



LPRO
LEGISLATIVE POLICY
AND RESEARCH OFFICE

Joint Task Force on Hospital Discharge Challenges

July 30, 2024: 9 am - 11 am

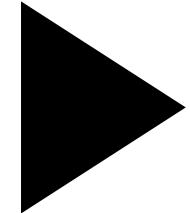
Meeting #10: Medical respite care, concept tracker

Please have:
Camera on
Microphone unmuted

Roll Call

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>



Roadmap

LPRO Staff



Meeting Topics

July 30
9 am – 11 am



1. Deliberation process –
Chair overview

2. Medical Respite

3. Concept tracker &
discussion

4. Public comment

Task Force Milestones



2023

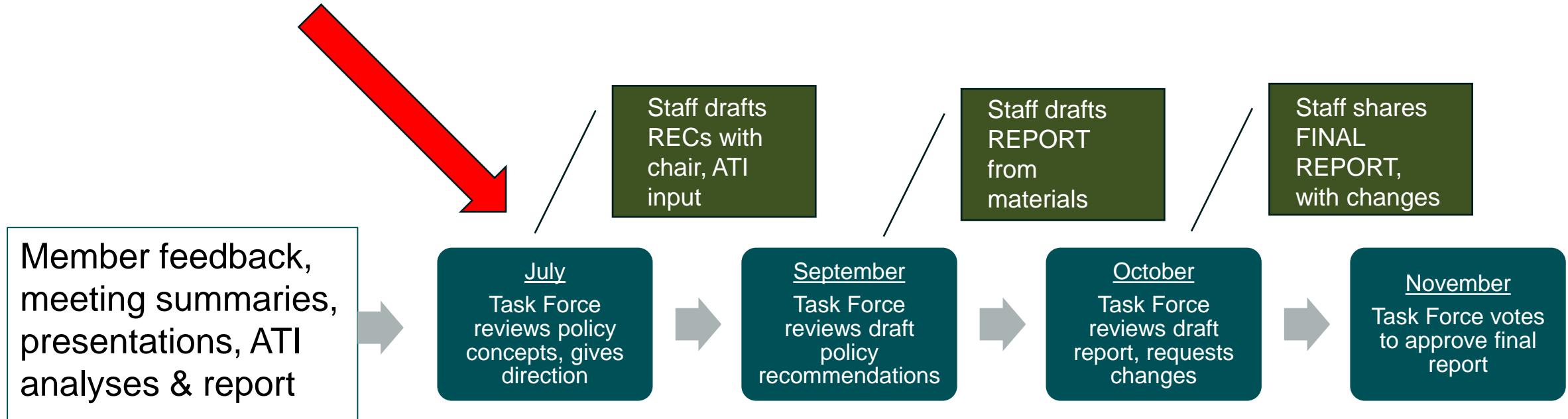
- August: Members appointed
- October: Needs assessment
- December: Status update

2024

- March – June: Gathering info
- July – October: Deliberation
- **November: Final report**



How will the Task Force make recommendations?



ATI Advisory report vs. Task Force final report

- Recommendations to Legislature
- Inclusive summary of issues discussed by Task Force
- Drafted by LPRO staff
- Subject to member approval



ATI Advisory



2024
LEGISLATIVE
SUMMARY
REPORTS

Striving for consensus

- See: [Task Force Rules & Operating Procedures](#) (September 2023):

“On matters of substance, members strive for positions that they can accept, support, live with, or agree not to oppose.”

- Voting: if needed on individual concepts, and on final report (November 12, 2024)



Let's Get to Work

Chair Jimmy Jones



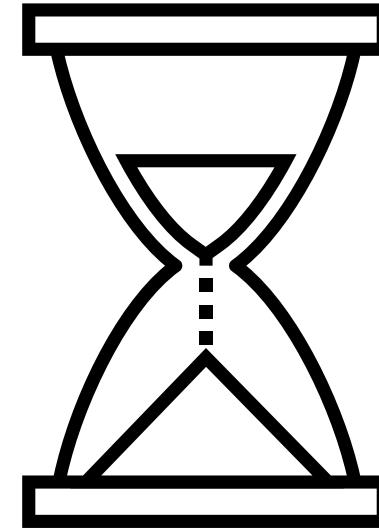


Challenges:

- Delays in discharge
- Misaligned incentives
- Complexity of care needed
 - Behavioral health
 - Housing insecurity
- Workforce shortages

Now is the time

- If Task Force doesn't act, then what?
- After today, three meetings left
- **Opportunity:** good chance of getting traction if Task Force can work together



How can we work together?



Source: Adapted from materials from the National Policy Consensus Center.

How will we choose?



Your criteria for success: ([2023 Needs Assessment](#)):

- Relevant to reducing discharge delays
- Patient-centered solutions
 - Consider needs of housing insecure
- Specific enough to be actionable
 - In Trilby's words: avoid "passing the buck"

The question now:

- Are these still the right criteria?
- What needs to be updated?

Medical Respite

ATI Advisory



Policy Concept Tracker Discussion

Chair Jones & LPRO



Policy Concept Tracker

- Prepared by LPRO staff
- Compiles concepts discussed or submitted to date
- Shared with members + posted for public
- Not intended to rank or prioritize

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 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 permanent residence, 2) direct agencies to establish dedicated teams of case workers (APD, AAA, and OHA-S) who specialize in eligible 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 determinations. 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 public supported decision making in non-guardianship cases.
Escalation Protocol and Care Coordination	1.8 OHA and ODHS should 1) track placement 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.

**Member input on concepts today will
drive draft recommendations at the
September 4th meeting**



Concepts by domain + criteria

Domain	Concept(s)	Meets Criteria
Discharge from Hospital to Care Continuum		
Innovative Care and Payment Models		
Coverage & Reimbursement		
Increasing Community-based Placements		
Workforce		



Today's Discussion

Based on member criteria for Task Force success:

1. Which concepts are priorities?
2. What further refinement before you could support these priorities?



Public Comment

