of the project cost and 64% of maintenance and operations costs are paid for with federal funds.

Our office has conducted two prior audits of the ONE system. The first report, issued in 2017, reviewed the accuracy of MAGI Medicaid and CHIP eligibility determinations in the original ONE system and found them to be accurate; however, input accuracy was lacking and overrides of eligibility determinations needed to

be better managed.[4] The second, issued in 2019, was a real-time audit that primarily evaluated the efforts to convert data from old systems to the integrated system.[5] The 2019 audit found the project team followed industry standards for data conversion, but identified risks related to future testing of converted data, planning for future staffing levels, and securing access to sensitive data during conversion.

The COVID-19 Public Health Emergency had significant impacts on programmatic processes and the ONE system

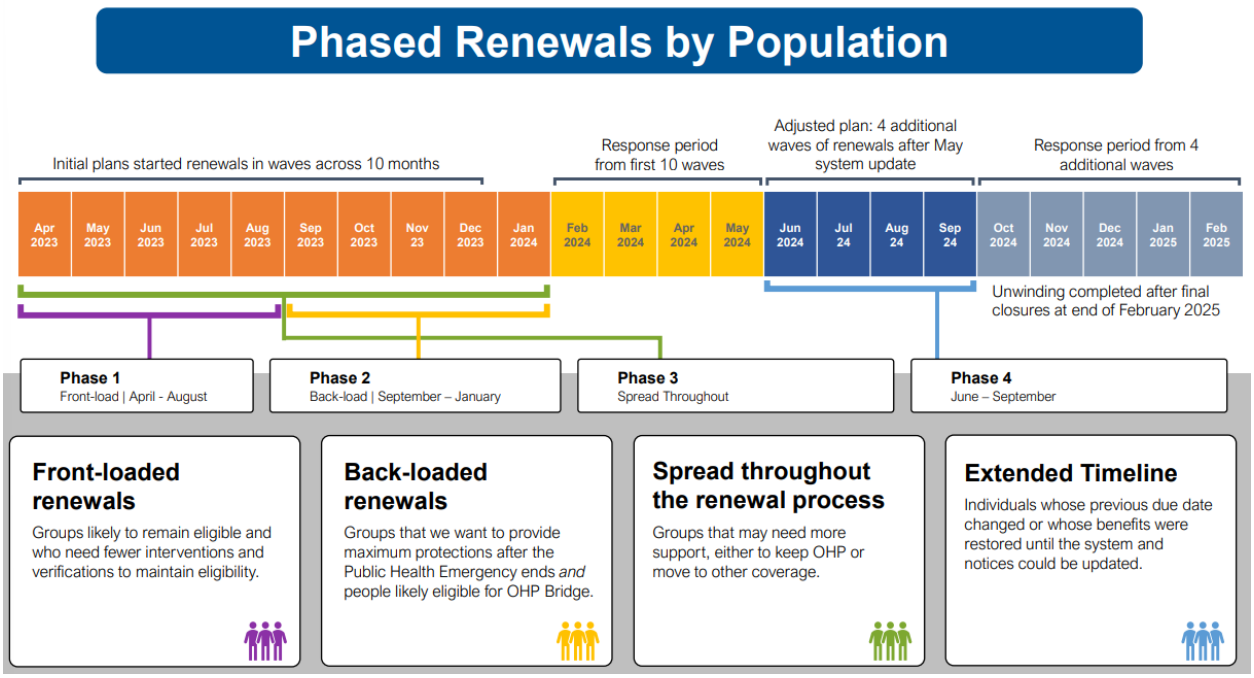
The ONE system became even more important during the COVID-19 pandemic. The crisis led to a surge in Medicaid and SNAP applications and enrollments, and ODHS and OHA implemented policy adaptations and flexibility to accommodate increased need based on guidance from the federal government. Notable changes included streamlined application processes, extended renewal deadlines, and enhanced benefits to alleviate economic hardships. Additionally, the declaration of a federal Public Health Emergency introduced significant alterations to benefit eligibility determination processes, such as passive renewals for some Medicaid recipients and self-attestation for certain requirements that normally would require more verification.

Prior to the declaration of the Public Health Emergency, individuals were periodically assessed to determine whether they were eligible for continued coverage — this process is called a renewal. Renewals were not required to be performed during the Public Health Emergency. During this time, the number of people covered in Oregon rose from 1 million to almost 1.5 million over three years. As the Public Health Emergency came to an end, the federal government required states to renew 100% of recipients.

Anticipating a drastic workload with limited staffing, Oregon embraced a phased approach to renewals. This approach front-loaded renewals that would process automatically, with little human intervention, in phase one. Phase two consisted of individuals that would benefit from maximum protections after the Public Health Emergency. Phase three included individuals who needed some support to keep their current coverage or move to a different coverage option. The renewal process is anticipated to continue into 2025.

[4] See report number 2017-09, "Automated Medicaid Eligibility is Processed Appropriately, Yet Manual Input Accuracy and Eligibility Override Monitoring Needs Improvement."
[5] See report number 2019-37, "Integrated Eligibility Project Has Generally Followed Industry Standards to Help Ensure Data Is Converted Completely and Accurately."

Figure 3: ODHS is taking a phased approach to renewing groups after the Public Health Emergency



Source: February 2024 Joint Way & Means on Human Services Committee presentation materials

Audit Results

Automated systems utilized for social programs, such as ONE, need to accurately process and determine eligibility and SNAP benefit amounts for the benefit of Oregonians and the State. Programs like Medicaid and SNAP serve as a critical gateway to health care coverage, food assistance, and other basic human needs.

During our audit, we found the ONE system largely determines eligibility appropriately for Medical and SNAP programs. However, some system functions did not work properly or reliably for a small number of eligibility determinations. We found the most common reasons for eligibility and benefit errors were inaccurate data entered into the system or inappropriate override actions.

Change management for a system is critical in ongoing efforts to identify defects and address system changes needed to meet policy requirements. While a change management process to identify and remediate system errors has been developed, the process could be improved by developing a formally documented testing plan for the state's user acceptance testing of those changes.

Automated eligibility determinations in ONE are largely effective

We found automated functionality in the ONE system is overall effective. We identified occasional instances of unverified data and processing errors, but these instances represented minor deviations from the system's overall performance and only affected small groups.

