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Joint Task Force on Hospital Discharge Challenges

January 18, 2024
Meeting #5: Work Plan & Scoping Conversation

Please have:

Camera on

Microphone unmuted

Roll Call

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Work Plan & Scoping

January 18

2024 Work Plan

ATI Advisory

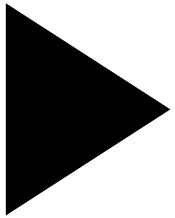
Break

Scoping Conversation

Public Comment

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



2024 Work Plan

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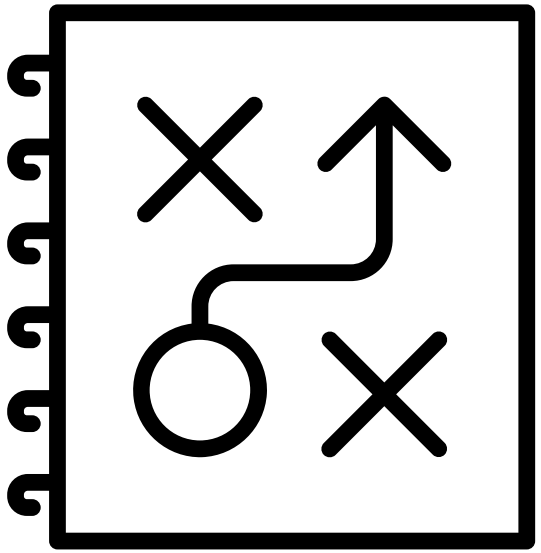

Work Plan Inputs

1. House Bill 3396
2. Availability of analyses
3. Member input

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*

Availability of analyses

- **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

Member input

- Draft work plan shared with members on November 27
- Draft work plan posted for public on December 7 (link)
- Member feedback collected in revisions log (link, *see* Table 2)
- Feedback received through December 15

Feedback	Action taken
Discuss post-acute career pathways and standardized training	Added to Focused Conversation #1
Explore barriers to discharge to home; home care workers	Added to Focused Conversation #2
Focus on discharge barriers for patients without stable housing	Highlighted in Focused Conversation #2
Include perspectives, discuss handoffs between discharge planners and case managers	Added to Focused Conversation #3
Discuss rates, exceptions, and incentives	Highlighted in Focused Conversation #4
Provide update on HB 3396 workforce funding initiatives and labor management training trusts	Added to Focused Conversation #5
Adjust order of Focused Conversations	Align with availability of analyses

Purpose	Meeting	Topics and Tasks [tentative]
Focused Conversation	March 28 (recap leg. session)	**Focused Conversation #1**: Post-acute workforce education, training, licensure & cert. • Overview of key Oregon policies related to post-acute workforce development (LPRO) • Post-acute career advancement/"lattice", streamlining continuing education (TBD) • Post-acute workforce* pipeline and education initiatives (TBD)
	April 25	**Focused Conversation #2**: Complex care needs; innovative care models; and federal-state partnerships (part 1) • Oregon's post-acute sector capacity for complex care (ATI) • Post-acute worker recruitment, retention (ATI, invited speakers TBD) • Innovative care models including CMS/CMMI demonstrations (ATI)
	May 23	**Focused Conversation #3**: Improving discharge planning, processes, and outcomes • Analysis of hospital discharge processes, case worker staffing, and outcomes (ATI) • Perspectives of case managers and front-line workers on discharge processes (TBD) • Presentation of model concept for escalation protocol; health information exchange and housing coordination opportunities ; (LPRO, ATI, and invited speakers TBD)
	June 27	**Focused Conversation #4**: Coverage and reimbursement for post-acute care; community-based placements • Preliminary findings from payment studies for skilled nursing, home health, outpatient dialysis, and home and community-based care (ATI, ODHS) • Alternative payment models, quality incentives, and options across payers (ATI) • Cost/utilization estimates for Medicaid LTSS presumptive eligibility, asset limit, and SNF concepts (ODHS, OHA)
Deliberation	July 30	**Focused Conversation #5**: Complex care needs, innovative care models, and federal-state partnerships (part 2) • Integrate key takeaways from analyses and focused conversations • Discuss potential state recommendations and federal advocacy needs • Provide direction to staff on next steps
	Sept. 4	• Edit first draft recommendations • Discuss other report content
	Oct. 15	• Finalize recommendations • Other edits to final report
Final Report	Nov. 12	**Finalize and adopt report**

