Memorandum

PREPARED FOR:
Joint Task Force on Hospital Discharge Challenges
DATE: June 28, 2024
BY: LPRO Staff
RE: Policy Concepts for Consideration

LPRO
LEGISLATIVE POLICY AND RESEARCH OFFICE

HB 3396 Domain	Policy Concepts
Domain 1: Discharge from Hospitals to Post-Acute Care	
LTSS Eligibility	1.1 The legislature should 1) allocate funding for ODHS caseworker positions using a methodology that accounts for individuals who do not have a paid provider and accounts for varying complexity of cases, 2) direct agencies to establish dedicated teams of case workers (APD, AAA, and OHA-BH) who specialize in eligibility assessments for complex cases, and 3) increase AAA/APD caseworker staffing to improve wait times for LTSS determinations.
	1.2 ODHS and OHA should take necessary steps to enable LTSS financial eligibility determinations to be based on self-attestation of assets for people who are homeless, including seeking any necessary legislative changes or federal approvals.
	1.3 The legislature should direct OHA and ODHS to study options to adopt LTSS presumptive eligibility and waive or streamline asset testing, including studying financial and equity impacts, for the next waiver cycle beginning 2028.
	1.4 ODHS and OHA should provide guidance to local case workers on how to intervene when a delay occurs in LTSS **financial** assessment.
	1.5 ODHS and OHA should 1) develop an integrated process to streamline **functional** assessments across programs, 2) publish caseworker expectations for: assessment scheduling, communication with hospitals, and expected response times, and 3) provide training to case workers and hospital discharge staff to align expectations.
Guardianship	1.6 The legislature should 1) continue funding for five limited duration positions in the Office of the Public Guardian, 2) fund (six) additional OPG positions, and 3) provide funding to local networks of pro bono and nonprofit guardians.
	1.7 The interim legislative work group on guardianship should make recommendations to the legislature on formal guidance for providers and the public supported decision making in non-guardianship cases.
Escalation Protocol and Care Coordination	1.8 OHA and ODHS should 1) create a centralized database of post-acute facilities with real-time numbers and types of placement openings, and 2) train hospital discharge planners on use of the system. OHA should explore whether the APPRISE Health System could add this functionality to the Oregon Capacity System, including tracking of facilities with specialized needs contracts.
	1.9 *[Staff note: ATI will present a more detailed straw proposal for this concept at the July meeting]* [Lead entity TBD] should convene regional meetings to coordinate/escalate complex discharges. The lead entity should develop a process to obtain consent from patients, share protected health information within the group as necessary, and engage paid caregivers in care planning. The legislative assembly should require and fund participation from Oregon Eligibility Partnership staff in each region's convening. If appropriate, the lead entity should collaborate with homeless services' coordinated entry meetings in

	each region. OHA and ODHS should consider connection points with approval processes for enhanced Medicaid rates for hard-to-place patients (e.g., see #3.8). Where Medicaid is not the primary payer, the lead entity should establish a process to ensure payer participation (e.g., see #1.10).
	1.10 OHA and ODHS should leverage existing managed care authorities to 1) require CCOs and D-SNPs to provide more targeted care coordination and case management at the point of hospital discharge; 2) strengthen integration between hospital discharge planning and new HRSN supports; and 3) strengthen CCO utilization of new required Traditional Health Worker networks for care transition support.
	1.11 OHA and ODHS should provide guidance and training to hospital discharge planners, case managers, and post-acute facilities to align expectations on which care settings are appropriate for patients with certain complex needs.
Domain 2: Innovative Care and Payment Models	
Medical respite	2.1 *[Staff note: ATI will present additional information on this concept at the July meeting]* The legislature should 1) expand medical respite programs statewide for people experiencing homelessness; 2) make medical respite a covered OHP benefit or provide other sustained funding; 3) direct OHA to coordinate delivery of medical respite and Medicaid-paid housing benefits, and 4) direct OHA and ODHS to establish options for provision of home health and in-home care services in shelters.
Specialized facilities	2.2 [Lead entity TBD] should study what regulatory framework and level of staffing would be minimally necessary and appropriate for a step-down facility serving a group of higher acuity patients. Consider what reimbursement level would be appropriate to support recruitment and retention of staff under this model.
	2.3 The legislature should direct ODHS to expand the state's existing Enhanced Care Services program or other specialized care delivery model.
Domain 3: Coverage and Reimbursement	
HCBS Rates	3.1 The legislature should 1) increase base rates for adult foster homes (AFH), 2) adopt an acuity-based reimbursement model, and 3) address rate parity across AFH types (see HB 2495). The acuity-based rate methodology should employ a standard assessment process and rate tiers to improve transparency and predictability in reimbursements while minimizing reliance on rate exceptions. ODHS should immediately offer a higher base rate while developing new rate methodologies.
	3.2 The legislature should adopt acuity-based payment methodologies for home and community-based providers who are required to use acuity-based staffing tools.
	3.3 The legislature should direct ODHS and OHCS to study opportunities to offset the cost of creating new adult foster homes. Such approaches might include county-level microlending programs or use of land trusts.
Wages	3.4 The legislature should establish a minimum wage for direct care workers.
	3.5 The legislature should establish a Medicaid rate pass-through for direct care workers.

