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Joint Task Force on Hospital Discharge Challenges

November 16, 2023
Meeting #3: Information Gathering and Next Steps

Please have:

Camera on

Microphone unmuted

Roll Call

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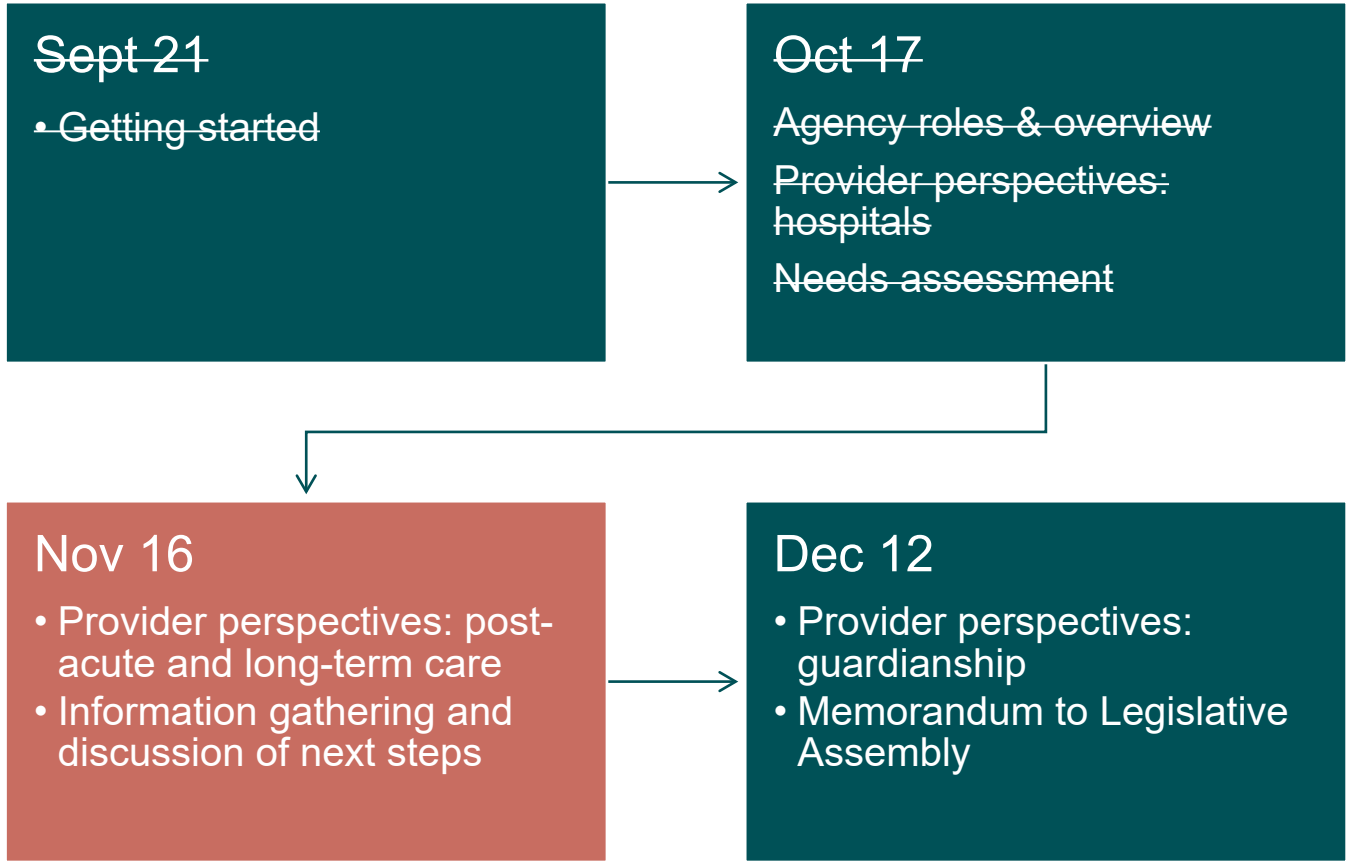
Information Gathering & Next Steps

November 16

- Roadmap
- Provider Perspectives: Post-Acute and Long-Term Care
- Break
- Information Gathering and Discussion of Next Steps
- Public Comment

2023 Meetings (Phase I)



2024 Meetings (Phase II)

Task Force will review and discuss work plan for Phase II at January 2024 meeting

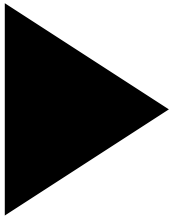
- External consultant to provide analysis
    - Post-acute system gap analysis, assessment of discharge process and reasons for delays, rate analysis, consulting on federal waiver options
- Additional state analyses
    - Licensing and scope of practice scan, cost estimates, others TBD

Analyses to align with 2024 work plan and focused conversations on topics identified by members

Phase I	2023
Getting Started	September
Information Gathering	October
Deliberation	November
Decisions	December
Phase II	**2024**
Planning	January
Focused Conversations	March
	April
	May
	June
Deliberation	July
	September
	October
Final Report	November