ONE system automated eligibility determinations are effective

Computer systems such as ONE should have automated functionality in place to ensure information processed by the system is complete, accurate, and valid. One of the most important factors in determining eligibility to Medicaid programs is income. Therefore, we conducted several tests to gain assurance over the processing and verification of income in the ONE system. In addition, we tested other eligibility factors, including residency, overlapping benefits, assignment to a type of assistance, and social security number verification.[6] Based on our testing, we concluded there is reasonable assurance ONE is processing eligibility determinations accurately.

We conducted three major tests to gain assurance over the accuracy and completeness of income processing:

- We evaluated whether individuals with multiple income types had their income appropriately counted and calculated for Medical program eligibility determinations. We concluded, aside from

[6] Type of assistance is a program code within ONE assigning an individual an indicator for the specific services or benefits they have been placed.

one known issue with income with an "irregular" frequency, individuals with multiple income types had their income appropriately counted and calculated for eligibility determination.

- We evaluated whether normally non-excludable income was being appropriately excluded. We determined instances in which the system excluded income were valid in the context of those cases.
- We evaluated whether individuals with very high reported income on the input screens had their income properly included or excluded for Medical eligibility determinations. Overall, we concluded ONE was appropriately calculating income based on the input provided. Several of these high-income individuals had their income overstated, but these were due to manual input errors by clients or eligibility workers.

We also tested whether wage and Title II income was being appropriately verified by the system for Medical programs through a process called Reasonable Compatibility.[7,8] The Reasonable Compatibility process is made up largely of two general tests: the 10% test and the applicable standards test.

The 10% test looks at each separate segment of attested income and compares it to verification sources. If the attested income is not within 10% of the verified income, the income will fail the test. We found the 10% test was incorrectly failing some income segments when evaluating Title II income. However, this failure was mitigated by the applicable standards test.

The applicable standards test groups all attested income in an eligibility determination group and groups all income received from interfaces and then compares the two groups. It will then take the higher grouped amount and compare that against the income limit for that specific service or benefit type, known as a type of assistance. We found the applicable standards test to be functioning appropriately and therefore mitigating any incorrect test failures from the 10% test. Overall, we concluded the ONE System was appropriately verifying attested wage and Title II income to other verified sources for Medical programs.

Based on additional tests supporting the finding that ONE automated processes are largely effective, we concluded the ONE system:

- Appropriately denied eligibility for non-Oregon residents based on rules for the Medical program, if the eligibility worker re-ran eligibility after changes were made to residency status.
- Reasonably prevented individuals in Medical programs from having overlapping benefits. We found a maximum possible error rate of 0.003% of eligibility determinations that overlapped.
- Reasonably prevented individuals eligible for SNAP from having overlapping benefits. We found a maximum possible error rate of 0.015% of overlapping benefits.[9]
- Accurately assigned individuals to types of assistance with age restrictions. We tested system assignment of four separate types of assistance for MAGI programs, covering 93.7% of all types of assistance with an age restriction. We judgmentally selected and reviewed exceptions identified for each type of assistance and found all exceptions reviewed were the result of manual input

[7] Title II income consists of social security benefits and social security disability income.

[8] Federal regulations require that states compare electronic data sources to income information provided by the applicant or beneficiary to determine whether the attestation and electronic data are "reasonably compatible." The federal government has left it up to the states to define what is considered "reasonably compatible."

[9] For SNAP, there are circumstances where overlapping benefits are allowable.

errors or overrides. See Figure 4 for a list of the types of assistance tested and the corresponding error rates of our testing:

Figure 4: ONE accurately assigned individuals to types of assistance with age restrictions, with minimal exceptions

Type of assistance	Max possible error rate
OHP Plus Adult (ADLT)	0.004%
OHP Plus CHIP	0.006%
OHP Plus Child (CHL4)	0.006%
OHP Plus Assumed Eligible Newborn (TP45)	0.104%

Source: Auditor analysis

Our assessment of ONE and the overall test results indicated that the system functions correctly in determining eligibility. We identified a few automated errors during our testing; however, these were considered minor as they either did not directly impact eligibility determination or only affected a small subset of the population.

While automated errors occur, they do not always affect eligibility determination or affected small populations

Our review of ONE and our test results demonstrated that automated processing errors can and do occur. However, the errors we detected did not affect the accuracy of eligibility determinations, and for larger tests affected only small groups of individuals. Due to their minimal impact, we determined that these errors did not affect our overall conclusion that ONE is appropriately processing eligibility determinations.

We performed detailed testing on two separate random samples of non-MAGI Medicaid and SNAP eligible individuals to determine whether eligibility and benefit amounts were appropriately determined. These tests further showed that overall ONE is processing eligibility correctly, but we detected some errors. During non-MAGI testing, we found two individuals with a processing error on their case, in which an interface was filling out the Supplemental Security Income Discontinuance screen inappropriately. This error did not affect eligibility. During SNAP testing we found two individuals with processing errors on their cases, neither of which affected eligibility; however, both individuals had their benefit calculations affected, as depicted in Figure 5.

Figure 5: Results of sample testing revealed no automated errors affecting eligibility determinations

	Non-MAGI	SNAP
Total Items Tested	40	40
Number of Items with Automated Errors	2 (5%)	2 (5%)
Items with Errors Impacting Benefit Calculation	Not applicable	2
Items with Errors Impacting Eligibility	0	0

Source: Auditor test results

When we shared the SNAP errors from Figure 5 with ODHS, we found both represented known system defects. These defects had fixes in progress, or workarounds published, until resources were available to implement a fix. For both non-MAGI cases, the issue we identified was determined to be a previously unknown defect, prompting ODHS to begin the existing change management process to correct the error.

We also evaluated whether the "verified" indicator for social security numbers accurately reflected federal validation. ONE is designed to verify an individual's social security number by checking it against federal data sources when the social security number is initially entered in the case, is changed, or demographic information — such as the individual's name or date of birth — is changed in the system. ODHS staff, while researching our questions about the social security number verification function, identified an issue where eligibility workers could modify a social security number that had been previously entered and verified through the Applicant Portal.[10] The defect caused the system to continue to show the social security number as verified after the social security number had been modified. The issue has since been resolved.

