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# Joint Task Force on Hospital Discharge Challenges

March 28, 2024

Meeting #6: Post-acute care workforce

Please have:

Camera on

Microphone unmuted

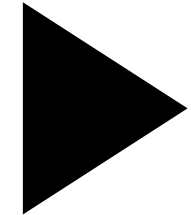
# Roll Call



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# 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](mailto:JTFHDC.exhibits@oregonlegislature.gov)
- **Language Access** (interpretation, translation, CART):  
<https://www.oregonlegislature.gov/lpro/Pages/language-access.aspx>



# Roadmap

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# Post-Acute Workforce

March 28  
9 am – 1 pm

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ATI Advisory on National Trends

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Oregon Longitudinal Data Collaborative

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OHA – Updates on Workforce Investments

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Break

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Moving Forward Coalition & RISE

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Legislative Update, Licensure, Background

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Public Comment

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# Scoping – what we heard from you

- Focus on certain roles:
  - Nurses, therapists (physical, occupational, respiratory) – increasing numbers
  - Nursing assistants, direct care workers, and aides – retention and advancement
  - Positions focused on substance use, mental health, and social determinants of health
- Emphasize removing short-term barriers over long-term scope of practice issues
- Ground discussions in hospital-to-post-acute care settings (not a sector-wide lens)
- Prompt Task Force discussions to inform *other groups'* workforce efforts (avoiding duplication)



Purpose	Meeting	Topics and Tasks [tentative]
Focused Conversations	March 28	<b>Focused Conversation #1:</b> Post-acute workforce <ul style="list-style-type: none"> <li>Overview of national trends related to post-acute workforce (ATI)</li> <li>Workforce education/pipeline (Oregon Longitudinal Data Collaborative)</li> <li>Update on Oregon’s ongoing initiatives (OHA)</li> <li>Post-acute career advancement (Moving Forward Coalition) and apprenticeships (RISE)</li> <li>Legislative update, licensure, background checks (LPRO)</li> </ul>
	April 25	<b>Focused Conversation #2:</b> Complex care needs; innovative care models; and federal-state partnerships (part 1) <ul style="list-style-type: none"> <li>Complex care survey, interviews, and post-acute workforce analyses (ATI)</li> <li>Innovative care models including CMS/CMMI demonstrations (ATI)</li> <li>Preview of Phase II of analysis</li> </ul>
	May 23	<b>Focused Conversation #3:</b> Improving discharge planning, processes, and outcomes <ul style="list-style-type: none"> <li>Analysis of hospital discharge processes, case worker staffing, and outcomes (ATI)</li> <li>Perspectives of case managers and front-line workers on discharge processes (TBD)</li> <li>Presentation of model concept for escalation protocol; health information exchange and housing coordination opportunities (LPRO, ATI, and invited speakers TBD)</li> </ul>
	June 27	<b>Focused Conversation #4:</b> Coverage and reimbursement for post-acute care; community-based placements <ul style="list-style-type: none"> <li>Preliminary findings from payment studies for skilled nursing, home health, outpatient dialysis, and home and community-based care (ATI, ODHS)</li> <li>Alternative payment models, quality incentives, and options across payers (ATI)</li> <li>Analysis of Medicaid LTSS presumptive eligibility, asset limit, and SNF concepts (ODHS, OHA)</li> </ul>
	July 30	<b>Focused Conversation #5:</b> Complex care needs, innovative care models, and federal-state partnerships (part 2) <ul style="list-style-type: none"> <li>Integrate key takeaways from analyses and focused conversations</li> <li>Discuss potential state recommendations and federal advocacy needs</li> <li>Provide direction to staff on next steps</li> </ul>

# Workforce Topics Throughout 2024

Workforce connection points throughout the 2024 workplan, not just today

- Today: supply side issues affecting post-acute care
  - capacity to train students, supply of graduates, continuing education, licensing and background check processing
- April: demand side issues in post-acute care
  - need for workers, impact of shortages on post-acute facility capacity and ability to deliver complex care, innovative care/staffing/payment model opportunities
- May: hospital discharge processes and outcomes
  - ODHS and AAA eligibility workforce, retention, turnover, wages
  - perspectives of staff on hospital discharge challenges and impact of potential changes
- June: coverage and payment
  - Understanding reimbursement and wages
- July to October: discuss and integrate takeaways