Nursing facility rates and coverage	3.6 The legislature should extend the OHP post-hospital extended care (PHEC) benefit to 60 or 100 days (Medicaid-only enrollees).
	3.7 The legislature should direct ODHS and OHA to create a "hard to place" rate for nursing facilities to be administered by CCOs, OHA, and ODHS through standard processes (e.g., criteria might include homeless, SUD, challenging behaviors, plus LOS 7+ days and rejection from all NFs within 20 miles of hospital).
Home Modifications	3.8 OHA and ODHS should use existing managed care authority to promote access to home modification services and supports that enable people to discharge from hospital to their home. OHA should use SMAC authority to direct dual-eligible special needs plans (D-SNPs) to offer these services to enrollees. OHA should direct CCOs to offer these services to OHP enrollees.
Domain 4: Increasing Community-based Placements	
Facility Regulations	4.1 ODHS Safety, Oversight, & Quality (SOQ) should conduct a study of administrative rules that may create barriers to facilities accepting residents with complex care needs. SOQ should 1) compare regulations for acute care hospitals, and long-term care settings that accept post-acute patients from hospitals, to identify areas where regulations could better align across acute and post-acute settings, and 2) pilot changes to these facility regulations to test whether they address perceived as barriers to complex care admission/delivery.
	4.2 The legislature should 1) allow greater flexibility for long-term care facilities to initiate involuntary move-out orders of residents to reduce perceived risk of admitting high acuity residents, 2) establish support to facilities to recoup costs of involuntary move-out orders, and 3) establish support to residents who are issued involuntary move-out orders to navigate relocation or address factors contributing to move-out order.
	4.3 SOQ should 1) reduce civil monetary penalties on post-acute providers with violations, and 2) provide support to facilities with residents presenting challenging behaviors due to mental health or substance use conditions. Support could include technical assistance or agency guidance in lieu of corrective actions.
	4.4 The legislature should streamline licensing across foster homes serving ODDS, APD, and OHA clients.
	4.5 The legislature should increase FTE for facility licensing functions for adult foster homes at OHA and ODHS.
Background checks	4.6 The legislature should increase capacity at the Background Check Unit to address backlog and reduce processing times for pre-employment screening of DCWs.
	4.7 The legislature should direct BCU to monitor background check processing times following transition to Rap Back.
Domain 5: Worker Training, Education, Licensure & Certification	
CNAs and Direct Care Workers	5.1 The legislature should expand investments in registered apprenticeships for CNAs.
	5.2 The legislature should create a registered apprenticeship for LPNs.
	5.3 The OSBN should 1) develop a pathway for direct care workers to become CNAs; 2) make CNA and DCW trainings portable and stackable across employers, and 3) formalize a pathway for CNAs to become RNs.
	5.4 The legislature should create an entity like MHACBO to oversee 1) advanced roles such as transition specialist or care integration senior aide, and 2) a behavioral health certification for direct care workers.

Registered Nurses	5.5 The legislature should 1) direct public higher education institutions to benchmark nurse faculty salaries to local industry rates, and 2) match faculty compensation to industry rates.
	5.6 The legislature should clarify that it is not a conflict of interest for nurses employed at Oregon State Hospital to serve as faculty and preceptors.
	5.7 The legislature should 1) direct the OSBN to establish a statewide system to coordinate nursing student clinical placements, and 2) direct OSBN to monitor denial of placements over time.
	5.8 OSBN should study rules for 1:1 nursing student clinical rotations and make changes to improve access to placements.
	5.9 The legislature should direct OSBN to create an interstate licensure agreement between WA, CA, ID, and Oregon to allow nurses to transfer licenses in good standing without reapplication.
	5.10 The legislature should forgive nursing student loans and offer other incentives for students who 1) choose careers in post-acute care, or 2) become nurse faculty.
Domain 6: Federal and State Partnerships	
	Integrated in categories above

***This list is a snapshot of concepts discussed in meetings to date and is not intended to be final or comprehensive. Members are invited to share any feedback on concepts that are missing, incomplete, or unclear.**