Other tests also detected some minor automated errors. For example, one test found that individuals with SSI income were not always assigned to the correct type of assistance. The maximum error rate was 0.17% of the population with this kind of income.

As a result of these and other tests, we found that though automated errors do exist, they did not have a significant effect on the accuracy of eligibility determination, either due to the nature of the error, or due to the small number of records they affected. Our testing identified inaccurate eligibility determinations were generally due to manual input errors.

Eligibility determination errors in ONE are largely the result of manual input errors

Input controls should be in place to prevent, correct, or detect input errors. The ONE system has automated input controls to ensure fields marked as required are completed, data is in the correct format, and selected fields match accepted values from reference tables. While some information must be verified using acceptable verification methods, those methods were expanded to include self-attestation due to relaxed restrictions during the Public Health Emergency.

However, controlling the accuracy of input data not associated with automated controls is challenging in the ONE system. In some systems, the initial entry by one person is reviewed or approved by a second person prior to processing. In ONE, such controls are not possible in some cases, such as instances where eligibility workers obtain information from an applicant in person or over the phone. Even when source documents are available, such a review is not always practical, given the volume of work and the existing staffing levels.

Some input verification procedures are also manual in nature without additional review or approval. For example, income may be verified using wage slips, but transferring the information from the slips to the screen is also a manual process and errors may occur. As such, accuracy of ONE input largely depends on the actions of the individual who is providing input into the system.

[10] The Applicant Portal is the public-facing side of ONE. Individuals may use the Applicant Portal to apply for benefits and manage their existing account, including reporting changes and managing appointments.

Input can also come from several sources. Individuals applying for benefits may enter their information directly into the system using the Applicant Portal. Community Partners also use the Applicant Portal when assisting clients in the community to understand and apply for assistance. Over 3,300 workers across the state can access client case data and make entries or corrections using the Worker Portal, including over 2,100 with a primary role of eligibility worker.[11] In most cases, an eligibility worker will need to review information and perform additional data entry before prompting the system to perform eligibility determination routines.

ODHS and OHA have developed several strategies to assist workers in ensuring the data input into the system is accurate, and detecting and correcting errors. The agencies have developed training for eligibility workers that provides basic instruction on the use of the system, which is required for new users. There are also many resources, such as the nearly 1,300-page Oregon Programs Eligibility Notebook, and hundreds of quick reference guides, some of which specifically call out certain areas where input errors may occur. However, these strategies are primarily instructional, so accurate input still largely depends on the individual performing the data entry.

In addition, various units within ODHS evaluate the accuracy of the data. Two of these groups — the quality control and quality assurance teams — review monthly samples of cases and identify any accuracy issues. The quality control team performs reviews required by the federal government, which are designed to measure and improve the accuracy of both eligibility determinations and payments. The quality assurance team identifies areas of particular risk, sharing results with the evaluated units, and passing on suggestions to the training team. Yet another group, the data integrity team, evaluates processed data to identify potential errors with new issuances.

Although resources, tools, and reviews are in place to help eligibility workers improve accuracy and catch some errors, these measures are not sufficient to prevent or detect many types of errors. The situation was further complicated by the declaration of the Public Health Emergency, which coincided with the rollout of the expanded system. This overlap introduced additional policy changes and increased the workload for workers, making it even more challenging to manage input accuracy effectively.

COVID-19 added to the complexity of ONE

ONE is an inherently complicated system, as it was designed to apply over 1,000 rules related to intricate Medical and SNAP programs. This complexity increases the risk of input errors.

The federal Public Health Emergency added to the system's complexity, as workers were trying to navigate a dynamic policy environment and apply new program rules in a system they were still learning how to use.

During our testing, we detected multiple input errors, though several of these had no effect on eligibility determination. For example, in one instance a user entered "yes" in relation to whether they were receiving a particular type of income when they did not. Other errors had some effect on either eligibility

[11] The Worker Portal is the worker or staff-facing side of ONE. It helps staff complete intake on new applications, determine financial eligibility and benefit amounts, manage benefits, and process case changes.

determination — often related to the type of assistance for which they were eligible — or an effect on the calculation of the benefit amount.

In our test of 40 non-MAGI Medicaid eligibility determinations, we identified two which impacted program eligibility determinations:

- An eligibility worker initiated, but did not authorize, a reported change of residency. Eligibility workers must manually authorize changes made to the case before those changes are applied and eligibility is reevaluated. Since the change was not authorized, the individual did not have their eligibility terminated in a timely manner.
- The eligibility worker entered the wrong income, resulting in the individual being evaluated by the system as eligible for a better Medicaid benefit level than they were eligible to receive.

In our test of 40 individuals with SNAP benefits, we identified the following input errors which resulted in incorrect benefit amount calculations for SNAP recipients:

- We found three cases where the household size was incorrectly determined. In each case, the number of household members was misstated, resulting in the benefit calculation and payment being incorrectly determined.
- We found six individuals with income that was not correctly entered into ONE. For five of the six, income was incorrectly understated, which could result in the benefit calculation being overstated. For one of the individuals, information about the income was not fully captured.
- We found four individuals where expenses were incorrectly recorded in ONE, including two that already had income-related input errors. For three of the individuals, expenses were not recorded or were recorded incorrectly in ONE. For the other individual, expenses were incorrectly deleted. For three of the individuals, expenses were understated which could result in an undercalculation of benefits. The remaining individual had expenses that were not adequately supported, which could lead to an overcalculation of benefits.

Figure 6: Results of sample testing revealed a significant number of manual input errors affecting SNAP benefit calculations and Medicaid eligibility determinations

	Non-MAGI	SNAP
Total Items Tested	40	40
Number of Items with Manual Errors	6 (15%)	17 (42.5%)
Items with Errors Impacting Benefit Calculations	Not applicable	11
Items with Errors Impacting Eligibility	2	0

Source: Auditor test results

During the Public Health Emergency, the federal government established temporary rules that allowed states to issue emergency allotments to supplement SNAP benefits such that each household received the maximum allowable benefit. Because of this, during our testing period errors in benefit calculation had no actual effect on the amount of benefits received, unless the error related to the size of the household. Now that it has ended, and emergency allotments are no longer in place, such errors would be more likely to impact individual household benefits.