# National Trends Shaping the Post-Acute and Long-Term Care Workforce

ATI Advisory



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# Postsecondary Healthcare Education Shortage in Oregon

Oregon Longitudinal Data Collaborative



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# Workforce Strategy and Investments

Oregon Health Authority



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## Discussion

- What opportunities exist to address student-to-worker barriers for post acute settings?
  - Clinical placements?
  - Regional strategies?
- What would the Task Force want Future Ready Oregon, OHPB's workforce committee, and other bodies to consider as they develop policy or make workforce investments?



# BREAK



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# CNA and Direct Care Roles

Moving Forward Coalition and  
Oregon RISE Partnership

# Discussion

- How can registered apprenticeships play a role in addressing post-acute recruitment challenges?
- How can trainings for CNA/direct care workers be more transferable across settings?
- How can advanced roles for direct care and CNAs help address retention challenges?
- What other opportunities exist?



# Legislative Update, Licensure Concepts, Background Checks



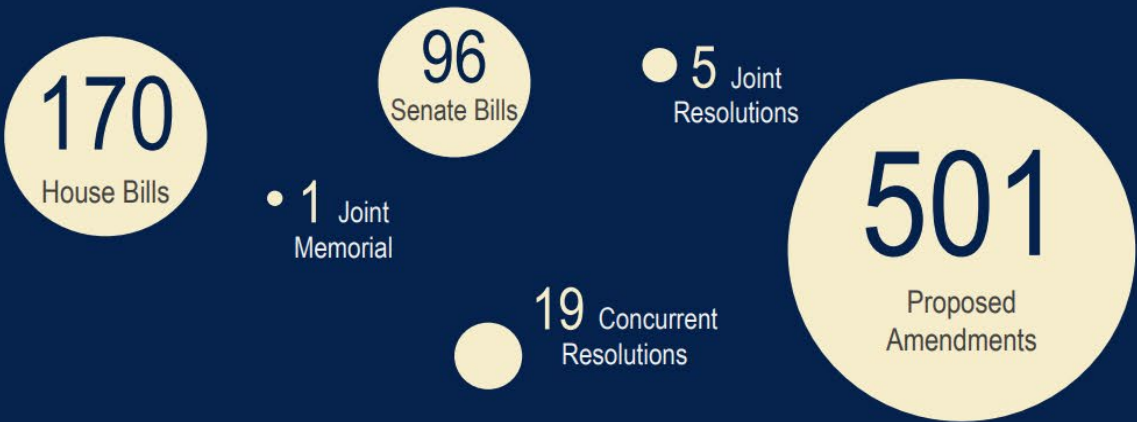
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Oregon's 2024 regular legislative session convened February 5, 2024, and adjourned on March 7, 2024.

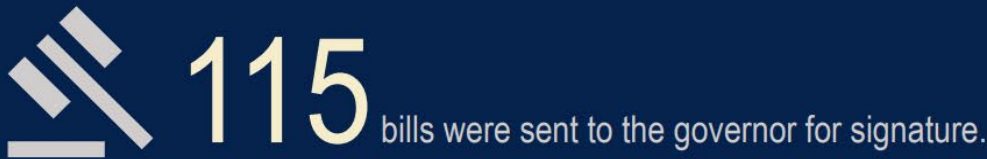
## Measures

During the 2024 short legislative session, each legislator could introduce up to two measures, while most legislative committees, the Governor, and the Chief Justice could introduce up to three. Measures include bills, resolutions, and memorials, which may be revised if legislators request amendments. This session included



## Committees

Each measure is sent to one or more committees, where lawmakers hold public hearings to gather testimony from community members, as well as work sessions to decide whether to amend (change) a measure before sending it to the House of Representatives or Senate for a vote. This session there were



## Public Engagement

Oregonians can participate in the legislative process by submitting written testimony or delivering verbal testimony virtually or in person during public hearings. This session there were