Connecting with the Public

- **Live stream:** Capitol viewing station and on OLIS Task Force website: https://olis.oregonlegislature.gov/liz/2023I1/Committees/JTFHDC/Overview
    - Use the link to find materials and recordings
- **Public Comment**
    - Sign up on OLIS prior to meeting, or
    - Comment in writing:
        - JTFHDC.exhibits@oregonlegislature.gov
- **Language Access** (interpretation, translation, CART): https://www.oregonlegislature.gov/lpro/Pages/language-access.aspx



Provider Perspectives: Post-Acute and Long-Term Care

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Break

Suggestion: camera and microphone off

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Information Gathering and Discussion of Next Steps

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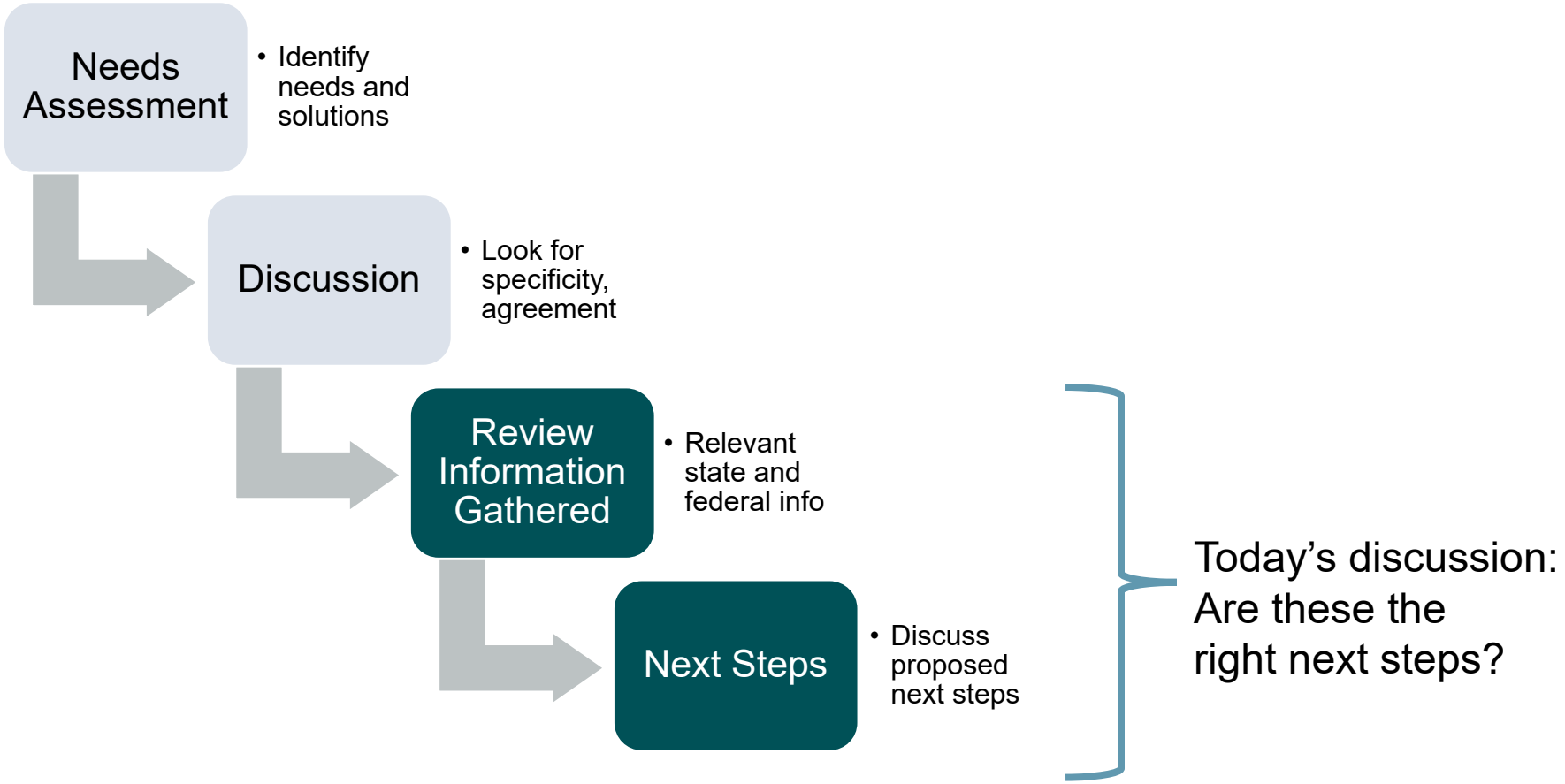
Getting to Next Steps



About the December Deliverable

House Bill 3396

- “No later than December 15, 2023, to the greatest extent practicable, the task force shall report its recommendations for legislative changes to the interim committees of the Legislative Assembly related to health and human services.”