Our tests of expanded populations for income, residency, and date of birth also identified input or process errors associated with manual entry. Some of these results were similar to those identified during the non-MAGI and SNAP sample testing. Errors that had the potential to affect the accuracy of eligibility determination, or could affect the accuracy if the Public Health Emergency were not in effect, included, but were not limited to, the following:

- In almost 5% of Medical cases where a change in income was reported, workers did not rerun eligibility on the same day; in some instances, it had not been rerun over a year after the income changed.
- Self-employment income was sometimes overstated because deductions were not entered onto the appropriate screen in ONE.
- We found one instance where not all portions of the income screen were filled out, resulting in income not being counted when it should have been.

In some cases, such as those where eligibility was not rerun with new income information, the errors affected the accuracy of determination of the type of assistance, but the individual remained eligible overall. In other instances, such as those with erroneously entered income, the individual would no longer qualify for medical assistance when the Public Health Emergency ended. We reviewed a few cases with overstated income after the expiration of the Public Health Emergency and observed that ONE appropriately terminated their benefits based on the income information it had.

We also identified 156 instances where an individual should have failed the Oregon residency test for the Medical programs, based on the information stored in ONE. Upon reviewing 50 of these, we identified 29 instances where the eligibility worker did not rerun eligibility after the residency information was changed. Even during the Public Health Emergency, a residency change should have ended a person's eligibility. Because of this, individuals who were not Oregon residents inappropriately retained Medical eligibility until it was rerun. The other potential errors we reviewed were addressed in case notes or other circumstances to explain why it passed.

While the protections put in place during the Public Health Emergency reduced the risk input errors would adversely affect eligibility and benefit determinations, these protections are no longer in place for most clients. As a result, these and other input errors could lead to individuals being denied medical and nutrition assistance benefits they are eligible to receive. Alternatively, erroneous determinations may result in individuals being approved to receive benefits for which they are not eligible, which can result in unnecessary expenditure of state and federal dollars and may put the state at risk of non-compliance with federal programs.

Although the input errors identified during our testing did not always impact eligibility, their frequency was notably high, particularly in the randomly selected non-MAGI and SNAP cases. While we are not applying these results to the entire population, our findings generally aligned with quality control and quality assurance reviews conducted by ODHS. These reviews emphasized that maintaining accurate input remains an ongoing challenge. Improving input accuracy would enhance the accuracy of eligibility determinations and SNAP payments, ensuring that resources are allocated more effectively, and errors are minimized.

Given the complexities of the input process described above, implementing additional controls to ensure accuracy presents significant challenges and potential costs. However, we have identified opportunities for increased automation and system prompts that could help mitigate certain errors, such as neglecting to

rerun eligibility when new information is added or omitting required inputs or expenses. ODHS should continue to explore additional automation and prompt-based solutions to assist eligibility workers in entering complete and accurate information into ONE. However, these enhancements should be evaluated and prioritized alongside other necessary improvements.

Eligibility determination overrides are not adequately monitored

In a computer system, manual overrides should be restricted to authorized personnel and monitored to ensure they occur for approved reasons.[12]

ONE allows eligibility workers to override automated eligibility and benefit determinations because there may be limitations or issues that prevent the system from reaching the correct eligibility decision. However, we found that all eligibility workers have the same rights to perform eligibility and benefit determination overrides, reasons for overrides are not always documented, and management had not developed processes to monitor overrides to ensure they result in the correct eligibility decision.

ODHS guidance states that workers should only perform overrides for reasons defined in policy or when approved; workers are also supposed to add a case note explaining the reason for the override. However, the system does not restrict workers from performing overrides without approval and a case note explanation. Due to this lack of control, workers are not always following ODHS policy and procedures around overrides, though overrides are infrequent.

We found approximately 0.50% of approved eligibility determinations made between July 1, 2021, and May 31, 2023, were overridden for Medical and 0.08% were overridden for SNAP. We reviewed a random selection of 40 Medical cases in override status to evaluate whether guidance was being followed, and found:

- Seven items had a case note, but did not clearly explain the reason for the override;
- Nine items did not have a case note related to the override; and
- Four items had a case note that clearly described the reason for the override, but the override was not for an approved reason.

In addition to our review, leadership said they had recently performed a review of SNAP overrides.[13] The internal Quality Assurance team reviewed 301 SNAP overrides and found:

- 40% did not have a case note describing the reason for the override, and
- 90% of the overrides were not approved by policy.

[12] Overrides in the ONE system are only used in relation to changing an eligibility determination or benefit amount determined by the system.

[13] Leadership clarified that this was a one-time assessment, and they do not perform this type of review as an ongoing process.

ODHS staff concluded 65% of the SNAP overrides they reviewed resulted in inaccurate benefits and nearly half of the 301 overrides had reversed accurate system determinations.

Our prior audit of the ONE system in 2017 included a recommendation for overrides. We recommended management develop procedures to monitor overrides to ensure they were performed for approved reasons and needed subsequent actions were performed timely. We found this process and recommendation had not yet been implemented when we started this audit.

Without controls in place to review and approve overrides, improper overrides of eligibility can and do occur. Inappropriate overrides may lead to clients inappropriately being granted or denied eligibility.

In response to our inquiries during this audit, leadership developed and implemented a process to review overrides monthly, but these procedures did not include correcting errors that were encountered during the review.

