



LPRO
LEGISLATIVE POLICY
AND RESEARCH OFFICE

Joint Task Force on Hospital Discharge Challenges

December 12, 2023

Meeting #4: Memorandum and Guardianship

Please have:
Camera on
Microphone unmuted

Roll Call

Memorandum & Guardianship

December 12



LEGISLATIVE POLICY AND RESEARCH OFFICE

Preview: Analysis & Consulting Support

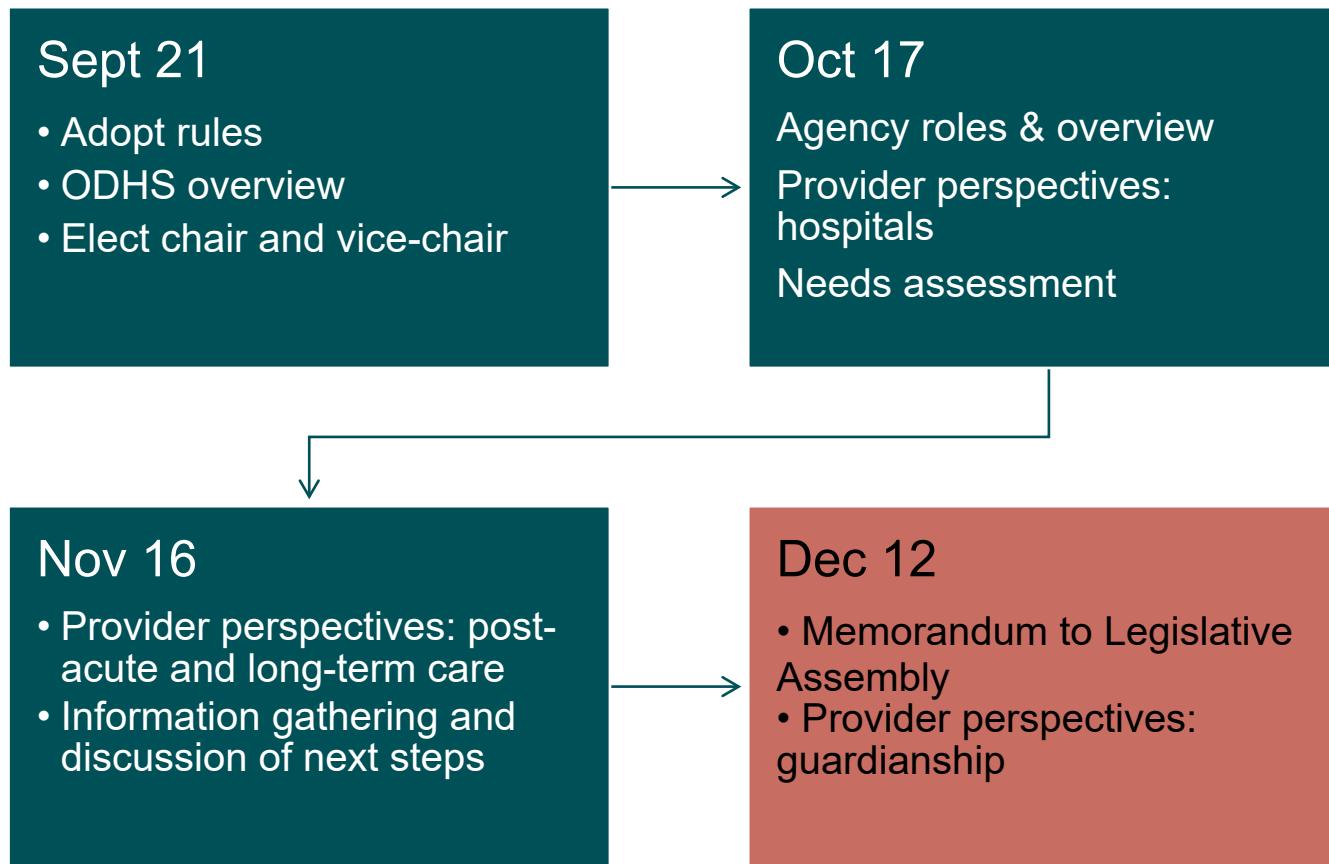
Review Draft Memorandum

Break

Provider Perspectives: Guardianship

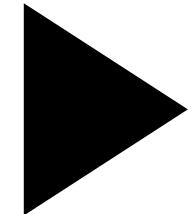
Public Comment

2023 Meetings (Phase I)



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>



Preview: Analysis and Consulting Support

Preparing for January 2024 Workplan Discussion



Background

House Bill 3396

- Directs LPRO to prepare certain analysis to support the Task Force
- Authorizes contracting with third-parties for support, allocates funds

Four broad areas

1. Licensure, certification, and scope of practice for people who work in post-acute care
2. Post-acute capacity (workforce and physical) and capability to care for people with complex needs and/or without stable housing*
3. Hospital discharge processes, policies, staffing, and outcomes*
4. Post-acute coverage, rates, and payment methods*

**third party*



Scoping the work

Inputs

- Direction from HB 3396
- Task Force needs assessment and discussions about info needed
- Information from agencies and other partners on available data, limitations, and time frames
- Information about other state analyses in progress (to avoid duplication)

Outputs

- Three mixed methods analyses
- Presentations during spring “focused conversations”
- Consultation to help understand findings, implications, and opportunities for policy action (including federal waivers and CMS initiatives)
- A report summarizing findings



What and when?