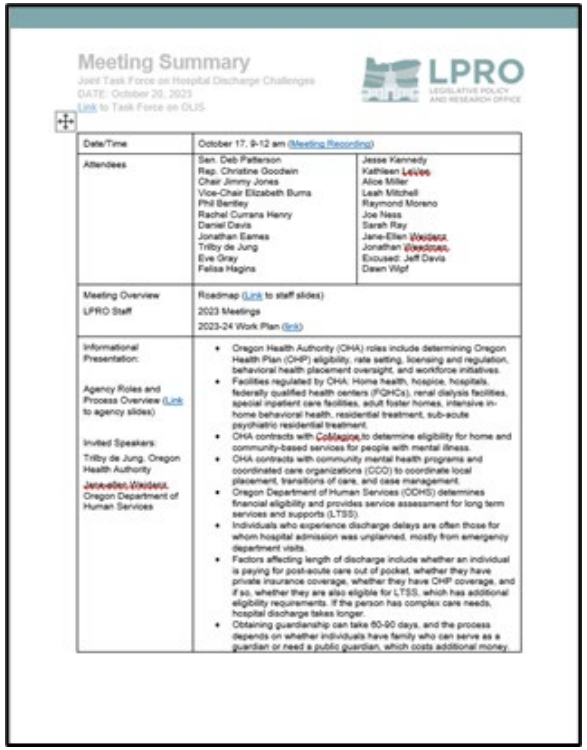
Legislative timelines

- Legislative counsel drafting deadline: November 9

If recommendations are not practicable, include:

- Letter from Chair and Vice Chair
- Memorandum (drafted by staff)
    - Summary of Task Force work through December 2023
    - Overview of Next Steps

From discussion to HB 3396 framework



Meeting Summary

Joint Task Force on Hospital Discharge Challenges

DATE: October 20, 2023

Link to Task Force on OLIS

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Date/Time	October 17, 9-12 am (Meeting Recording)	
Attendees	Sen. Deb Patterson Rep. Christine Goodwin Chair Jimmy Jones Vice-Chair Elizabeth Burns Phil Bentley Rachel Currans Henry Daniel Davis Jonathan Eames Trilby de Jung Eve Gray Felisa Hagins	Jesse Kennedy Kathleen Leiviet Alice Miller Leah Mitchell Raymond Moreno Joe Ness Sarah Ray Jane-Ellen Weidanz Jonathan Woodrum Excused: Jeff Davis Dawn Wigf
Meeting Overview LPRO Staff	Roadmap (Link to staff slides) 2023 Meetings 2023-24 Work Plan (link)	
Informational Presentation: Agency Roles and Process Overview (Link to agency slides) Invited Speakers: Trilby de Jung, Oregon Health Authority Jane-ellen Weidanz, Oregon Department of Human Services	• Oregon Health Authority (OHA) roles include determining Oregon Health Plan (OHP) eligibility, rate setting, licensing and regulation, behavioral health placement oversight, and workforce initiatives. • 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. • OHA contracts with Coldagne to determine eligibility for home and community-based services for people with mental illness. • OHA contracts with community mental health programs and coordinated care organizations (CCO) to coordinate local placement, transitions of care, and case management. • Oregon Department of Human Services (ODHS) determines financial eligibility and provides service assessment for long term services and supports (LTSS). • Individuals who experience discharge delays are often those for whom hospital admission was unplanned, mostly from emergency department visits. • 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. • Obtaining guardianship can take 60-90 days, and the process depends on whether individuals have family who can serve as a guardian or need a public guardian, which costs additional money.	

Meeting Summary for JTFHDC October 17, 2023 (Link).

Workforce Barriers

- Nurse licensure compact or provisional licenses
- Health care education pipeline
- Support for compassion fatigue/moral injury

Discharge Processes

- Care transition and escalation processes
- Public guardianship

Coverage and Reimbursement

- Presumptive eligibility
- Resource (asset) limits
- Skilled nursing facility (SNF) 20-day benefit
- APD rate exceptions and specific needs contracts
- Discharge incentive program

Post-Acute Care Placements

- Exploring survey burden
- Facility siting
- California waiver for behavioral health facilities

Information Gathering: Today and Looking Ahead

Today

- Limited preliminary staff analysis in time available:
    - **Task Force Request**: Concept identified by members in October meeting
    - **Background**: Identification of relevant policies and mechanisms
    - **Potential Next Steps**: Immediate-term actions for Task Force and/or agencies

Upcoming

- External consultant to be engaged in December
    - Post-acute system gap analysis, assessment of discharge process and reasons for delays, rate analysis, consulting on federal waiver options
- Additional state analyses
    - Licensing and scope of practice scan, cost estimates, others TBD

Workforce Barriers

Phase 1 Concepts and Potential Next Steps

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Compassion Fatigue and Moral Injury

Task Force Request: Explore compassion fatigue and moral injury supports for post-acute health care workers including nurses and certified nursing assistants

