Oregon Health Authority and Department of Human Services Roles and Process Overview

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ODHS

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Presentation outline

Oregon Health Authority

OHA's roles

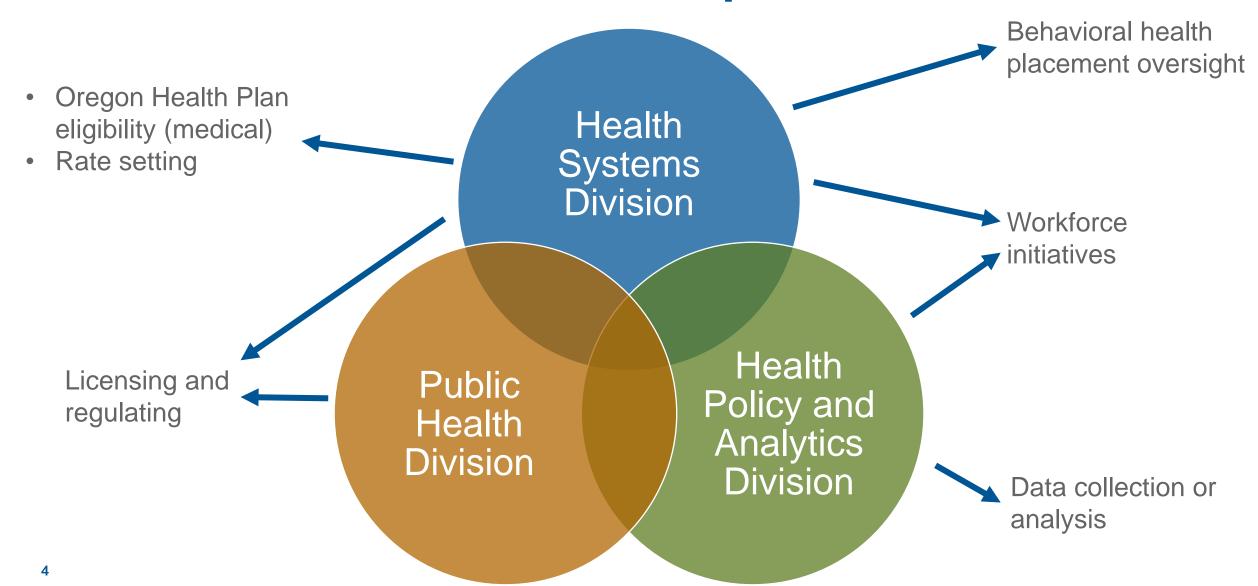
Oregon Department of Human Services

- Patient discharge process
- Patient experience

Oregon Health Authority

Trilby de Jung, Deputy Director, Health Policy and Analytics Division

OHA roles around acute and post-acute care



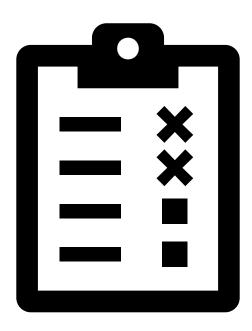
Regulatory roles

- License, certify or register
- Enforce state and federal regulations
- Conduct inspections
- Investigate complaints

Health Systems Division
Residential and outpatient behavioral health facilities and programs such as: • Adult foster homes • Intensive in-home behavioral health treatment • Residential treatment facility/homes • Sub-acute psychiatric residential treatment services

Overseeing eligibility for certain levels of care

- Contract with Comagine Health to determine service eligibility for home and community-based services accessed for people diagnosed with mental illness
- Eligibility for long-term services and supports managed by ODHS



Supporting behavioral health post-acute care placement

- Oversee system, contracts and processes for coordination of care
- Delegate and contract with community mental health programs and coordinated care organizations (CCO) to coordinate local placement, transitions of care and case management
- Provide technical assistance for complex case coordination where necessary



Setting baseline rates for Medicaid services

- Set rates for Oregon Health Plan fee-forservice (FFS) fee schedule
- Contract with CCOs to manage care, including provider payments and prior authorizations
- Review rates as needed for patients with complex behavioral health needs