ONE change management is formal and well documented, but state tests of system changes rely on informal controls

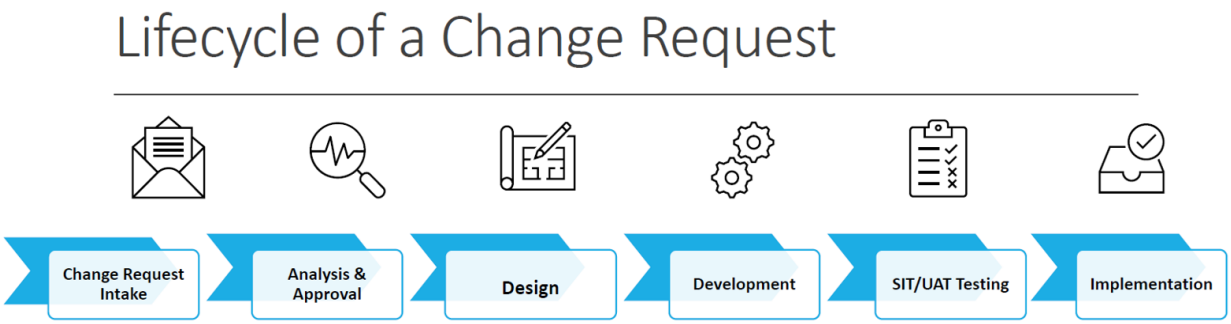
In addition to reviewing the ONE program's accuracy in determining benefit eligibility, we reviewed the processes used by ODHS to manage changes to the ONE system itself. A system the size of ONE is expected to be able to grow and change with the needs of the state and the people it serves. These changes could include annual updates to eligibility requirements for federally funded programs, changes to benefits resulting from new legislation, fixes due to identified defects, and suggestions from staff to improve usability.

We reviewed key components of the ONE change management process, including the initiation, evaluation, and approval of a change request, and the state's user acceptance testing process prior to implementation of the change. We found any change request will have several points of review where staff are able to provide their opinion on the necessity or urgency of the change, and how it fits in the limited resources available to spend on any given change. We also found user acceptance testing is governed by a set of informal controls rather than a formal testing plan.

Change requests from many sources are carefully evaluated and prioritized

A defect, an idea, or pending legislation — any of these may be the first step in the ONE change management process. In each case, an individual will submit initial details about the work item into a form that goes to another level of review to evaluate the necessity of the change, and then the cost or effort required to implement the change.

Figure 7: Change requests go through multiple phases prior to implementation



Source: ODHS

When users encounter a defect, it is logged within a tracking system for evaluation by help desk analysts to determine its validity, and the resources needed to address it. For most errors, a developer will create and send a fix on for testing by the state's testing team. Minor errors, like display issues on a webpage, may be left in place if management determines the risk is manageable.

If an eligibility worker has a suggestion to improve the system, they will fill out a form and send the idea to a committee made up of other frontline staff and leadership who evaluate and develop promising requests: the Eligibility Continuous Improvement Committee. If the estimated level of effort is under 40 hours of work for the developers, those changes may go forward to development; if the changes appear to require more effort, it gets passed up to yet another committee that oversees higher-effort change requests.

Other change requests expected to take more resources, like those introducing new system functionality or significantly changing a current process, also go through a submission form. However, before this submission, they are discussed in weekly meetings of leadership to determine how the changes would fit in with other strategic priorities or approved requests that are working their way through development. ODHS and program leadership are charged with the responsibility of keeping up to date on federal and state legislation that impacts the system and sponsoring or submitting change requests to keep the system in compliance with those changes.

Following a submission's evaluation, a business analyst reviews it to ensure all necessary information is included. It is then provided to Deloitte, whose analysts conduct a level of effort analysis. This is critical information used by ONE leadership to determine the feasibility and timing for moving forward with the change request.

When a work item has been sponsored, vetted, and had its cost estimated, it goes before the Information Systems Management Committee. This committee is the governing body for ONE change management. It conducts a final review of the item before a vote determines whether the idea moves forward to development or is deferred for later review. The committee includes representation from the major stakeholder programs covered by ONE (such as the Self Sufficiency Programs, and Aging and People with Disabilities) with each program area receiving one vote when approving or deferring changes. Votes to approve must be unanimous to move forward.

Once an idea has been approved, it moves further into its design and development stage, which is managed by Deloitte with the state's continued collaboration. The contractor uses design requirements determined during joint application design sessions with state business analysts, which take place before

and after approval by the Information Systems Management Committee. Deloitte develops the change request based on these sessions and submits the design to the state for final approval before beginning development.

The development process, which can take eight weeks on average, ends with a round of system integration tests run by Deloitte. These tests ensure the change will integrate with the existing functionality of the system and is ready for its final review and testing by the state. These test scenarios are created in cooperation with subject matter experts at the state.

An overall plan for user acceptance testing would reduce risk of system errors

While the process of testing changes before they are deployed to the live ONE system is largely managed by Deloitte, the state is responsible for many testing steps, including final user acceptance testing. During this testing, scenarios are created by the state team to provide assurance these changes will function in the live system as intended. The frequency of updates to ONE makes it prohibitive to develop a new testing plan for each individual build, but the state also does not have an overall testing plan for how to approach user acceptance testing in general.

IT standards call for comprehensive testing plans in an organization's change management strategy. The plans should be documented and clearly outline required steps and considerations for each phase of testing, including user acceptance testing. The test plan should include things like a risk assessment, and identification of resources, such as staff and time, needed to run tests.

Despite the lack of formal test planning for each specific build, steps are taken with each test. Certain regular practices provide informal controls to ensure tests are relevant and cover important scenarios. For example, Deloitte provides the testing team with the system integration test scenarios developed and run, after review and comment by the state's subject matter experts, which are used as a foundation for the state team's user acceptance testing scenarios. Additionally, testers are discouraged from running test scenarios they wrote themselves, which may provide a simple peer review when their colleagues complete the testing steps required.

According to management, they made a conscious decision to leave the scenarios up to the discretion of the tester instead of abiding by a central plan. This is due to the high volume of tests and system builds that must be designed, tested, and published in a relatively short turnaround time. However, an overarching test plan would provide consistency to the design of test case scenarios and the overall structure of user acceptance testing the state performs.

