Memorandum

PREPARED FOR: Joint Task Force on Hospital Discharge Challenges
DATE: December 7, 2023
BY: LPRO staff
RE: Log of revisions to DRAFT December 2023 memorandum and January 2024 work plan

LPRO
LEGISLATIVE POLICY AND RESEARCH OFFICE

On November 27, 2023, LPRO staff circulated among members of the Joint Task Force on Hospital Discharge Challenges 1) a draft memorandum to the Legislative Assembly summarizing the work to date, and 2) a draft Task Force work plan for 2024.

This document summarizes feedback from Task Force members and proposed revisions or next steps from staff. Table 1 presents member feedback on the draft memorandum. Table 2 presents member feedback on the workplan.

Table 1. Member feedback on draft memorandum to the Legislative Assembly dated November 27, 2023

Memorandum Feedback	Staff Notes
I would propose a bullet point addition to the post-acute care coverage and reimbursement section. After: *"Members requested to explore whether Oregon could eliminate asset testing or change asset limits that are a part of its Medicaid LTSS eligibility screening. These limits vary among states. The proposed next step is to discuss what specific scenarios are of interest at the Task Force's January 2024 meeting and to request estimates of enrollment impact and costs of those scenarios from ODHS and OHA by June 2024."* add: *"Members requested a fast track or urgent pathway for Medicaid LTSS eligibility screening (both the financial screen and ADL screen components) for those who are hospitalized and unhoused."*	Added: 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.
I would make a slight correction to page 4. I think the Task force did address Innovative post-acute care models with the presentations last meeting from Michelle Hankes and Lisa Hilty. We were not able to make requests on researching further initiatives in time to make this memo, but I think it's worth mentioning we have looked at some models and that the task force requested additional discussion on the topic as time becomes available.	Added: In Phase I of its work, the Task Force received presentations about a medical recuperation model and a specific needs setting.

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The first bullet under “Hospital Discharge Processes” currently reads, “Members requested to develop a formal escalation process that hospitals could employ to address discharge delays”. I recommend that the description of the escalation process should articulate the state’s lead role in this work. The process should center around a set of state (OHA/ODHS) standardized guidelines and administrative procedures that would set clear criteria for when the case management/escalation process gets triggered and would establish clear roles and responsibilities throughout the process.	Added: 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.
Missing homecare workforce, missing facility-based workers that are unlicensed. The focus is only on CNA and nursing workers needs to be expanded. In our workplan, we need to ensure the task force hear voices from direct care staff in SNF, CBC, AFH, and homecare settings. The workforce development should include strategies to build a Career lattice within LTSS. This work should include efforts to standardize training and credentialing to support mobility and advancement within the LTC sector.	Language focused on the nursing workforce initially flowed from framing language in House Bill 3396 (2023). Per Task Force request, language has been updated throughout memorandum to confirm members' focus on workers across the post-acute care continuum. Language has been added to the memo noting topics requested for future meetings. Additional comments will be incorporated or discussed during the January meeting on the 2024 work plan.
The workforce analysis referenced in the memo should include both licensed and unlicensed direct care staff. We know there are significant barriers to recruitment and retention of all workers in LTC, not just nursing staff. As written, the memo fails to acknowledge the role of other workers in the facilities.	Added: Task Force members specified that workforce concepts should focus on workers across the post-acute care continuum.
With regard to innovative care models, the last paragraph before the conclusion, should we highlight that this is important to us? Particularly the expanded use of LPNs and LMTs or other health care professions in the delivery of care.	Added: Members expressed interest in care models expanding roles for direct care workers and workers with different kinds of licensure.
On p. 5 of the summary memo, first bullet, “Members requested to develop a formal escalation process that hospitals could employ to address discharge delays”, the description of the process should mention that the state will take the lead role in the escalation process and coordination among state entities. The process should	Added: 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

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center around a set of state standardized guidelines and procedures with clear criteria for when the escalation process gets triggered. There should be clear roles and responsibilities for all designated parties.	adapted for people with Medicare or commercial coverage.
Hospital Discharge Processes, bullet point 1: This section should include language that emphasizes the state's role in ownership of an escalation process. Most hospitals already have formal escalation processes when discharges are delayed. The problem lies when the escalations run out of options. There needs to be an escalation process owned by the state to assist in the discharge of complex patients.	Added: 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.
Post-Acute Care Placement Options, bullet point 1: This section should emphasize the impact of survey burden and regulatory climate on facilities to accept complex or special needs populations. It is discussed later in the statement, but it should be brought forward into the bold sentence. We learned through a powerful story that the regulatory requirements and survey burden can lead to fines for facilities accepting socially and behaviorally complex patients. This serves as a deterrent to hospital discharges for these patient populations.	Added: Members requested to explore the survey burden for long-term care providers and its impact on placement of patients with complex needs.
Language Change: The terminology used to refer to unlicensed individuals should be revised. The current language is undignified and undermines the professionalism and potential career growth of these workers. Using more respectful and inclusive terms will contribute to attracting and retaining skilled individuals in the long-term care workforce and securing the necessary funding for their development. A suggested Solution would be to encourage all platforms to use the language of direct support worker. This is what is used in academia and literature around this work force. The daft memo only focus on CNA and nurses. It does not capture this other vital workforce. We everyone. This workforce is understaff from the kitchen to the bedside.	Added: Task Force members specified that workforce concepts should focus on workers across the post-acute care continuum.