Introducing ATI Advisory

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Break

Suggestion: camera and microphone off

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Scoping Conversation

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Scoping Discussion

Analyses underway to inform focused conversations

Additional Task Force input helpful on:

- Licensing, certification, and scope of practice
- Presumptive eligibility
- Asset testing
- Post hospital extended care

Input today will help staff gather relevant information and data to inform analyses presented in March through June

Objective	Meeting
Planning	January
Focused Conversations	March
	April
	May
	June
Deliberation	July
	September
	October
Final Report	November

Caveats

- Scoping discussions and scenario plans are a starting point; today's discussion does not obligate the Task Force to consider or not consider these scenarios in future meetings
- Scenarios do not imply all members agree or support the concept
- Other analyses may be requested; however, scenarios requested at later dates may not be feasible in the time frame needed for Task Force discussion

HB 3396 – Workforce Development

HB 3396 directs the Task Force to develop recommendations to:

- Reduce barriers to training, education, licensure and certification for *all classifications of post-acute nurses*
- Increase available options for and access to community-based placements

LPRO is directed to support the Task Force (in part) by:

- Reviewing state and federal requirements for licensure, certification and scope of practice for *all licensed or certified providers* who practice in post-acute care settings
- Examine strategies that have been successful in other states

Members have requested to:

- Consider *all post-acute professionals*, including those who are not required to be licensed or certified

Member input to date – Workforce Education

Needs	Opportunities
Support for prospective health care students	• Shadowing opportunities for high school students to learn about career opportunities in health care. • K-12 mentorship programs for aspiring health professionals. • Incentives to recruit nursing students.
Supporting and reducing barriers for current health care students	• Educational resources to help high school and post-secondary students navigate health care program prerequisites and admission processes. • Holistic admissions practices for health care students. • Student loan repayment for nurses employed in post-acute care. • Racially and ethnically concordant mentoring to health care students. • Grants, scholarships, and stipends for health care students from diverse backgrounds. • Wraparound supports for CNA students.
Support for nursing faculty	• Investments to increase nursing faculty in community colleges and other higher educational programs. • Incentives to become a nursing educator. • Address wage differences between nurses who are faculty and who practice in other settings.
Education programs	• Investments to expand class sizes. • Raise limits on the number of students per instructor. • Create additional career pathways into health care. • Evaluate whether SB 523 (2023), allowing community colleges to offer Bachelor of Science in Nursing degrees, is increasing the workforce. • Public-private partnerships to provide initial and ongoing training for CNAs to work in post-acute care. • Hospital – Skilled Nursing Facility (SNF) partnership on developing nursing education.
Clinical rotations and placements for health care students	• Address shortages in clinical rotations for nursing students and ensure adequate clinical placements for students in post-acute care settings. • Create a centralized system for clinical placements for nursing students. • Discuss Oregon Health Authority's in-progress review of administrative rule requirements relating to students in clinical placements. • Extend policy changes related to clinical placements and labor management trusts from the 2023 session.

Member input to date – Workforce Licensure and Certification

Needs	Opportunities
Licensure processing	• Members identified the need to shorten the processing time for licensure applications. Suggestions included increasing staffing at the Oregon State Board of Nursing (in addition to two positions recently added); evaluating the cause of delays in licensure processing; and offering an expedited process or giving priority review to care providers already licensed in other states.
Background checks	• Members also identified opportunities to address delays in background checks including exploring transitioning to Federal Bureau of Investigations Rap Back system and assessing the source of delays in processing times.

