# Meeting Summary

Joint Task Force on Hospital Discharge Challenges
DATE: October 20, 2023
Link to Task Force on OLIS

LPRO
LEGISLATIVE POLICY AND RESEARCH OFFICE

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| Date/Time | October 17, 9-12 am (Meeting Recording) | |
| Attendees | Sen. Deb Patterson<br>Rep. Christine Goodwin<br>Chair Jimmy Jones<br>Vice-Chair Elizabeth Burns<br>Phil Bentley<br>Rachel Currans Henry<br>Daniel Davis<br>Jonathan Eames<br>Trilby de Jung<br>Eve Gray<br>Felisa Hagins | Jesse Kennedy<br>Kathleen LeVee<br>Alice Miller<br>Leah Mitchell<br>Raymond Moreno<br>Joe Ness<br>Sarah Ray<br>Jane-Ellen Weidanz<br>Jonathan Weedman<br>Excused: Jeff Davis<br>Dawn Wipf |
| Meeting Overview<br>LPRO Staff | Roadmap (Link to staff slides)<br>2023 Meetings<br>2023-24 Work Plan (link) | |
| Informational Presentation:<br><br>Agency Roles and Process Overview (Link to agency slides)<br><br>Invited Speakers:<br>Trilby de Jung, Oregon Health Authority<br>Jane-ellen Weidanz, Oregon Department of Human Services | • Oregon Health Authority (OHA) roles include Oregon Health Plan (OHP) eligibility and rate setting, licensing and regulation of certain care facilities (see Appendix slide), behavioral health placement and oversight, and workforce initiatives.<br>• Facilities regulated by OHA: Home health, hospice, hospitals, federally qualified health centers (FQHCs), renal dialysis facilities, special inpatient care facilities, adult foster homes, intensive in-home behavioral health, residential treatment, sub-acute psychiatric residential treatment.<br>• OHA contracts with CoMagine to determine eligibility for home and community-based services for people with mental illness.<br>• OHA contracts with community mental health programs and coordinated care organizations (CCOs) to coordinate local placement, transitions of care, and case management.<br>• Oregon Department of Human Services (ODHS) determines financial eligibility and provides service assessment for long term services and supports (LTSS).<br>• Individuals who experience discharge delays are often those for whom hospital admission was unplanned, mostly from emergency department visits.<br>• Factors affecting length of discharge include whether an individual is paying for post-acute care out of pocket, whether they have private insurance coverage, whether they have OHP coverage, and if so, whether they are also eligible for LTSS, which has additional eligibility requirements. If the person has complex care needs, hospital discharge takes longer.<br>• Appointment of a guardian takes additional time. The length of the guardianship process depends on whether an individual has family to serve as guardian or whether a public guardian needs to be | |

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| | appointed. Oregon has a limited public guardianship program that relies on state funds.<br>• Other factors that may cause discharge delays: whether family is available, where a person lives and whether they own their home, what resources a person has, what medical needs they have, what kind of assistance they need with activities of daily living, whether facilities have the staff to provide appropriate assistance, whether a person has behavioral health care needs, whether a person needs more than 20 days of skilled nursing care, whether a person has previously been discharged from post-acute care facilities in the area.<br>• Other factors may include the need for prior authorization from insurers, federal screening requirements (such as the Preadmission Screening and Resident Review tool), patient right of choice, and hospital strategies to manage length of stay.<br><br>Members discussed:<br><br>• Oregon Department of Human Services (ODHS) has an exceptional needs contracting process to guarantee that adult foster homes (AFH) have the staffing necessary to support people with complex needs (e.g., ventilator). Exceptional needs contacts are less frequently used for behavioral health but may be able to serve more people.<br>• Screening processes become complicated when a patient needs more than one kind of service (like behavioral health care in addition to LTSS). APD does not serve people whose primary issue is behavioral health (due to a Section 1915 waiver from the 1980s). Some work is happening between ODHS and OHA to explore whether this is still the best way to serve people.<br>• OHA staff has identified that its rate review process needs additional consideration. AFH rates are negotiated through collective bargaining agreements.<br>• ODHS and OHA produced a report at the direction of the legislature about barriers faced by people seeking care from mental health providers (link to 2022 report). |
| Informational Hearing: Hospital Perspectives<br><br>Raymond Moreno, Providence St. Vincent Medical Center<br><br>Lesley Ogden, Samaritan North Lincoln Hospital | • Hospital services are provided on a continuum (from the ambulance to the emergency department to the hospital). All services are impacted by hospital discharge delays.<br>• Every month people are staying longer in hospitals than is expected. Providence estimates that addressing discharge delays could allow for providing 5,700 extra patient days per month.<br>• There are similar challenges facing patients in hospitals across the state. Some delays are caused due to medical necessity. Some delays are related to state agencies, including processes for determining eligibility for services. Sometimes delays have multiple reasons.<br>• Providence estimated financial and functional assessment are taking 22.83 days on average. If an exception rate is requested, average time in the hospital is more than 90 days. |