Background:

House Bill 4003 (2022) nursing shortage study:

- Bates, Bitton, et al, The Future of Oregon's Nursing Workforce: Analysis and Recommendations (October 2022) (link to report):

  "Studies documenting the various factors contributing to burnout have existed long before the COVID-19 pandemic. These factors include insufficient or inadequate staffing, unmanageable work schedules, repeated exposure to facing death and loss, administrators who do not respond to concerns, increased threats of physical or psychological harm, pressures to adapt to new technologies, and performing non nursing tasks – all issues that only heightened during the COVID-19 pandemic." (see report for citations)

House Bill 4003 (2022)

- Creates license for nursing interns
- Clarifies circumstances when nonresident practice is permitted
- Funds nonprofit wellness programming for nurses

Compassion Fatigue and Moral Injury (continued)

Oregon Wellness Program (link to website)

- Mental health visits with providers who have experience serving health care professionals
- Up to eight visits covered per calendar year; appointment within three days of request
- No “paper trail” or reporting to insurance or professional boards

Oregon Center for Nursing (link to website)

- Projects to support nurse well-being at an organizational level (peer support, wellness workshops, support with EHR, renovating staff spaces, safety, and other projects designed to “address the despair and moral stress that the nurses, nursing staff, and support staff are experiencing"). Includes projects with OHSU, Central City Concern, SNFs, ALF/RCF, memory care, etc.

NurseLearn (link to website)

- Courses and webinars for nurses and staff in long-term care settings, sponsored by ODHS.

Potential Next Steps

- Informational hearing on post-acute work force in April 2024 (OSBN, OCN, workforce perspectives)
- Consultant gap analysis of post-acute capacity (including workforce) and opportunities for intervention

Nurse Licensure Compact and Provisional Licenses

Task Force Request: Explore nurse compact and provisional licenses

Background:

Provisional Licensure for non-resident nurses (HB 4003 [2022])

- Temporary staffing shortage at an Oregon hospital or facility; notice to nurses' exclusive bargaining representative
- Nurse licensed in another state may work in Oregon for up 90 days

Nurse Licensure Compact (NLC)

- Allows nurses with multistate licenses to practice across states/territories; includes 41 states/territories (map of participating states). Washington joined in 2023 (Substitute Senate Bill 5499 [2023])
- Measures for Oregon to join introduced in House Bill 2335 (2021); House Bill 2748 (2023); House Bill 2408 (2023)
- Additional analysis needed to understand impact on participating states

Potential Next Steps:

- Focused conversation following informational hearings on nurse licensing and certification (March 2024)

Health Care Education

Task Force Request: Explore the health care education pipeline and funding for training

Background:

- Oregon Longitudinal Data Collaborative report: Addressing the nursing shortage in Oregon: removing barriers in nursing education (April 2023)
- Colorado Rural and Frontier Health Care Preceptor Tax Credit (2022): Tax credit of $1,000 to nurses who provide a preceptorship in rural and frontier areas
- Arizona Nurse Training Grant (2022): Pilot clinical rotation program to expand the capacity of preceptor training programs
- Florida PIPELINE: Matching funds to health care providers to recruit faculty and clinical preceptors and increase the capacity of nurse education programs

Potential Next Steps:

- Focused conversation on nursing workforce education (March 2024)
- Discuss possibilities for additional legislative, administrative, or private sector action

Rural Tax Credits for Nursing Faculty

In Oregon's 2023 Legislative Session, introduced measures would have made nursing faculty eligible for tax credits for rural medical practitioners (link to OHSU Office of Rural Health)

- SB 493 (2023) (did not pass)
- HB 3413 (2023) (did not pass)
- HB 3128 (2023) (did not pass)

Discharge Process

Phase I Concepts and Potential Next Steps

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Care Transition Protocols and Process

Task Force Request: develop a more formal case management and standardized escalation process to address discharge barriers across hospitals.

Background:

- Case management provided by local APD/AAA office Case Managers (OAR 411-028-0040 and OAR 411-028-0020)
- Federal "Condition of Participation" outlines discharge requirements for health care entities including hospitals participating in Medicare and Medicaid (42 C.F.R. §482.43)
- Varied escalation processes in use across hospitals when discharge barriers or delays occur; formal programs/processes can take many forms[1]
- CMS recommends, in part, that hospitals "collaborate with [post acute care] providers, such as agreeing on standardized processes, information, or forms that are used during discharges, such as the InterACT Hospital to Post Acute Care Transfer Form" and the Re-Engineered Discharge (RED) Toolkit[2]

Escalation Protocol Example

1. Patient meets formal escalation criteria.
2. Hospital notifies designated state agency contact.
3. Agency convenes case conference.
4. Agreement on next steps, roles, timelines.
5. Follow-up processes as needed.