Member input to date – Post Acute Training and Career Development

Needs	Opportunities
Continuing education for discharge planners	• Suggestions including training on the Carina database for hospital staff to help eligible patients find caregivers, additional on-boarding support, and role clarity.
Continuing education for CNAs	• Suggestions included standardizing CNA trainings across settings to reduce duplication; making CNA trainings transferrable and stackable across settings; and keeping trainings simple, such as non-graded quizzes. One member noted that as the Oregon State Board of Nursing updates core competencies for CNAs to reduce barriers to entry in the profession, additional CNA training may be needed to work in post-acute care. Another member suggested offering incentives to onboard CNA students as employees while completing certification training.
Specialized training on post-acute care for people with complex needs	• Across professions working in post-acute care, education requirements may not adequately prepare care providers to work with people with complex needs or high acuity. Additional specialized training is needed to address post-acute care for people with co-occurring physical and behavioral health conditions, co-occurring physical and intellectual or developmental disabilities, severe mental illness, substance use disorders, and overdose treatment. Training also needs to address changing regulations and best practices as these evolve in Oregon.
Access and support for training	• Additional effort is needed to ensure trainings are used and helpful when they are offered. One member noted the pressure to maximize time in patient care undermines time for professional development that could support upskilling or career advancement. Another member suggested paying care providers to participate in trainings.

Defining Post Acute Professionals – Many Roles

- Healthcare Workforce Reporting Program[1] (licensing and certification boards)
  - **32 distinct professions** reported work in post-acute care settings (see appendix)
  - Six nursing professions (CNA, CNS, CRNA, LPN, NP, RN)
- Oregon Home Care Commission[2]
  - **Home care workers, personal support workers, and personal care attendants** for care of people with physical disabilities, addiction and mental health needs, and developmental or intellectual disabilities (see appendix)
- Mental Health & Addiction Certification Board of Oregon[3]
  - **Seven professions** (with tiers) providing mental health, addiction, prevention and recovery support
- Other roles?

1. Oregon Health Authority. Oregon Health Care Workforce Reporting Program (2023 database). Available at: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx
2. Oregon Home Care Commission. “What we do.” Accessed on January 10, 2024. Available at https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Health-Care-Workforce-Reporting.aspx
3. Mental Health & Addiction Certification Board of Oregon. “Certifications.” Accessed on January 10, 2024. Available at https://mhacbo.org/en/certifications/

Scoping Questions

Education, Licensing, Certification, and Scope of Practice

For upcoming focused conversation on **post-acute workforce development**:

- What are your key questions regarding barriers to **education, training, licensure, certification** for post-acute professionals?
- What are your goals for reviewing **scope of practice** in post-acute care settings?
- Which topics are most relevant to hospital discharge challenges?

Presumptive and Fast Track Eligibility

Task Force request: explore options for earlier coverage of post-acute care before a person is determined eligible for Oregon Health Plan long-term services and supports (LTSS).

- Oregon requires verification of financial eligibility (income, assets, home equity) and face-to-face functional assessment prior to receiving LTSS (OAR 411-015-0100 and 461-160-0015, 461-115-0700)
- **Presumptive eligibility** (PE) is an emerging model to provide state-funded short-term (60-90 day) coverage of LTSS (limited or full benefits) while eligibility is being determined.[1]
- **Fast-track eligibility** (FE) would offer a prioritized/expedited LTSS eligibility determination process for people who are experiencing homelessness

Other state approaches:

- PE is a state-funded benefit; Section 1115 Medicaid demonstration waiver can provide for federal cost sharing (e.g. WA, RI)[2;]
- Federal reimbursement applies if people later determined eligible for Medicaid[1;] if determined ineligible, the individual, state, or local agency bear risk depending on design[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. 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/

Scoping Questions

Presumptive Eligibility

As a starting point for analysis to support your focused conversation on **presumptive eligibility**:

- Include full or limited LTSS services?
- What duration of coverage (30, 60, 90 days?)
- Who would be eligible? (everyone, or a specific group?)