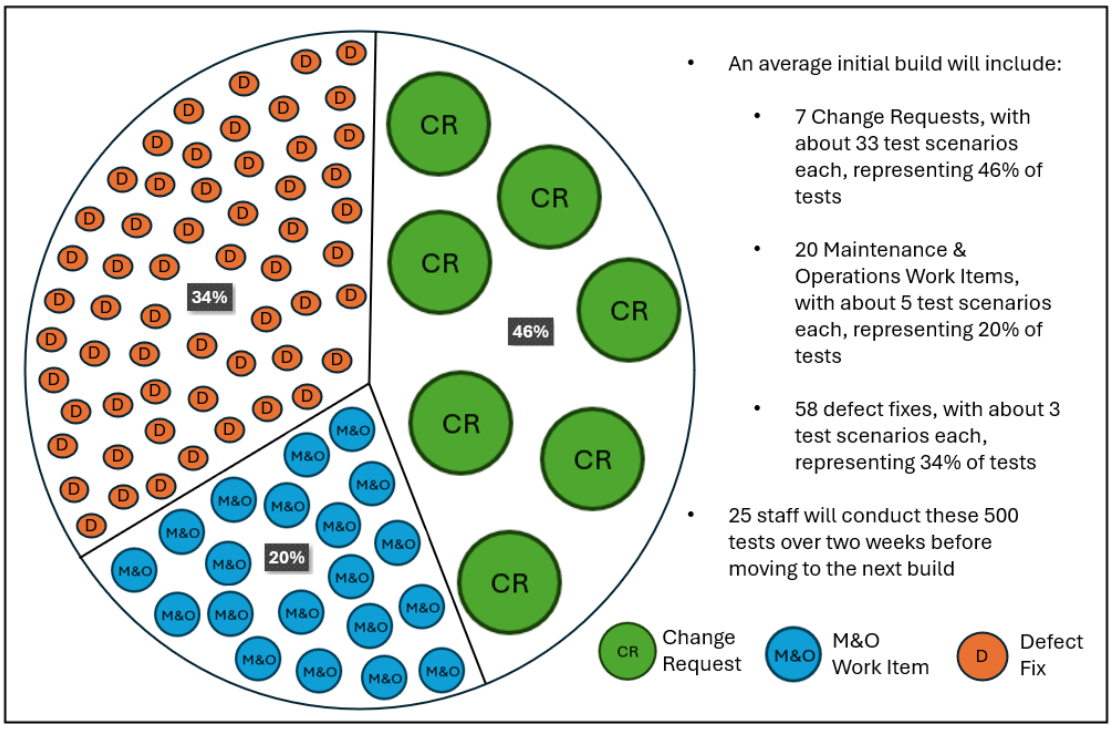
New system updates are released for ONE on a rolling basis, with large initial builds targeted for release every four to six weeks, and smaller builds every two weeks between them. A large initial build contains a variety of fixes and changes to the system:

- Change requests are significant revisions or additions to the system's functionality, which are nearing the end of a one- to two-year lifecycle of proposals, approvals, and design meetings. They require over 40 hours of development work by the Deloitte to create.
- Maintenance and operations work items are lower-impact changes requested by different divisions within ODHS. Each division is allowed a designated number of work items per month, and they take less than 40 hours of development work to create.

- Defect fixes are system changes that have been prepared to resolve errors with the system's normal operations. The fixes have variable development timelines and may be for recent or longstanding defects that users have had to work around for the scenarios that trigger them.

On average, the state testing team of 25 staff handles about 400 to 600 individual test scenarios every two weeks for user acceptance testing alone. Therefore, it is important that the testing team has a plan in place to ensure the tests are performed efficiently and effectively and address the root cause of issues outlined in the change request, without introducing additional system defects.

Figure 8: Initial builds consist of change requests, maintenance and operation work items, and defect fixes



Source: Auditor analysis

For a system like ONE, which is changing and growing at such a pace, a new test plan for each build may not be practical. However, the lack of a test plan means the actions taken by the state testing team to ensure usability of ONE are beholden to staffing and scheduling at the time of the build instead of deliberate planning based on the risk of the changes being implemented. There is no holistic look at which test scenarios are being designed for a given build — especially for defects and simpler work items, which do not have the same rigorous development process as change requests. This increases the risk of a system malfunction when a critical test scenario is missed.

Compiling the team's current informal procedures into an overarching test plan for user acceptance testing – including segregation of duties, required trainings prior to working on a certain subject matter, and how to reduce risk when exceptions must be made to these procedures – would provide a level of assurance that is currently missing from the state's testing process.

Recommendations

To improve input accuracy, we recommend ODHS:

1. Evaluate opportunities to improve input accuracy through automation and propose changes to the ONE system to enforce them. Examples of possible controls could include:

    a. Requiring entry into income fields that are necessary for eligibility or benefit determination decisions; and

    b. Requiring eligibility to be rerun and authorized when new or modified information that may affect eligibility or benefit amounts are entered.

To improve control over eligibility overrides, we recommend ODHS:

2. Refine override processes to ensure overrides are restricted to authorized personnel, consistently documented, and monitored, including:

    a. Limiting those who can finalize eligibility and benefit determination overrides by either restricting rights to perform overrides in the system to leads and managers or requiring leads or managers to approve overrides before they are finalized;

    b. Implementing automated functionality that requires a note in ONE when overrides are performed;

    c. Creating and implementing a formal, documented process that defines how often overrides should be reviewed, and by whom; and

    d. Developing procedures to correct override errors detected during reviews.

To reduce the risk of insufficient user acceptance testing, we recommend ODHS:

3. Develop a test plan for user acceptance testing to formalize priorities and required scenarios for different types of changes. The plan should address ODHS's decisions in a formal document that includes risk assessment and evaluation of coverage and resources.

Objective, Scope, and Methodology

OBJECTIVE

Determine whether ODHS and OHA have designed and implemented sufficient controls to:

1. Completely and accurately determine and maintain eligibility and benefits for the Medical and SNAP programs in the ONE system in accordance with rules and laws.
2. Prevent, detect, and correct manual input errors associated with benefit applications and maintenance activities.
3. Ensure overrides to eligibility determinations and benefit amounts are done for approved reasons and are appropriately documented and monitored in the ONE system.
4. Ensure that changes to computer code and configurations for the ONE system are appropriately controlled to ensure the integrity of the system.

SCOPE

Our review of the ONE system focused on automated system processes designed to accurately process applications and determine eligibility for Medicaid and SNAP programs. Our test period ranged from eligibility determinations authorized on or after July 1, 2021, through May 31, 2023, though some tests evaluated ongoing eligibility beyond that period. The review also evaluated the accuracy of data input into ONE and the appropriateness of overrides performed by eligibility workers. Finally, we evaluated the sufficiency of procedures performed by ODHS and OHA to analyze and prioritize changes to the ONE system; we did not analyze the change management procedures performed by the supporting system vendor, Deloitte LLC. We also analyzed the sufficiency of user acceptance testing for system changes.