# SB 5701 (2024) – Guardianship appropriation

- Budget reconciliation bill ([link](#)) – Joint Committee on Ways and Means
- SECTION 453 (p 51): Appropriation to the Long Term Care Ombudsman for the biennium ending June 30, 2025, for the public guardian and conservator program, is increased by **\$904,102**, for services to individuals with complex needs discharging from hospitals to post-acute care settings.
  - Funds four additional public guardian positions + one supervisor position
- See [SB 1507](#) (2024) (did not pass) – public hearing on guardianship concept
  - Public hearing & testimony ([link](#))
  - Staff Measure Summary ([link](#))



# SB 1530 (2024) – Housing and homelessness

- **SB 1530 (2024)** ([link](#))
  - With SB 1537 (2024) ([link](#)), discussed as part of package to address to housing and homelessness
  - Appropriation totaling \$258m for state programs
    - Includes \$65,000,000 for the operations, services and administration of emergency shelters, Project Turnkey sites, and navigation centers
    - Funding for “shovel ready” projects in different regions
  - Read more: [Oregon House passes Gov. Tina Kotek's housing bill, approves \\$369 million • Oregon Capital Chronicle](#)



# HB 4002 (2024)

- Package of policy concepts and funding related to treating addiction, community safety, and behavioral health (“Measure 110 fix”)
- Section 20 - United We Heal Medicaid Payment Program

Establishes a program within the Oregon Health Authority to provide supplemental medical assistance payments to eligible behavioral health care providers to enable the providers to access enhanced apprenticeship and training programs and opportunities by participating in a labor-management training trust.

- For details about funding, See Section 501 of SB 5701:
  - Appropriates \$4,700,000, to be allocated to the Oregon Health Authority for payments to employers of behavioral health care providers following the submission of requests for approval by CMS for matching funds.



# Other concepts of note

## [HB 4003](#)

The measure directs the Oregon State Police to study the shortage of medical examiners, including the Conrad 30 waiver program for J-1 foreign medical graduates. Read more: [Bill aiming to study Oregon's medical examiner shortage moving through legislature - State of Reform](#)

## [HB 4092](#)

The measure requires the Oregon Health Authority (OHA) to conduct a study to determine the funding required by community mental health programs (CMHPs) and to convene a group of behavioral health partners to evaluate laws, rules, and contracts affecting behavioral health providers.

## [SB 1591](#)

(not enacted)

The measure would have changed how many residents an adult foster home can have and would have permitted up to seven residents instead of just five. Adult foster homes must follow specific rules and pay certain fees to care for more than five older adults. The Department of Human Services would have made rules for licensing these homes with more than five residents.

## [HB 4023](#)

(not enacted)

The measure would have required local governments to allow the siting of a residential treatment facility, as defined in [ORS 443.400](#) (2023), within an urban growth boundary without requiring a zone change or conditional use permit, subject to certain conditions. Read more: [Oregon bill to clear way for more addiction, mental health treatment centers passed both chambers, then died anyway - oregonlive.com](#)

## [HB 4139](#)

(not enacted)

The measure would have excluded new hospitals providing certain behavioral health services and new long term care facilities from requirement to obtain a certificate of need.



# Licensure Concepts

2024 Session



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# House Bill 4071 (2024) (did not pass)

Introduced version ([link](#)):

The measure would have required a health professional regulatory board to issue a temporary one-year license, within 10 days of receiving an application, to an applicant who is licensed and in good standing in another state (among other conditions).

A-Engrossed version ([link](#)):

The measure would have established a 20-member Task Force on Health Professional Licensing.

Additional resources:

- Staff Measure Summary ([link](#))
- Written Comments ([link](#))
- Public Hearing (2/14/24) ([link](#))

Read more: [Task force would tackle Oregon health care licensing delays | The Lund Report](#)



# HB 4136 (2024) – Licensure Provisions

The measure removes assignment limitations on the use of nonresident nurses.

- Under Oregon law, nonresident nurses licensed and in good standing in another state to practice in Oregon on a single assignment not to exceed 90 days, renewable for another 90 days, for certain defined assignments (Red Cross, disaster teams, temporary staffing shortage, certain behavioral health fields).
  - This measure removes the enumerated list of assignments, allowing for placement of temporary nurses without restriction based on assignment
- Requirement still applies for facilities to certify that there is no labor dispute.