Other related initiatives and work

- Implement recent Oregon investments in behavioral health workforce
- Analyze limited data on discharge, claims, hospital capacity and workforce
- Conduct one-time surveys and assessments



OHA staff available for questions



Holly Heiberg, Fee-for-Service Operations Director, Medicaid, Health Systems Division



Dawn Mautner, MD, MS, Medicaid Medical Director, Health Systems Division



Angel Wynia, Operations and Policy Analyst, Medicaid, Health Systems Division

Appendix A: Public Health Division post-acute care provider regulation

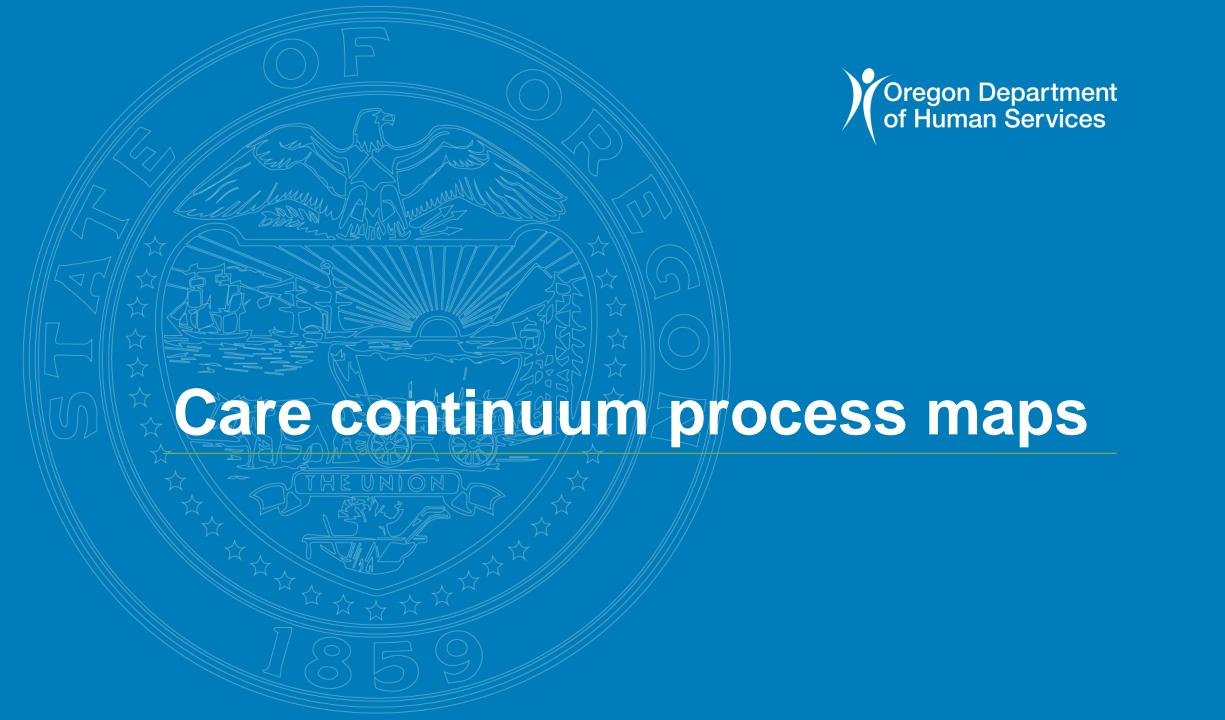
Type of facility/entity/individual	State license	Medicare certification
Caregiver registries	X	
End-stage renal disease treatment facilities/outpatient renal dialysis facilities	X	X
Federally qualified health centers		X
Home health agencies	X	X
Hospice agencies	X	X
In-home care agencies	X	
Outpatient physical therapy or speech pathology services		X
Rural health clinics		X
Special inpatient care facilities	X	