METHODOLOGY

To address our objectives, we used a methodology that included, but was not limited to: conducting interviews, reviewing documentation, and analyzing data.

To learn about the operation of the system, rules regarding Medicaid, CHIP, and SNAP programs, and business processes associated with processing eligibility, we:

- Interviewed personnel from ODHS, OHA, and Deloitte;
- Examined design documentation for the ONE system;
- Inspected agency policies, procedures, and guidelines relating to the appropriate application of Medicaid and SNAP program policy, and ONE system use; and
- Reviewed federal and state laws and regulations governing Medicaid, CHIP, and SNAP.

We obtained several downloads of ONE data for use in our tests. One set of files included data for approved Medical and SNAP eligibility determinations authorized from July 1, 2021, through February 17, 2023. We obtained a second download of approved eligibility data for determinations made from July 1, 2021 through May 31, 2023. Both sets of eligibility data were used, though for different tests. The eligibility data consisted of information about eligibility determinations for individuals for each benefit program, with information such as the individual and case identification, type of assistance, beginning and end dates, override status, authorization dates, and income used to determine eligibility. Each segment included in the file represents an eligibility determination and may span one day or years, depending on the beginning

and ending dates for the given segment. The second set of eligibility determination records contained over 11 million records for SNAP data, and over 14 million records for the combined Medicaid and CHIP data.

We also obtained case information for each individual for each program. This data contained information about the individual, such as their name, social security number, date of birth, state of residence, and citizenship status. For the Medical programs alone, this file contained 1,609,146 unique records of individual identification numbers who received benefits at some point for Medical program authorizations performed July 1, 2021 through May 31, 2023.

We obtained other data files, such as an income report showing income records for individuals with income active as of March 16, 2023, and interface reports from the Federal Services Data Hub, for use in detailed testing.

We performed random sample testing on two major populations of approved eligibility segments. We randomly selected 40 individuals out of a population of 236,958 individuals with at least one approved non-MAGI Medicaid eligibility segment, which we deemed to be higher risk than MAGI Medicaid and CHIP, and applied 22 tests on whether select data elements were appropriately verified, and whether the eligibility determination made by the ONE system for these individuals was appropriate. In addition, we randomly selected 40 individuals out of a population of 978,869 individuals with at least one approved SNAP eligibility segment, and applied 28 tests on whether select data elements were appropriately verified, whether the eligibility determination made by the ONE system for these individuals was appropriate, and whether the benefit amounts calculated were accurate. For each of these populations, not all tests could be applied to all 40 individuals; therefore, we did not project our results to the population. However, we determined the results from the other tests performed in conjunction with the results from these two random samples provided sufficient support for our findings discussed in the Audit Results section of this report.

We used various other populations from the data files for our tests. Tests included, but were not limited to:

- Evaluating whether social security numbers that ONE showed as having been verified against federal data sources had a corresponding verification response from the federal data system interface;
- Identifying a high-risk population of individuals who received more than one type of income on the income report, consisting of 25,936 individuals, and selecting a random sample of 40 of these individuals to test whether the income from their income records was appropriately calculated when determining eligibility;
- Evaluating whether individuals with income on the income report but no income showing in their final eligibility segment had their income properly counted;
- Examining whether Medical or SNAP cases had overlapping eligibility segments;
- Examining whether individuals who indicated they were not planning to stay in Oregon had ongoing Medical benefits;
- Evaluating Reasonable Compatibility of wages and Title II income by reviewing 104 eligibility records against the Federal Data Services Hub Verify Current Income interface and 96 records against the SSA Composite Interface, based on 40 samples each from the non-MAGI Medicaid, SNAP with Medical eligibility, and income tests; and
- Evaluating a random selection of 40 cases, out of a population of 12,773 Medicaid cases in override, to determine whether overrides were performed in accordance with policy.

We evaluated the reliability of ONE data by reviewing system design documentation, interviewing knowledgeable agency officials and contractor personnel, reviewing data download queries, and comparing query results to system production screens.

We determined the computer-processed data provided by ODHS and Deloitte was sufficiently reliable for the purposes of this report.

We used the ISACA publication "COBIT 2019 Framework – Governance and Management Controls," and the United States Government Accountability Office's publication "Federal Information System Controls Audit Manual" (FISCAM) to identify generally accepted control objectives and practices for information systems.

INTERNAL CONTROL REVIEW

We determined that the following internal controls were relevant to our audit objective.[14]

- Risk Assessment
  - We evaluated the extent to which ODHS considered the risk of system changes in designing and performing user acceptance testing.
- Control activities
  - We evaluated automated information system processing controls in place to ensure the accurate determination of program eligibility and benefits.
  - We interviewed agency and contractor personnel and inspected design documentation to gain an understanding of controls in place to ensure the timely, accurate, and complete processing of information between ONE and key interfacing systems.
  - We reviewed system design documentation and interviewed agency and contractor personnel to gain an understanding of controls in place to ensure the accurate entry of information used to determine program eligibility and benefits.
  - We evaluated policies and procedures governing eligibility and benefit overrides.
  - We evaluated processes in place to ensure that modified program code undergoes sufficient user acceptance testing prior to implementation.
- Information and communication
  - We inspected policy and procedural guidance in place to support users in entering complete and accurate information and determining program eligibility and benefits in ONE.
- Monitoring activities
  - We evaluated processes in place to monitor eligibility and benefit overrides in ONE.

Significant deficiencies with these internal controls were documented in the results section of this report.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

[14] Auditors relied on standards for internal controls from the U.S. Government Accountability Office, report GAO-14-704G.

We sincerely appreciate the courtesies and cooperation extended by officials and employees of ODHS and OHA during the course of this audit.

Audit team

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ABOUT THE SECRETARY OF STATE AUDITS DIVISION

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Oregon
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September 26, 2024

Kip Memmott, Director
Secretary of State, Audits Division
255 Capitol St. NE, Suite 180
Salem, OR 97310

Dear Mr. Memmott,

This letter provides a written response to the Audits Division's final draft audit report titled "The Oregon Eligibility System Appropriately Determines Eligibility, but Input Errors Continue to Occur."