Based on data availability

- **March:** information on post-acute worker licensing, certification, scope of practice
- **April:** post-acute sector “gap analysis” for high acuity population
- **May:** assessment of hospital discharge processes, staffing, outcomes
- **June:** analysis of coverage, reimbursements, and payment models
- **Throughout:** federal options, insights from other states



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



RFP Timeline

September: Needs assessment and preliminary information gathering

October: Issued RFP on OregonBuys, distributed nationally

November: Collected and evaluated proposals

December: Finalizing agreement (in progress), onboard consultant

January: Introduce consultant and engage Task Force in discussion about 2024 analysis planning



Preview: January Workplan Discussion

- Meet consultant team
- Revisit your goals for the work and for Phase II, update and adjust as needed
- Discuss and confirm desired scope, priorities, sequence for spring Focused Conversations (speakers, background info, key questions, etc.)
- Learn more about analyses coming from LPRO, ODHS, OHA, consultants
- Provide input in key areas to shape analyses

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Draft memorandum to the Legislative Assembly



Requirements of House Bill 3396 (2023)

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



Memo process and timeline

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)

- Nov. 16: Discuss memo and proposed next steps
- Nov. 27: Staff submit draft memo to members
- Dec. 1: Members provide feedback on memo
- Dec. 7: Staff prepare table of member feedback and update the memo for member approval
- Today’s meeting
 - Review table of member feedback
 - Discussion
 - Move to submit memo to Legislative Assembly



What's in the memo?

- List of six policy areas in HB 3396
- Phase I and Phase II timelines
- Meeting materials and links
- Names of members
- Needs assessment process and link to summary
- Policy concepts identified by members in Meeting #2 discussion
- Proposed next steps for those policy concepts identified by members and lifted up in discussion



What's *not* in the memo?

- Recommendations to the Legislative Assembly
- Consensus on any policy concept
- Policy concepts identified in needs assessment but not lifted up by members as ready for short-term action
- Policy concepts in areas included in HB 3396 but not lifted up by members as ready for short term action, including but not limited to:
 - Innovative care models
 - Federal and state partnerships
- A formal work plan for 2024



Member feedback on 2024 meeting topics

- Work plan: with the draft memo, staff outlined 2024 meetings to show 1) future chances to discuss Phase I concepts, and 2) planned analysis and policy areas in HB 3396 that have yet to be discussed
- Members submitted comments specific to 2024 meeting topics
 - These comments will be used to develop materials for the January 2024 meeting.
- Please send any additional comments about the draft work plan to JTFHDC.Exhibits@oregonlegislature.gov by Friday, December 15
- Added to the memo: *The Task Force has yet to discuss topics for 2024 meetings. The work plan, to be discussed at the January 2024 meeting, will be based on member input and the availability of analyses and speakers to support topical meetings.*
- Removed from Next Steps section of memo: proposed months for meeting topics



Member feedback on memo

- Eleven members responded by email to the draft memorandum
- Three members: “This looks good”
- Member feedback
 - When members requested clarifications consistent with needs assessment and discussion, staff incorporated changes.
 - One request set for further discussion today
 - Pending member consideration of incorporated changes, members may vote to submit memo to Legislative Assembly



| Member request | Incorporated change |
|--|---|
| In section describing next steps for workforce concepts, emphasize focus on “direct care workers” across post-acute care settings rather than limiting analysis to certain licenses. | Add: Task Force members specified that workforce concepts should focus on direct care workers across post-acute care continuum. Remove: including nurses and certified nursing assistants. Add sentence on career advancement pathways for direct care workers. |
| In “survey burden” section, emphasize goal of studying impact on placement of complex patients | Add: Members requested to explore the survey burden for long-term care providers and its impact on placement of patients with complex needs. |
| Highlight innovative care models, including medical recuperation and specific needs settings, that were presented to Task Force | Add: In Phase I of its work, the Task Force received presentations about a medical recuperation model and a specific needs setting. |
| To language about innovative care, add that members requested additional exploration of expanded use of LPNs and LMTs or other health care professions in the delivery of care | Add: In Phase I of its work, the Task Force received presentations about a medical recuperation model and a specific needs setting. Members expressed interest in care models expanding roles for direct care workers and workers with different kinds of licensure. |
| To coverage and reimbursement section, add that members requested a fast track for Medicaid LTSS eligibility screening (both the financial and ADL components) for those who are hospitalized and unhoused | Add: Members requested exploration of a “fast track” for Medicaid LTSS eligibility screening for people who are hospitalized and unhoused. This concept would include expedited screenings of financial and functional needs. |
| Specify leadership role for state/agencies. Add that the escalation process should center around a set of OHA/ODHS guidelines, administrative procedures, and clear roles and responsibilities throughout the process. | Add and discuss: Some members request that state agencies including ODHS and OHA play a lead role in facilitating this process. Key questions will need to be explored such as how the protocol may be adapted for people with Medicare or commercial coverage. |

Discussion: Formal Escalation Process

Proposed language: Some members request that state agencies including ODHS and OHA play a lead role in facilitating this process. Key questions will need to be explored such as how the protocol may be adapted for people with Medicare or commercial coverage.

Proposed next steps for Task Force on escalation

- HB 3396 requires analysis of discharge processes, will include 1:1 interviews
- In focused conversation, consultant/LRPO to share model escalation concept back for member discussion and development of recommendations

Non-Task Force work on escalation

- Task Force members and others can meet any time outside of Task Force meetings/process to discuss near term problems and strategies
- Bring escalation protocol concepts back for Task Force discussion



Motion & Discussion

- Example motion:

“I move that the draft memorandum as discussed today be submitted to the interim committees of the Legislative Assembly related to health and human services”

- Discussion
- Roll call vote

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)



Break

Suggestion: camera and microphone off

Provider Perspectives: Guardianship

Public Comment

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

JTFHDC.exhibits@oregonlegislature.gov

Next Meeting

January 18, 2024

9 am – 12 pm