Resource Limits and Lookback Period

Task Force request: explore options to eliminate or reduce asset testing for LTSS eligibility

- ORS 411.083 directs ODHS to establish Medicaid eligibility criteria in rule
- OAR 461-160-0015: Oregon's asset limit is $2,000 for single adults, $3,000 for couples (aligns with federal SSI limit and most other states)
- 60-month "lookback;" asset transfers during the lookback period *may* disqualify applicants
- Home equity above $636,000 is considered in screening (the federal minimum also used by most other states)[1]

Other state approaches:

- Between 2021-2023, California phased out asset limits for people receiving Medicaid LTSS (first increasing the asset limit to $130k, then eliminating altogether);
- Eleven states adopt the federal maximum disregard for home equity ($955,000), while two states use $750,000 (ID, WI)[1]; California does not place a limit on home equity for principal residence

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/

Scoping Questions

Resource limits and lookback period

As a starting point for analysis to support your focused conversation on **resource limits**:

- Consider resource limit, home equity limit, or both?
- Consider less stringent asset limits or elimination?
- *If less stringent,* also consider lookback period?

20-day benefit for OHP post-hospital extended care

Task Force request: examine limits on Oregon Health Plan coverage for nursing facility (NF) care

- States must cover nursing facility services for Medicaid enrollees who need them; specific coverage depends on each state's plan which may specify certain limitations.
- Oregon Health Plan (OHP) covers up to 20 days of *"post hospital extended care" (i.e.* skilled nursing) following prior authorization by a Coordinated Care Organization. Enrollee must meet same criteria for coverage as Medicare (OAR 411-070-0033). Care beyond 20 days must meet criteria for LTSS (OAR Chapter 411).

Other state approaches:

- 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

Scoping Questions

Post-hospital extended care (skilled nursing) benefit

As a starting point for analysis to support your focused conversation on coverage of **post-hospital extended care**:

- What coverage scenarios should be considered?

Public Comment

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

JTFHDC.exhibits@oregonlegislature.gov

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Next Meeting

March 28, 2024

9 am – 1 pm

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Appendix

Health Care Workforce Reporting Program data

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Healthcare Workforce Reporting Program (HWRP)

Background: The Oregon Health Authority Healthcare Workforce Reporting Program database contains **licensed professionals** who hold active licenses in Oregon and complete the OHA Health Care Workforce survey as part of the license renewal process (no new licensees). HWRP includes full-time equivalents (FTE) and head-counts of people who indicate they currently work in and provide services in Oregon, by licensing board and work setting. HWRP does not include post-acute professionals such as direct care workers, Qualified Mental Health Professionals, or Traditional Health Workers, who do not complete surveys and are not required to be licensed or certified.

Data: Data included active licensees from any board who, as of January 11, 2023, reported one of the following settings as their primary or secondary place of work: assisted living; community-based group home; home health/hospice; residential care facility; skilled nursing facility/long term care; occupational health; adult foster home; home infusion; inpatient rehab facility; nursing/care home; private dwelling; mobile unit; camp nurse; or emergency transport. Other settings were not included.

Results: 32 distinct professions in the HWRP dataset contained at least one person from that profession who indicated their primary or secondary place of work as one of the selected settings (13,321 total FTE). Most individuals reported work in institutional care or home health agencies (6,278 FTE). Fewer individuals worked in home-based settings (4,303 FTE) or community-based care settings (2,740 FTE). Three professions (CNAs, RNs, LPNs) made up 79% of reported FTE in the included settings. Behavioral health and social work professions (psychologists, LMFT, LPC, CSWA, LCSW, NCSW) were less commonly reported in these settings (2%, 270 FTE total). Of these, nearly all FTE (97%) was reported in institutional care or home health/hospice agencies rather than community-based settings. Staffing mix varied across post-acute setting types.