First of all, I would like to commend your audit team for their thorough work, extensive attention to detail, and professional demeanor throughout this audit assignment. Our ONE eligibility determination system is a very complex system supporting nine distinct programs and over 1.5 million Oregonians in need of help and support (the highest caseload in Oregon's history).

Further, the time period over which this audit occurred added additional audit challenges as the COVID-19 pandemic response and the critical and often time-sensitive adjustments needed to the ONE system, the relative newness of the system and our eligibility specialists lack of experience with the system, the ONE system implementation of multiple new programs and key federal and legislative policy changes, as well as the changes needed to return to normal operations once the pandemic ended, made their audit work more fluid and complex. They did amazing work under less-than-ideal circumstances.

That said, ODHS generally agrees with the findings and recommendations contained in this report. Below is our detailed response to each recommendation in the audit.

RECOMMENDATION 1 Evaluate opportunities to improve input accuracy through automation and propose changes to the ONE system to enforce them. Examples of possible controls could include: a. Requiring entry into income fields that are necessary for eligibility or benefit determination decisions; and b. Requiring eligibility to be rerun and authorized when new or modified information that may affect eligibility or benefit amounts are entered		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Partially Agree	12/2025	Christy Jo Williams, 503-507-5434

Narrative for Recommendation 1

Based on current functionality of ONE, we do have controls in place for income and authorizing benefits when new or modified information is entered. Currently, the ONE system does require data entry into income data fields for eligibility determination. In addition, ONE requires authorization of eligibility when information is updated/changed. If an eligibility worker does not authorize in this scenario, an abandoned task is created which is then worked. In addition to considering system changes, OEP is currently conducting regional sessions with eligibility staff across Oregon to highlight income related eligibility data entry and questions to ask an Oregonian applying/renewing in ONE. Lastly, we implemented Periodic Report Automation in August 2024 to streamline no change reported by Oregonian.

We do want to explore additional automation to improve income data input. System changes that will be evaluated in 2024-2025 for possible implementation:

- Self-Employment pilot with USDS for a self-employment reporting and verification tool is occurring now. Will continue to evaluate use of this tool for ongoing use.
- Quality Review Check screen to assist Eligibility staff in ensuring all necessary information has been entered into the system and prompt an eligibility worker if there is missing/discrepant data entry.
- Income simplification automation to simplify data entry of income.

RECOMMENDATION 2

Refine override processes to ensure overrides are restricted to authorized personnel, consistently documented, and monitored, including:

a. Limiting those who can finalize eligibility and benefit determination overrides by either restricting rights to perform overrides in the system to leads and managers or requiring leads or managers to approve overrides before they are finalized;
b. Implementing automated functionality that requires a note in ONE when overrides are performed;
c. Creating and implementing a formal, documented process that defines how often overrides should be reviewed, and by whom; and
d. Developing procedures to correct override errors detected during reviews.

Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	03/31/2025	Christy Jo Williams, 503-507-5434

Narrative for Recommendation 2

Currently, the ONE system does require a case note for an override. In addition, there is an Eligibility Guide for Overrides that clearly identifies when an override is appropriate/valid. If override for another reason, the override must be approved by Central Office Policy or OEP. The system also generates a task for leadership every time eligibility runs on a case in ONE with an active override.

Override case notes are a topic being discussed with eligibility staff during OEP regionals this year. Regionals are across the state of Oregon for all eligibility and leadership.

Actions moving forward to address overrides:

- A change request to the ONE system to limit override actions in ONE to leads and/or managers. The CR has not been scheduled at this time pending governance prioritization of CRs.
- OEP-LET will update the Take Time for Training video and OEP-SEDD will communicate to staff on correct override reasons and clear case notes on override reason. Take Time for Training expected in last quarter of 2024.
- Create and implement a formal, documented process that defines how often overrides should be reviewed, by whom; and a tool for reviewing of the override task. Including how to correct override errors found during the review.

RECOMMENDATION 3 Develop a test plan for user acceptance testing to formalize priorities and required scenarios for different types of changes. The plan should address ODHS's decisions in a formal document that includes risk assessment and evaluation of coverage and resources.		
Agree or Disagree with Recommendation	**Target date to complete implementation activities**	**Name and phone number of specific point of contact for implementation**
Agree	9/30/2025	Chet Lundy Director, Business Information Services, OEP (503) 884-5958

Narrative for Recommendation 3

We appreciate the recommendation to develop a formal test plan for user acceptance testing (UAT) to better ensure stable and consistent quality control methods related to various changes within our IT system. We fully agree that a comprehensive, documented approach will enhance our current practices.

In response to this recommendation, we will initiate the development of an overarching UAT test plan that will:

1. **Consolidate Existing Practices**: We will integrate our current testing artifacts and practices into a cohesive framework, ensuring that we leverage existing knowledge, standards, and resources effectively.

2. **Define Test Types, Priorities and Scenarios**: The test plan will outline specific test types, priorities and scenarios tailored to the different types of changes anticipated in our system. This will help us systematically address each change and its impact.
3. **Include Risk Assessment**: Standard ONE program risk management tools and practice will be leveraged as part of the test plan. This will allow us to identify potential risks associated with each change and to formulate appropriate test strategies as mitigations.
4. **Evaluate Coverage and Resources**: We will assess the adequacy of our testing coverage and the resources required to effectively implement test cycles. This will ensure we are effectively informed and empowered to make result-based promotion decisions for system changes.
5. **Documentation of Decisions**: The plan will formalize ODHS's decisions regarding UAT processes and outcomes, ensuring transparency and accountability in our testing procedures.

We anticipate that establishment of this test plan will promote reliable process standards in our UAT processes and also contribute to overall stability and reliability of our IT systems. We are committed to completing this plan by September 30, 2025.

Thank you for your recommendation; we look forward to implementing these improvements.

Please contact Nathan Singer, Director, Oregon Eligibility Partnership at 503-269-8913 with any questions.

Sincerely,

Fariborz Pakseresht, Director
Oregon Department of Human Services

Oregon Secretary of State
Audits Division

Secretary of State **LaVonne Griffin-Valade**
Audits Director **Kip R. Memmott**

This report is intended to promote the best possible management of public resources.

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