1. McGilton, K.S., et al. (2021). Understanding transitional care programs for older adults who experience delayed discharge: a scoping review. BMC Geriatrics. https://bmcgeriatr.biomedcentral.com/articles/10.1186/s12877-021-02099-9
2. Centers for Medicare & Medicaid Services. (June 6, 2023). Requirements for Hospital Discharges to Post-Acute Care Providers (memorandum). https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-states/1010511604/requirements-hospital-discharges-post-acute-care-providers

Care Transition Protocols and Process

State Examples of Escalation Support:

- **Massachusetts:** Since 2020, a statewide inter-agency initiative to decrease hospital discharges to shelters; included staffed support line for hospitals needing cross-agency assistance with complex placements; technical guidance to shelter providers, hospitals and managed care entities; online housing tool for hospital discharge staff; trainings for discharge staff on alternatives to shelter; shelter forms for reporting inappropriate discharge[1]
- **Washington:** In 2017, HCA convened regional meetings with payers, hospitals, SNF, local offices. Developed standard prior-authorization forms, standard hospital discharge process (including expected decision times), standards for clinical reporting, and cross-agency discharge support team available to five participating hospitals[2]
- **Oregon:** Regional examples of discharge escalation initiatives and workflows (Health Share, Cambia);[3,4] opportunities related to APPRISE and the Oregon Capacity System

Potential Next Steps:

- Confirm scope and focus for escalation protocol
- Identify subset of members to provide input on development of escalation protocol, other operational guidance or tools needed
- Consultant/LPRO share out model concept in May 2024 (focused conversation on discharge processes)

1. MassHealth. "Helping Patients who are Homeless or Housing Unstable." September 14, 2022. https://www.mass.gov/resource/helping-patients-who-are-homeless-or-housing-unstable
2. Kreiger, G., Moss, B., Perez, E. "Practices for Patients who are Difficult to Discharge." September 12, 2019. Presentation to the Washington House Health Care & Wellness Committee. https://www.hca.wa.gov/assets/difficult-to-discharge-presentation.pdf
3. "$100,000 Grant: Funding to support transitions-of-care program in Curry County." October 4, 2023. Curry Coastal Pilot (Brookings, OR). https://www.currypilot.com/news/100-000-grant-funding-to-support-transitions-of-care-program-in-curry-county/article_f7542f10-62db-11ee-954d-e73f3ce0904d.html
4. Correspondence with Jonathan Weedman, CareOregon. November 6th, 2023.

Guardianship

Task Force request: Explore options to address unmet guardianship needs.

Guardianship:

- In Oregon law, upon request, a court may appoint a guardian if:
  - "Incapacity:" significant cognitive impairment exists;
  - The appointment is necessary for continuing care; and
  - A qualified person is willing to serve.
- Rights of Protected Individual:
  - Right to notice - SB 190 (2021)
  - Right to counsel - SB 578 (2021)

Supported decision-making:

- Formal or informal support from a trusted friend or family member to make decisions (link to ODHS overview)
  - Requires a trusted friend or family member
  - Cannot substitute judgment or make legal decisions
- *See* SB 528 (2023) (did not pass) that would have defined supported decision-making, formally prohibiting surrogate decision-making/signing legal documents

What is guardianship?
A legal process to balance the need to make decisions about care with individual rights. It requires time, resources, and someone willing/able to serve as guardian.

When a guardian is needed:

- Make decisions about where to live and receive care
- Gather info and make decisions for LTSS eligibility
- Achieve stability to succeed in long-term placement

Office of the Public Guardian

Background:

- Established by SB 1553 (2014):
  - Expanded twice by legislature, now at 12 FTE
  - Appointed by court when no relative or friend is willing or able (ORS 125.680)
- Protecting the most vulnerable adults in Oregon:[1]
  - 60% with serious chronic medical conditions needing intensive management
  - 53% were homeless or about to become homeless at time of referral
- Program lacks the capacity to become involved in every case (link to OPG website)
  - Waitlist of 70 cases as of November 6, 2023[2]
  - Recent legislative approval to use grant funds (Asante) to expand capacity

Potential Next Steps:

- Informational presentation from Office of the Public Guardian (Dec. 2023)

Public Guardianship and Hospital Discharge Challenges

OPG currently serves as guardian for 138 protected persons

- 73 of those 138 (53%) were in hospital without a safe discharge option at the time their case was referred OPG
- Currently 6 OPG clients in hospital
  - Three newer clients; safe placement being arranged
  - One in hospital following a major medical emergency
  - Two in hospital following failed placements; OPG is actively seeking new placement

Source Office of the Public Guardian, November 6, 2023[2]

1. Office of the Public Guardian, Presentation to the Joint Committee on Ways and Means, Sub-Committee on Human Services (March 7, 2023), available at: https://olis.oregonlegislature.gov/liz/2023R1/Downloads/CommitteeMeetingDocument/263084
2. Office of the Public Guardian, correspondence with LPRO staff, November 6, 2023

Coverage and Reimbursement

Phase 1 Concepts and Potential Next Steps

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Presumptive Eligibility (PE)

Task Force request: explore option to offer presumptive eligibility for LTSS or HCBS, extend emergency authorities used during the COVID-19 public health emergency.