Appendix B: Health Systems Division regulation

Certified	Certified	Licensed	Licensed	Registered
Acute care units	Intensive in-home behavioral health treatment	Adult foster homes	Secure children's' inpatient programs	Community-based structured housing
Alcohol and other drug screening specialists	Mental health providers	Children's emergency safety intervention specialist	Secure residential treatment facility	Sobering facilities
Behavioral health outpatient treatment programs	Mobile crisis intervention services/mobile response stabilization services	Integrated psychiatric residential treatment services	Sub-acute psychiatric residential treatment services	
Certified community behavioral health clinic	Psychiatric emergency services	Psychiatric day treatment services	Substance use disorder residential treatment	
Civil commitment examiners and investigators	Regional acute care psychiatric services	Psychiatric residential treatment services	Substance use disorder withdrawal management	
Community mental health programs	Secure transport	Residential problem gambling treatment programs		
Co-occurring providers	Substance use disorder outpatient providers	Residential treatment facility		
Corrections-based alcohol and other drug treatment programs	Transport custody hospitals	Residential treatment home		
Hold rooms		Secure adolescent inpatient programs		

Oregon Department of Human Services

Jane-ellen Weidanz, Deputy Director of Policy Office of Aging and People with Disabilities



Hospital admission to discharge



Admitting diagnosis documented by physician Medical treatment ordered by physician Plan of Care (POC) drafted by nurse

- * Demographic info, insurance, consent collected
- * Billing code(s) assigned based on diagnosis/procedure



Care Progression

Multidisciplinary rounds held; POC updated Discharge disposition documented Clinical setbacks addressed by Physician Advisor *Patient's record reviewed; billing codes updated *Utilization and payer reviews completed



Screening done if socially-isolated, self-neglect behaviors exist Right of Choice enforced
Guardianship process initiated/monitored
ODHS case managers contacted for new services or placement
Prolonged Length of Stay (LOS) monitored
* Medicaid eligibility

Discharge Process



Discharge order written by physician Discharge instructions given by nurse Transportation arranged by case manager Medications prepared by pharmacy Management of DELAYS

* Billing finalized and submitted to payer



Follow up with patient

- * Request reimbursement
- * Denial appeal process



^{*}Financial services

Complex care coordination — long-term services and supports



Care Coordination

Hospital discharge coordinator calls ODHS Local Office in advance, often before consumer is medically ready for discharge



ODHS Financial Eligibility

ODHS or AAA documents income and assets; includes automated verification with banks (14-45 days)



ODHS Service Assessment

Case manager goes to hospital and determines long-term services and support priority level (1-14 days)



Additional assessment, referrals, and coordination occurs if consumer has experienced issues with substance use and/or mental or emotional disorders



Placement or In-Home Care

Hospital coordinator makes referrals to post-acute care provider and works with ODHS case manager.

Right of Choice

Guardianship Process (30-60 days)





Scenario: Starla





Support System Limitation

No Long-term Discharge Plan

Complex Medical Needs

Behavior Challenges

Issue with Funding Source

Bed Availability



Scenario: Starla





Support System Limitation

No Long-term Discharge Plan

Complex Medical Needs

Behavior Challenges

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Bed Availability



Scenario: Jeremy





Support System Limitation

No Long-term Discharge Plan

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Scenario: Jeremy





Support System Limitation

No Long-term Discharge Plan

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Discharge planning process

Initiate

Review

Approve

Execute

Evaluate

- Discharge planning start as early as admission
- Sometimes
 planning starts in
 the physician's
 office prior to
 admission
 (example: *Prior Authorization* from insurance
- •Federal and state regulations inform many steps in the process (example: *PASRR*)
- •Complex planning requires frequent revisits at multiple levels
- Nursing Facilities review referrals; process often slowed by lack of access to medical record

- Multidisciplinary teams work with patients and their families - Right of Choice
- Complex discharge planning requires coordination that is often timeintensive (example: Medicaid financial eligibility)
- During the active discharge process, there can be a wide array of barriers, many that are effectively manage, some using very innovative methods (example: OHSU command center)
- Many measures are routinely tracked to improve efficiencies and effectiveness (example: Prolonged Length Of Stay)

Questions?

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