# HB 4122 (2024) – “Rap Back” Program

## [HB 4122](#)

The measure replaces Oregon's voluntary individual fingerprint retention background check system with the state-federal “Rap Back” program, which continuously checks fingerprints against incoming criminal history record information (arrests, convictions).

- Administered by the Department of State Police and integrated with the federal rap back system
- Allows authorized state and local government agencies to subscribe
- Requires employees or licensees who are subject to fingerprint-based background checks to enroll in the program for the duration of their employment or licensure



# Criminal Records Checks for Healthcare Workers



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# “Background Checks”

Can include review of

- Information provided by applicant (self-attestations, self-reported criminal histories)
- **Criminal history records checks (arrests, charges, dismissed charges, convictions but not expunged records)\***
- Verification of employment history
- Verification of education or training (transcripts, degrees, exam results)
- Verification of good standing from other professional regulatory bodies



*\*searches may be name-based or fingerprint-based*

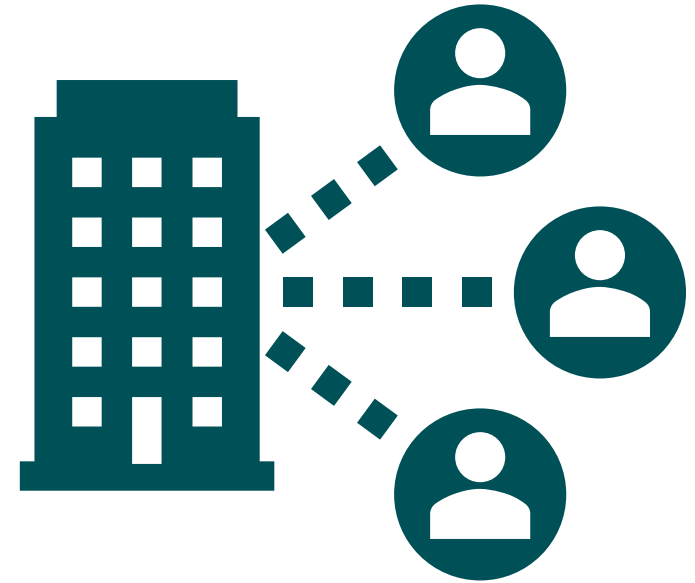


# Who requests fingerprint-based criminal records for health care workers?

- State government agencies
- State licensing boards
- Other “qualified entities” who provide care to children, older adults, and people with disabilities

Processes vary by state entity.

Private employers may also have their own screening processes.



See ORS 181A.195 for details.

# Who establishes state processes regarding criminal records checks?

Oregon Department of Administrative Services (DAS), in consultation with Oregon State Police (OSP), determines overarching:

- categories of people who may be subject to criminal records checks by state government;
- types of information that are required, including whether fingerprint-based checks should be used;
- types of crimes that may be considered in determining fitness, and processes that may be used for appealing decisions.<sup>1</sup>

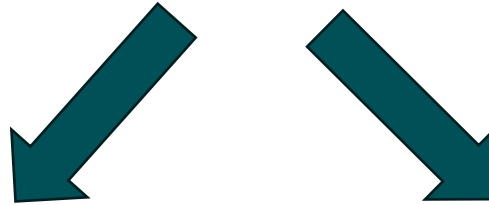
Agencies, in consultation with OSP, develop rules to implement their background check policies in accordance with DAS guidance.<sup>2</sup>



1. ORS 181A.215(2)
2. ORS 181A.195(9)

# Options to check criminal histories

Agencies with statutory authority to check criminal histories for **non-criminal justice purposes** such as pre-employment or pre-licensure screening can typically:



Request OSP review state or national criminal records from Western States Information Network (WSIN) and/or Federal Bureau of Investigation (FBI)

Apply to Oregon State Police (OSP) to access Law Enforcement Data System (LEDS) directly



See ORS 181A.195(2) through (9)

# What is currently done?

## Licensing Boards

- Many boards have LEDS access and work directly with OSP on fingerprint-based checks
- OHA Health Licensing Office has LEDS access and works with OSP on behalf of 19 boards/programs

## OHA and ODHS

- The shared Background Check Unit (BCU) has LEDS access and works directly with OSP

## Qualified entities (employers)

- Request through BCU's Oregon Criminal History and Abuse Records Data System (ORCHARDS)
- Available to participating non-regulated provider entities through BCU's Clearinghouse



See "Memorandum to the Joint Task Force on Hospital Discharge Challenges re: criminal records checks for health care professionals," Legislative Policy and Research Office. March 18, 2024.