Background:

- Medicaid eligibility criteria established through CMS-approved State Plan Amendment, waiver authorities (42 C.F.R. §435.2)
- Oregon requires verification of financial eligibility (income, assets, home equity) and face-to-face functional assessment by a Case Manager prior to eligibility (OAR 411-015-0100 and 461-160-0015, 461-115-0700)
- At least 5 states offered presumptive eligibility for some LTSS prior to the PHE (WA, RI, MI, OH, VT) [1]
- States had additional flexibilities during Public Health Emergency[2]
  - 11 states allowed hospitals to determine presumptive eligibility for LTSS for non-MAGI groups[3]
  - 7 states allowed self-attestation of financial or functional eligibility for non-MAGI groups[3]
  - 21 states removed HCBS prior authorization requirement (NY, CO, IL making permanent)[2]

1. Reinhard, S.C., et al. "Presumptive Eligibility for Medicaid Home and Community-Based Services Can Expand Consumer Options. April 2021. AARP Public Policy Institute. https://www.aarp.org/content/dam/aarp/ppi/2021/04/presumptive-eligibility-for-medicaid-home-community-based-services.doi.10.26419-2Fppi.00138.001.pdf
2. Burns, A., Mohamed, M., O'Malley Watts, M. "Pandemic Era Changes to Medicaid Home- and Community-Based Services (HCBS): A Closer Look at Family Caregiver Policies." September 19, 2023. KFF. https://www.kff.org/medicaid/issue-brief/pandemic-era-changes-to-medicaid-home-and-community-based-services-hcbs-a-closer-look-at-family-caregiver-policies/
3. Musumeci, M., Dolan, R., Guth, M. "State Actions to Sustain Medicaid Long-Term Services and Supports During COVID-19." August 26, 2020. KFF. https://www.kff.org/medicaid/issue-brief/state-actions-to-sustain-medicaid-long-term-services-and-supports-during-covid-19/

Presumptive Eligibility (continued)

Presumptive eligibility for HCBS is an emerging model to streamline determination processes.[1]

State Approaches:

- Provided through state-funded, short-term (60-90 day) benefit with limited HCBS or LTSS services while determination pending; federal reimbursement applies when people later determined eligible for Medicaid[1]
- Section 1115 waiver can provide for federal cost sharing for the PE benefit (e.g. WA, RI)[2]
- If determined ineligible, state or local agency bear risk; limited evidence suggests low (1-2%) error rates (but more information needed)[2]

Potential Next Steps:

- Determine what model of PE is of interest (coverage, duration, population) (January 2024)
- Request ODHS draft a model PE benefit concept, estimate of enrollment impact and cost for Task Force review at June 2024 meeting (focused conversation on coverage and reimbursement)

1. Reinhard, S.C., et al. "Presumptive Eligibility for Medicaid Home and Community-Based Services Can Expand Consumer Options. April 2021. AARP Public Policy Institute. https://www.aarp.org/content/dam/aarp/ppi/2021/04/presumptive-eligibility-for-medicaid-home-community-based-services.doi.10.26419-2Fppi.00138.001.pdf
2. Guth, M., Musumeci, M. State Options to Expand Medicaid HCBS: Examples & Evaluations of Section 1115 Waivers. July 16, 2021. KFF. https://www.kff.org/medicaid/issue-brief/state-options-to-expand-medicaid-hcbs-examples-evaluations-of-section-1115-waivers/

Resource (asset) and income limits for LTSS

Task Force request: Understand Oregon's resource limits on LTSS eligibility and California's recent elimination of resource limits.

Background:

- Most states use the SSI asset limit ($2,000 for an individual/$3,000 for a couple)[1] to screen for eligibility for long-term services and supports (LTSS)
- Oregon is among states using the SSI asset limit to screen for LTSS
    - ORS 411.083 directs ODHS to establish Medicaid eligibility criteria in rule
    - OAR 461-160-0015: asset limit is $2,000 for single adults, $3,000 for couples
        - 60-month "lookback;" asset transfers *may* disqualify applicants
        - Home equity above $636,000 is considered in screening
- Unlike LTSS, most categories of Oregon Health Plan eligibility are not asset-tested
    - Link to Oregon's Medicaid State Plan

1. KFF (2019). Medicaid Financial Eligibility for Seniors and People with Disabilities: Findings from a 50-state Survey. https://www.kff.org/report-section/medicaid-financial-eligibility-for-seniors-and-people-with-disabilities-findings-from-a-50-state-survey-appendix-tables/

Resource limits (continued)

California's approach:

- 2021: Assembly Bill 133 and State Plan Amendment increased asset limit to $130k for most non-MAGI individuals
- 2022: Section 1115 Waiver amendment eliminated asset test for "deemed SSI" group (not covered by SPA)
- 2023: Second State Plan Amendment eliminated asset test for other non-MAGI groups (effective 1/1/2024)
- Home Equity limits: California is the only state that does not place a limit on home equity for principal residence.
    - Eleven states adopt the federal maximum of $955,000, while two states use $750,000 (ID, WI)[1]