HWRP – Any Profession, by FTE

Three professions reported more than 1,000 FTE in post-acute settings:

- Certified Nursing Assistants (4,845 FTE) (primarily skilled nursing, residential care, home health and hospice)
- Registered Nurses (3,834 FTE) (primarily Home health/hospice, skilled nursing, residential care)
- Licensed Professional Nurses (1,872 FTE) (primarily skilled nursing, home health/hospice, residential care)

Eight professions reported between 100 and 1,000 FTE in post-acute care settings.

- Physical Therapist (582 FTE)
- Physical Therapist Assistant (313 FTE)
- Occupational Therapist (294 FTE)
- Certified Pharmacy Technician (292 FTE)
- Pharmacist (274 FTE)
- Nurse Practitioner (229 FTE)
- Licensed Clinical Social Worker (172 FTE)
- Occupational Therapy Assistant (137 FTE)
- Respiratory Therapist (119 FTE)

Among these professions, most common settings were skilled nursing or home health/hospice or home infusion. Less common settings included adult foster homes, assisted living, camp nurses, emergency transport, inpatient rehabilitation, occupational health, and residential care facilities.

Twenty professions reported between 1 and 99 FTE worked in post-acute care settings. These included:

- Licensed Massage Therapist (72 FTE)
- Speech language pathologist (61 FTE)
- Licensed dietitian (49 FTE)
- Licensed Professional Counselor (32 FTE)
- Medical Imaging Technologist (29 FTE)
- Clinical Social Worker Associate (27 FTE)
- Social worker (23 FTE)
- Dental Hygienist (17 FTE)
- Dentist (13 FTE)
- Psychologist (10 FTE)
- Polysomnographic Technologist (9 FTE)
- Licensed Marriage and Family Therapist (5 FTE)
- Naturopathic Physician (4 FTE)
- Chiropractor (4 FTE)
- Dual-licensed Professional Counselor and Marriage and Family Therapist (2 FTE)
- Clinical Nurse Specialist (1 FTE)
- Certified Registered Nurse Anesthetist (1 FTE)
- Optometrist (<1 FTE)
- Speech Language Pathology Assistants (<1 FTE)
- Dual-License Speech Language Pathology / Audiologist (<1 FTE)

HWRP – Nursing Professions by Post Acute Setting

Six nursing professions are reported in the Healthcare Workforce Reporting Program dataset. All six roles reported at least some FTE in post-acute settings.

	Adult Foster Homes	Residential Care Facilities	Skilled Nursing Facilities	Home Health and/or Hospice
Certified Nursing Assistant	124 FTE	755 FTE	3,109 FTE	584 FTE
Registered Nurse	111 FTE	453 FTE	974 FTE	1,848 FTE
Licensed Practical Nurse	41 FTE	268 FTE	1,096 FTE	333 FTE
Nurse Practitioner	5 FTE	26 FTE	84 FTE	86 FTE
Clinical Nurse Specialist	--	0.3 FTE	1 FTE	0.2 FTE
Certified Registered Nurse Anesthetist	--	1 FTE	--	--

Appendix

Oregon Home Care Commission data

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OHCC – home and personal care workers

The Oregon Home Care Commission tracks registered home care workers (HCW), personal support workers (PSW), and personal care attendants (PCA). Oregon consumers may locate Medicaid or Oregon Project Independence providers of in-home services through two systems. The older OHCC Registry and Referral system is being replaced by the newer Carina system. Some providers are registered in both systems while others are registered only in one or the other system.

	Total registered providers – OHCC	% from OHCC registry who received payments In the past 90 days	Total registered providers - Carina
Home care workers	18,898	78%	429
Personal support workers	14,449	73%	55
Personal care attendants	527	77%	--
HCW-PCA	--	--	11
HCW-PCA-PSW	--	--	643
HCW-PSW	--	--	824
PCA-PSW	--	--	11
Total	33,874	76%	1,973