# Whose records may be requested by the state?

Subject individuals (SI) may include:

- People seeking licensure or certification to work in care professions
- People seeking employment
  - With state agencies
  - With entities regulated by state agencies
  - With non-regulated entities providing care or placement services for children, older adults, and people with disabilities
- Vendors, contractors, subcontractors
- Volunteers



See ORS 181A.190 to 181A.200; OAR 407-007-0200 to -0370; OAR 943-007-0001 to -0501



# How are Fingerprints Collected?

- DAS contracts with a third-party vendor, Fieldprint, Inc.<sup>1</sup>
- Fieldprint provides electronic fingerprint collection services to all Oregon agencies.\*
- Subject individuals obtain a code from the board/agency, then make an appointment at one of ~1,900 collection sites in the U.S. (and do not need to be physically present in Oregon). Walk-ins are not accepted.<sup>2</sup>
- Unless otherwise provided for through program funding, the individual pays a fee to Fieldprint.<sup>3</sup>
- Fieldprint forwards electronic fingerprints to OSP, who processes state and federal records checks.



*\*some agencies may also work directly with law enforcement offices for fingerprint collection*



1. ORS 181A.170(1)(b) and (4); "Fingerprinting for Background Checks," Oregon Department of Human Services. Available at <https://www.oregon.gov/odhs/background-checks/Pages/fingerprinting.aspx>
2. "Oregon's Largest Livescan Network for Individuals." Fieldprint. Available at <https://fieldprintoregon.com/individuals>
3. Communication with OHA Health Licensing Office, March 8, 2024.

# How long does processing take?

- Fieldprint's reported processing times are 5-7 days for fingerprint collection.<sup>1</sup>
- OSP returns results to requesting agency within ~15 hours to 3 days on average.<sup>2</sup>
- Criminal records are one component of overall background check or licensure application review processes.
- Application processing times at agencies vary across offices/boards; some have fallen since early 2023.<sup>3</sup>

## Example: OSBN Applications and Processing Times

Quarter	Average Days	Total applications
Q1 2023	51	3,263
Q2 2023	51	3,170
Q3 2023	31	2,661
Q4 2023	19	2,250
Total		11,344



1. "Frequently Asked Questions." Fieldprint. Available at <https://fieldprintoregon.com/individuals#faq>

2. Communication with Oregon State Police, March 7, 2024.

3. Communication with Governor's Office on behalf of Oregon State Board of Nursing and Oregon Medical Board, January 18th, 2024.

# What contributes to slower application processing?

Per OSBN and OMB, delays most often from:

- Applicant engagement and response time (e.g., waiting for job offer, finishing residency, deciding whether to move forward)
- Positive flag on background check or “yes” response to questions about criminal history<sup>1</sup>

Individuals may misunderstand what is required to be reported, including differences between dismissed and expunged records.<sup>2</sup>

Investigation processes vary by board.

Other factors such as frequent hand washing can also result in errors when collecting fingerprints.<sup>1</sup>

## Example - Occupational Therapy Licensing Board<sup>2</sup>

- Individual does not disclose a past arrest on application
- Criminal records do not match application
- Application is flagged for review by full board, which meets once per quarter
- Individual fined \$1,000



1. Communication with Governor's Office on behalf of Oregon State Board of Nursing and Oregon Medical Board, January 18th, 2024.  
2. "Applications." Oregon Occupational Therapy Licensing Board. Available at <https://www.oregon.gov/otlb/Pages/Applications.aspx>

# Are fingerprints retained?

Under existing law,\* fingerprints are **not** retained.<sup>1</sup>

- FBI must return any fingerprint records received from Oregon agencies.
- OSP and Fieldprint must destroy any fingerprint records.
- Future background checks require new fingerprint collection.