Potential Next Steps:

- Determine what scenarios are of interest (January 2024)
- Task Force request to ODHS to prepare estimate of enrollment impact and cost for Task Force review at June 2024 meeting (focused conversation on improving coverage and reimbursements)

1. KFF (2022). Medicaid Financial Eligibility in Pathways Based on Old Age or Disability in 2022: Findings from a 50-State Survey, https://www.kff.org/report-section/medicaid-financial-eligibility-in-pathways-based-on-old-age-or-disability-in-2022-findings-from-a-50-state-survey-issue-brief/

20-day Limit for Post Hospital Nursing Facility

Task Force request: examine Oregon's coverage for skilled nursing care.

Background:

Federal Requirements for state Medicaid plans:

- Unlike community-based care, state plans must cover nursing facility services for covered adults who need them
- Specific to each state, coverage depends on definitions in the state's plan, which may also specify certain types of limitations to each service

Oregon Health Plan (OHP) covers up to 20 days of *"post hospital"* skilled nursing

- Must meet same criteria for coverage as Medicare (OAR 411-070-0033)
- Requires prior authorization by Coordinated Care Organization
- Care beyond 20 days must meet criteria for LTSS (OAR Chapter 411)

Post Hospital Nursing Facility Benefits

- Washington: Up to 29 days of post-hospital rehabilitation covered by Apple Health; then by Aging and Long Term Supports Administration (link to LTSS manual)
- California: If care is expected to be needed for more than 30 days → LTSS
- Medicare: Days 1 - 20: $0 copayment (except Medicare Advantage); Days 21 - 100: $200 copayment each day; After day 100: Patient pays all costs

Potential Next Steps

- Determine what Medicaid coverage scenarios are of interest (January 2024)
- Request to OHA/ODHS to study estimated utilization and cost for Focused Conversation (June 2024)

APD Exceptions to Rate Schedule

Task Force request: Explore rates above rate schedule for individuals or groups with additional needs.

Background:

Service Rate Exceptions (OAR 411-027-0050)

- The individual has need for exception;
- Documented in the service plan; and
- Service is actually provided

Specific needs settings contract (link to OARs)

- Rate above schedule for a provider who cares for a group of individuals, all of whose service needs exceed the service needs encompassed in the base payment

Table 12. Average total payments per resident per month to facilities by ODHS and Medicaid residents, July 2021 through June 2022.

Type of Setting	n	Bottom 10th	Bottom 25th	Middle 50th	Average	Top 25th	Top 10th
Residential Care	98	$2,227	$2,362	$2,595	$3,285	$3,466	$5,539
Assisted Living	218	$3,119	$3,318	$3,569	$3,670	$3,846	$4,442
Memory Care	159	$5,186	$5,384	$5,554	$5,563	$5,742	$5,897
Specific Needs	33	$9,215	$10,825	$12,228	$12,339	$13,513	$16,760

Source: Tunalilar et al[1]

Potential Next Steps:

- Wage/rate analysis; Focused conversation (June 2024)

1. Tunalilar, O., Dys, S., Carder, P., Jacoby, D. (2023). Wage and Cost Study of Oregon Assisted Living and Residential Care Providers, 2022. Portland, OR: Portland State University Institute on Aging, available at Wage and Cost Study of Oregon Assisted Living and Residential Care Providers, 2022 (pdx.edu)

Discharge Incentive Program

Task Force request: explore options to reinstate discharge incentive program

Round One:

- In January 2022, ODHS offered incentive to Adult Foster Homes to accept individuals ready to be discharged from the hospital
- $10,000 incentive (Link to Letter of Agreement between ODHS and SEIU)
- 264 placements from January 20, 2022, to March 31, 2022
    - 55% Medicaid or PACE
    - 44% Private Pay
    - 1% Other
- Outcome: Per ODHS, 41 percent did not remain in the AFH beyond 90 days; many discharged from AFH to hospice or for very complex medical conditions (link to ODHS Letter)

Discharge Incentive Program

Round Two:

- $5,000 incentive expanded to also include Assisted Living Facilities, Residential Care Facilities, and In Home Care Agencies
- Link to ODHS request to e-board (August 2022)
- Link to ODHS Midterm Report (November 2022 - January 2023)
- Link to ODHS Efficacy Analysis (November 2023)

Potential Next Steps

- Discuss incentive design, timeframes, and how to measure effectiveness (January 2024)
- ODHS and consultant analysis (Wage and rate data/SB 704)
- Focused conversation (June 2024)

Post-Discharge Placements

Phase 1 Concepts and Potential Next Steps

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Exploring Survey Burden

Task Force Request: Explore the survey burden for long-term care providers

Background:

"Survey:" routine inspection of care facility (link to ODHS Survey Process Guide)

- ODHS licenses long-term care facilities including nursing homes, ALF/RCF, and AFH
- Some requirements are federal; others are based in state law
- Link to searchable list of facilities with dates of inspection and reported violations

Potential Next Steps:

- Discuss survey burden and challenges placing patients with complex post-acute needs (April 2024)
- Task Force request to ODHS to identify elements of survey process requirements required by federal law, state law, or state administrative rule

Facility Siting

Task Force request: Consider challenges related to behavioral health facility siting

Background:

- In Oregon, land use is reviewed according to the proposed use (Type I – Type IV), with different levels of process required (pre-application, notice, hearings) (link to City of Portland overview)
- Other states have identified state and local land use policies that restrict sites for behavioral health facilities
    - See, e.g., California Behavioral Health Planning Council Policy Platform (link)
    - Washington Legislature directed the state's Department of Commerce to develop a model ordinance municipalities to support siting behavioral health facilities (link to overview and model ordinance)

Potential Next Steps:

- Task Force request to OHA to report back on barriers to siting for behavioral health facilities elated to state land use law and regulations.

California Behavioral Health Waiver

Task Force request: Ask agencies to study California behavioral health waiver

Background

- October 20, 2023, California submitted its application for a new Medicaid Section 1115 Demonstration to increase access to and improve mental health services for Medicaid members ("BH-CONNECT;" link to website)
- Inpatient and Residential Treatment Services (link to demonstration concept)
    - Enhanced quality of care in psychiatric hospitals and residential settings
    - Pre-discharge care coordination
    - Strategies to decrease length of stay in hospitals

Potential Next Steps

- Task Force request to OHA to study BH-CONNECT along with other new and/or ongoing opportunities for federal partnerships (April 2024)

Next Steps

Discussion

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Recap: Proposed Next Steps

Workforce Barriers

- **Compassion fatigue/moral injury**: Informational hearing and consultant gap analysis (March/April 2024)
- **Nurse licensure compact/provisional licensure**: Focused conversation (March 2024)
- **Health care education pipeline**: Informational hearing/Focused conversation (March 2024)

Discharge Processes

- **Care transition protocols and processes**: 1) Identify subset of members to provide input on development of escalation protocol, guidance, and tools (Dec. 2023); 2) Confirm scope and focus for escalation protocol; 3) Consultant/LPRO share out model concept (May 2024)
- **Guardianship**: Informational hearing with Office of the Public Guardian (Dec. 2023)

Coverage and Reimbursement

- **Presumptive eligibility**: Determine what model of PE is of interest (coverage, duration, population). Request ODHS draft a model PE benefit concept, estimate of enrollment impact and cost; Focused conversation (June 2024)
- **Resource (asset) limits**: Discuss resource limit scenarios. Request ODHS study cost/impact (June 2024)
- **SNF 20-day benefit**: Discuss benefit scenario. Request to OHA/ODHS study cost/utilization; Focused conversation (June 2024)
- **Exceptions to APD rate schedule**: Wage/rage analysis; Focused conversation (June 2024)
- **Discharge incentive program**: Discuss design and timeframe (Jan. 2024); Wage/rate analysis; Focused conversation (June 2024)

Post-Acute Care Placements

- **Survey burden**: Discuss survey burden and challenges; Task Force request to ODHS to study process requirements (April 2024)
- **Facility siting**: Task Force request to OHA to report back on barriers to siting for behavioral health facilities (April 2024)
- **California behavioral health waiver**: Task Force request to OHA to study BH-CONNECT and other federal partnerships (April 2024)

Memo process and timeline

- Staff will draft memo summarizing Task Force work and share with members by Monday, November 27th
- Member feedback due Friday, December 1st by 5 pm (JTFHDC.Exhibits@oregonlegislature.gov)
  - Identify info that needs clarity or correction
  - Focus on highest priority edits
  - Avoid new ideas or suggestions
- Draft for member vote will be posted to OLIS by December 7th
- Members will vote on memo at the December 12th meeting

A member's "aye" vote signifies that the proposed report reflects the findings and recommendations agreed upon by the majority of the Task Force members. An "aye" vote does not mean that the member agrees with each individual finding or recommendation. (Task Force Operating Procedures adopted September 21, 2023)

Discussion

Are these the right next steps?

Is this how next steps should be reflected to the Legislative Assembly?

Consensus is a participatory process whereby, on matters of substance, members strive for positions that they can accept, support, live with, or agree not to oppose. Consensus means that all members agree not to oppose the position. (Task Force Operating Procedures adopted September 21, 2023)

Public Comment

- Sign up prior to the meeting
- Submit written comment to:

JTFHDC.exhibits@oregonlegislature.gov

LPRO
LEGISLATIVE POLICY
AND RESEARCH OFFICE

Next Meeting

Tuesday, December 12

9 am – 12 pm

LPRO
LEGISLATIVE POLICY
AND RESEARCH OFFICE