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| | • Extra payment ($10,000) offered for placement of patients in adult foster home resulted in faster placement of patients who had been in hospitals for long periods. It created additional capacity for placements.<br>• Other factors delaying discharge include availability of skilled nursing and hemodialysis services, and guardianship.<br>• Recommendations for discussion from the hospital perspective: reduce time for agency approval of eligibility for LTSS, reduce time for discharge to hospice, implement a standard escalation pathway for people who are medically stable, standardize evaluation and admission criteria for post-acute placements, develop a streamlined process for exception rates, complete a rate review, evaluate 20-day limit on Medicaid reimbursement for SNF care, increase communication, and identify specific challenges.<br>• Samaritan studied avoidable days and measured the impact on patients. Delayed discharge was an issue prior to the pandemic, was exacerbated by the pandemic, and has not gone away.<br>• In rural hospitals, the number of patients needing LTSS is growing, along with the number of referrals required for each patient. Social needs and special care needs of patients are getting more complex, make placement more challenging.<br>• In rural areas, more patients need Medicaid for placement. Facilities prefer not to hold beds until screening is complete. Skilled nursing facilities are reluctant to accept patients who may need care for more than 20 days. Transportation to placement can be more challenging in rural areas.<br>• Recommendations for discussion from rural hospital perspective: streamline Medicaid eligibility process, improve care coordination, improve reimbursement to post-acute care facilities, and improve transportation options in rural communities.<br>• Each day, the hospital reviews each patient that has been in the hospital for more than 25 days. For complex patients, referral includes talking to multiple facilities. Even when a facility agrees to place a patient, the facility may have challenges with capacity or workforce. This is true for patients with complex social needs and for patients with good support.<br><br>Following hospital presentations, members discussed the following:<br>• Discharge challenges have continued beyond the pandemic, resulting in care being provided in hospital hallways.<br>• It would be helpful to have a gaps analysis on different settings to inform future recommendations. Capacity study should include not just beds but also the number of nurses.<br>• Some patients leave AFH and then go back to the hospital because they are unhoused. These patients are then not accepted back in AFH.<br>• Hospitals continue to experience challenges with staffing, though discharge challenges are affected by factors besides staffing. Long term care facilities as well as HCBS have experienced loss of |

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| | workforce, which has been exacerbated by a need for more staff to serve high acuity patients.<br>• The population is aging and has higher levels of need. Complexity of individuals served by post-acute providers and by APD has grown across time.<br>• When the public health emergency ended, hospitals experienced more delays in people waiting for LTSS screening than those waiting for SNF.<br>• State agencies may need to form a complex care team to step in to address patients whose discharge is delayed. |
| Needs Assessment Results & Discussion<br><br>Link to summary memo<br><br>Vice-Chair Burns<br>LPRO Staff<br>Member Discussion | Members completed a Needs Assessment questionnaire (link to questionnaire) to identify needs and opportunities for the Task Force to address in Phase 1 (2023) or Phase 2 (2024) of its work plan. Members submitted sixteen responses. Related ideas were grouped and shared back in the summary memo.<br><br>For discussion, members were prompted to identify concepts with enough specificity and agreement to move forward in Phase 1, and where more information and focused conversation is needed in Phase 2.<br><br>• Joining the nurse licensure compact or providing provisional licenses for out-of-state nurses might be pathways for Oregon to address staffing shortages. It will be important to understand various perspectives about these ideas, including those of the Oregon State Board of Nursing and labor representatives. It may be challenging to track and monitor nurses entering the state. It would be helpful to have more data to show whether and how joining the compact would address staffing challenges.<br>• Bringing back the letter of agreement to incentivize placements in adult foster homes would help with placement of patients waiting for discharge. Opening up the use of special needs contracts would also be welcomed by AFH to place patients with complex needs.<br>• What options exist to expedite financial and services assessments? Screening has two distinct requirements: financial assessment and functional assessment. What is possible to streamline given the larger redeterminations context? Other states' steps to streamline eligibility include California's elimination of asset tests.<br>• Clinical placements for nursing faculty was addressed in the 2023 session but there may be more opportunities to increase openings, clinical placements, or faculty for nursing students.<br>• Reimbursement rates for rural hospitals may be resulting in closures, impacting access for Oregonians and increasing capacity issues in larger hospitals.<br>• Public guardianship, or an intermediate process that is not formal guardianship but protects rights, could be explored in the short term. CMS allows surrogate decision making if it is in compliance with state law, which may allow for a supported decision-making approach.<br>• The 20-day limit for Medicaid reimbursement of SNF care should be explored. |

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| | • Funding for training programs and equipment to help post-acute facilities serve patients with specific complex needs.<br>• Exploration of California's waiver to pay for behavioral health facilities. Increasing behavioral health facilities is a long-term solution, but could be explored in the short-term, as could facility siting.<br>• How to support CNAs staying in the workforce (training, emotional wellbeing, support, support for moral injury, compassion fatigue). This is a long-term issue that could be studied in the short-term.<br>• Retention bonuses for fixed term agreements may stem the tide of staffing shortages. It is complicated by the state's pay equity law. It's not a long-term solution but could help in short-term.<br>• Exploring regulations and issues with surveying that are perceived as punitive and may disincentivize facilities accepting people with complex needs going forward.<br>• Additional training for Adult Foster Home staff to increase confidence remaining compliant with regulations.<br>• It would be helpful to have a formal escalation process for medically stable patients who remain in the hospital—building upon what happens now informally, but with clearer standards. |
| Public Comment | • None received. Members of the public may register to testify on the formal meeting agenda posted in advance of the meeting. Comment may also be submitted in writing to JTFHDC@oregonlegislature.gov |
| Meeting Materials | • Meeting Overview & Roadmap (Link to staff slides)<br>• Draft Work Plan (Link)<br>• Agency Roles & Process Overview (Link to agency slides)<br>• Hospital Perspectives<br>  ○ Link to Providence St. Vincent presentation<br>  ○ Link to Samaritan North Lincoln presentation<br>• Needs Assessment Results & Discussion<br>  ○ Link to summary memo<br>  ○ Link to staff slides (12-31)<br>• Link to Meeting #1 Summary |