Exceptions:

- Individuals can voluntarily authorize OSP to retain fingerprints.<sup>2</sup>
- OHA and ODHS are required to offer background check “portability” for certain direct care workers. Background check results are retained for two years in a searchable registry for employers.<sup>3</sup>



*\*The Oregon legislature passed HB 4022 in March 2024 which modifies this law but has not yet been implemented.*



1. ORS 181A.195
2. ORS 181A.205
3. ORS 181A.195(4) and 443.006; OAR 407-007-0620(1)

# What is Rap Back?

## Record of Arrest and Prosecution Background (Rap Back) program<sup>1</sup>

- In 2013 the FBI began offering the federal Rap Back program for state participation
- Prior to 2013, some states operated their own Rap Back programs<sup>2</sup>

## How it works<sup>1</sup>

- Fingerprints or other biometric data collected for non-criminal justice purposes (such as employment screening) are retained in FBI database
- Retained fingerprints may be used for future background check requests
- Law enforcement agencies also use Rap Back to compare new criminal justice records to retained records on an ongoing basis (“latent matching”)
- When a match occurs, participating states and employers can receive an alert



1. “CJIS Noncriminal Rap Back Service.” Federal Bureau of Investigation. Available at [https://www.fbi.gov/video-repository/cjis-non\\_crim\\_rapback\\_2020.mp4/view](https://www.fbi.gov/video-repository/cjis-non_crim_rapback_2020.mp4/view)

“Employers can use FBI database for real-time background checks.” PBS News Weekend. February 5, 2017. Available at <https://www.pbs.org/newshour/show/employers-can-use-fbi-database-real-time-background-checks>

# What actions has Oregon taken?

[HB 2228 \(2015\)](#) required OSP to establish a *voluntary* Rap Back program where individuals could opt-in to have their fingerprints retained.

OSP was unable to participate in the federal Rap Back program under HB 2228 because the FBI retains any submitted fingerprints for ongoing latent fingerprint matching.

[HB 4122 \(2024\)](#) modified current law to require OSP to join the federal Rap Back program and retain fingerprints of individuals subject to criminal records checks by participating state agencies.

The bill requires state agencies that wish to participate in Rap Back to first gather stakeholder input and submit an implementation plan to a legislative committee on judiciary.



# What are other states doing?

- Focus on increasing staffing levels and filling vacancies in positions that process applications<sup>1</sup>
- Transitions to (or upgrading) online platforms for applications and record submissions<sup>1</sup>
- Granting provisional licenses once fingerprint collection is scheduled<sup>2</sup>
- Reducing barriers to health care employment for people with criminal histories<sup>3</sup>
  - Developing or streamlining process to request an exemption during criminal history records review
  - Allowing people with felony convictions to petition for health care licenses
  - Actively recruiting people with criminal histories for entry level direct care professions



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1. Mike Cherry. "Background check delays prevent health workers from starting jobs." August 25, 2021. WMUR 9. Available at <https://www.wmur.com/article/background-check-delays-prevent-health-workers-from-starting-jobs/37399287>
  2. Adiel Kaplan. "A real crisis: License backlogs in some states are preventing health care workers from seeing patients." February 12, 2022. NBC News. Available at <https://www.nbcnews.com/health/health-care/-real-crisis-license-backlogs-states-prevent-health-care-workers-seein-rcna14740>
  3. Sophie Quinton. "A new idea for filling hard-to-fill health-care jobs: ex-offenders." April 29, 2017. The Washington Post. Available at [https://www.washingtonpost.com/national/health-science/a-new-idea-for-filling-hard-to-fill-health-care-jobs-ex-offenders/2017/04/28/fece52ae-2a9b-11e7-b605-33413c691853\\_story.html](https://www.washingtonpost.com/national/health-science/a-new-idea-for-filling-hard-to-fill-health-care-jobs-ex-offenders/2017/04/28/fece52ae-2a9b-11e7-b605-33413c691853_story.html)

# Discussion

- What should agencies and employers consider now that Oregon can establish a Rap Back program?
- Beyond fingerprinting, are there other opportunities related to background checks?
- What other strategies might boards and workforce initiatives consider to remove barriers to licensure for post-acute care workers?





# Public Comment



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