Source: Legislative Policy and Research Office

Table 2. Member feedback on draft 2024 work plan

Work Plan Feedback	Staff Notes
I also recommend adding a Focused Conversation #5 in July to discuss innovative post-acute care models, and potentially also a focused conversation #6 in that meeting also regarding federal policy advocacy needs. That way, our workplan demonstrates attention to the directives that we have not yet addressed in our discussion.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to 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.
In the 2024 workplan, it would be beneficial to move up the "coverage and reimbursement" discussion (currently slated for June 2024) to March 2024, and move the "workforce" discussion (currently slated for March 2024) to June 2024. Holding the "coverage and reimbursement" discussion earlier in the year is likely to have a strong near-term impact, and this task force is uniquely equipped to address these concepts. This re-ordering of topics would also allow for more time to gather information about ongoing workforce initiatives that could inform the scope of the task force's work on this topic. For example, the task force could seek progress updates on Future Ready Oregon and/or the deployment of funds allocated to workforce development and clinical placements via HB 3396.	Add: Members requested an update on funds allocated by HB 3396 for grants to support clinical education, employer training, nursing program expansion, and nurse educator recruitment. Additional feedback to be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
The workforce development should include strategies to build a Career lattice within LTSS. This work should include efforts to standardize training and credentialing to support mobility and advancement within the LTC sector.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
There are also upcoming investments that need to be continued in labor management training trusts where workers can be trained and placed in high demand positions. The task force should not duplicate other ongoing workforce development conversations. Rather they should help inform on the priority positions and identify barriers to initiatives already underway.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: "The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024," and "Many of these concepts address health care workforce issues broadly and members have

Work Plan Feedback	Staff Notes
	expressed the need to clarify what scope the Task Force will address in its workforce recommendations, *striving to avoid duplication of discussions happening elsewhere and identifying barriers to initiatives already in progress.*"
Need to hear from ODHS case managers on what barriers/delays they experience. Understand how discharge planners work alongside APD/Behavioral Health Case managers to facilitate timely discharge and appropriate service. When we submitted our survey, we included this suggestion “warm hand offs between hospital discharge planners and APD case managers” and would like to see this reflected in the workplan. We also need to hear from case managers to understand how recommendations of the task force will interact with existing practices in case management.	Staff have noted this and other speaker requests for the upcoming planning discussion about 2024 meetings. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
There feels like a lack of acknowledgement that some of these patients have no or insecure housing options. There could be a gap in coverage for discharge planning to connect folks with community-based programs or case managers to address a patient’s needs for discharge to the appropriate setting for care. Right now, there are patients that are simply discharged to the street, which is not a solution.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
In addition to exploring placement incentives the task force should explore longevity incentives for keeping someone stable and housed in AFH/CBCs post discharge.	Staff have noted discussion of emerging value-based payment methods for inclusion when the Task Force takes up discussion of payment methods. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
In the workplan, we should make explicit that we will hear from case management entities on recommendations about presumptive eligibility	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
The task force should recommend streamlined land use and siting of in inpatient and outpatient health care facilities.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo:

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	The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
The task force should explore barriers to discharging to home. Fast tracking home modifications like grab bars, ramps, and other accessibility features could increase the viability of sending patient's home. We should also understand current barriers to hiring homecare worker or home health aide for patients who have a home to return to.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
In the 2024 workplan, it would be helpful to swap the March and June agenda items. It may be beneficial to have the coverage and reimbursement discussion placed in March, as it could have a strong near-term impact and the task force is equipped to address the concerns. For the June agenda, there are multiple workforce initiatives in the state of Oregon that are already underway and it would be helpful to hear updates from these groups later in the year, as the work is more fully developed. This would assist in informing the scope of the task force's work in the future and aide in not duplicating work that is already underway.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
2024 Draft Workplan: I recognize this has not yet been finalized by the Task Force; however, I do think there is opportunity to consider moving the discussion around improving post-acute care coverage and reimbursement up in the timeline. Since the end of the public health emergency, this has emerged as the number one hospital discharge related challenge in many hospitals across the state.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
Higher Base Pay for foster home: It is crucial to establish a higher base pay for long-term care workers. Adequate compensation is essential to attract and retain skilled professionals in this field and recognize the valuable services they provide.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
Easier Path for Exceptions: Streamlining the process for exceptions is necessary to ensure that clients with mental health, developmental disabilities (DD), and acquired cognitive impairments (APD) receive the appropriate care without unnecessary delays or burdensome reviews. Implementing a system that grants	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.

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a one-year review period instead of the current three-month cycle would greatly benefit these individuals.	
Incentives: Introducing a substantial incentive program, such as a $10,000 bonus for long-term care workers, would serve as a powerful motivator and reward their dedication and commitment to the well-being of those they care for.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
Placement Agency Fees: It is crucial to establish limits on the fees that placement agencies can charge. This will create a fair and transparent system that prevents exploitation and ensures that the funds allocated for long-term care are utilized effectively.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
Wage and Rate Study: We urge you to adopt a more comprehensive and accurate tool for conducting the wage and rate study. The current base pay of $14.40 is inadequate and fails to reflect the true value of the services provided. It is also crucial to update the stipend pay calculator, as it is outdated and does not accurately assess the financial needs of long-term care workers. The Task force is working on similar issues that the legislative budget note directed ODHS to undertake with their ongoing rate and wage study. The work-plan should be sure to capture how the task force and this rate study work are happening collaboratively and have some coordination across activities for that project. It would be good to at least hear updates from ODHS on that work as the task force is making recommendations.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
Interstate Compact for Nurses: Establishing an interstate compact for nurses would facilitate the mobility of qualified professionals across state borders. This would help address shortages in certain areas and ensure that individuals in need receive timely and high-quality care regardless of their geographical location.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.
We need to hear from case managers about the struggles they have, and the supports they need.	To be incorporated or discussed during the January meeting on the 2024 work plan. Add to memo: The Task Force has yet to discuss its plan of work for 2024 and will do so in January 2024.

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