



**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

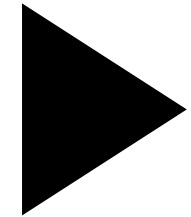
# Roll Call



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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

LPRO Staff



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# Meeting Topics

July 30

9 am – 11 am

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1. Deliberation process –  
Chair overview

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2. Medical Respite

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3. Concept tracker &  
discussion

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4. Public comment

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## Task Force Milestones

### 2023

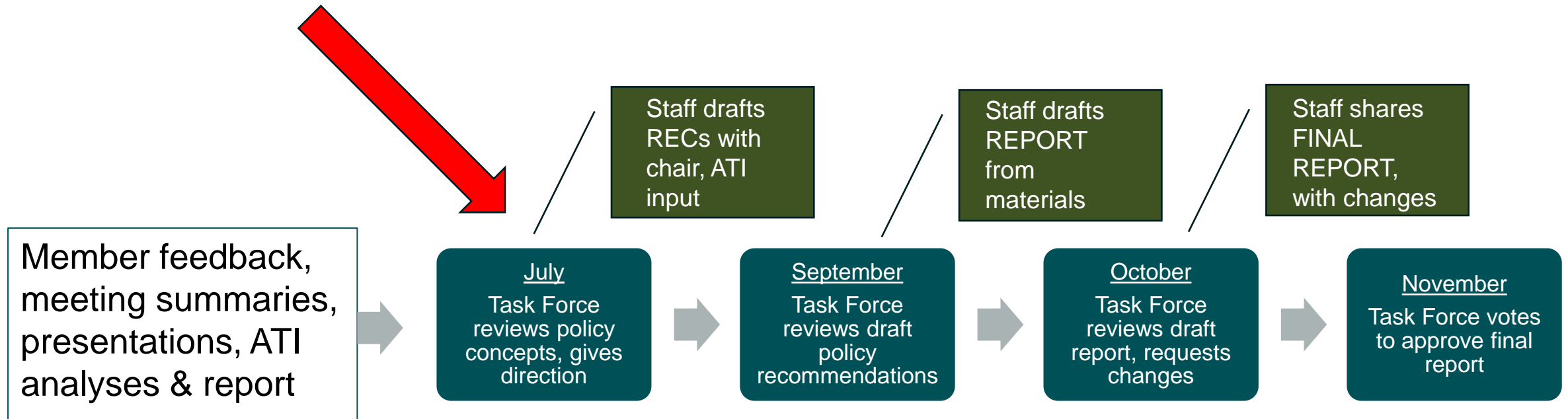
- August: Members appointed
- October: Needs assessment
- December: Status update

### 2024

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

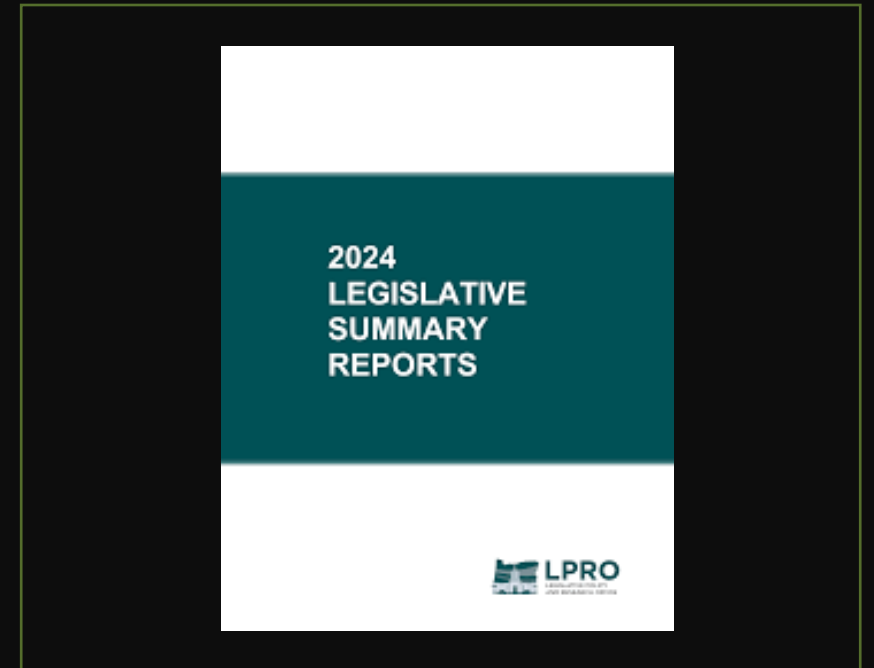
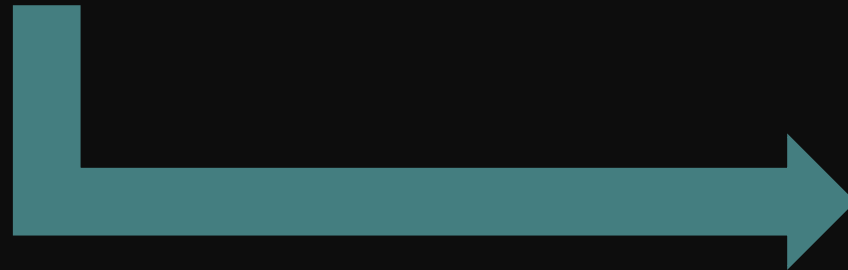


# How will the Task Force make recommendations?



## 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





# 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



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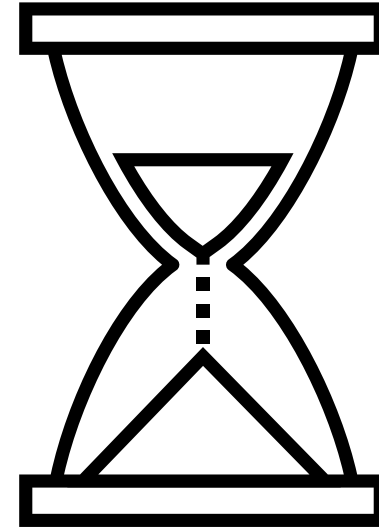


## Challenges:

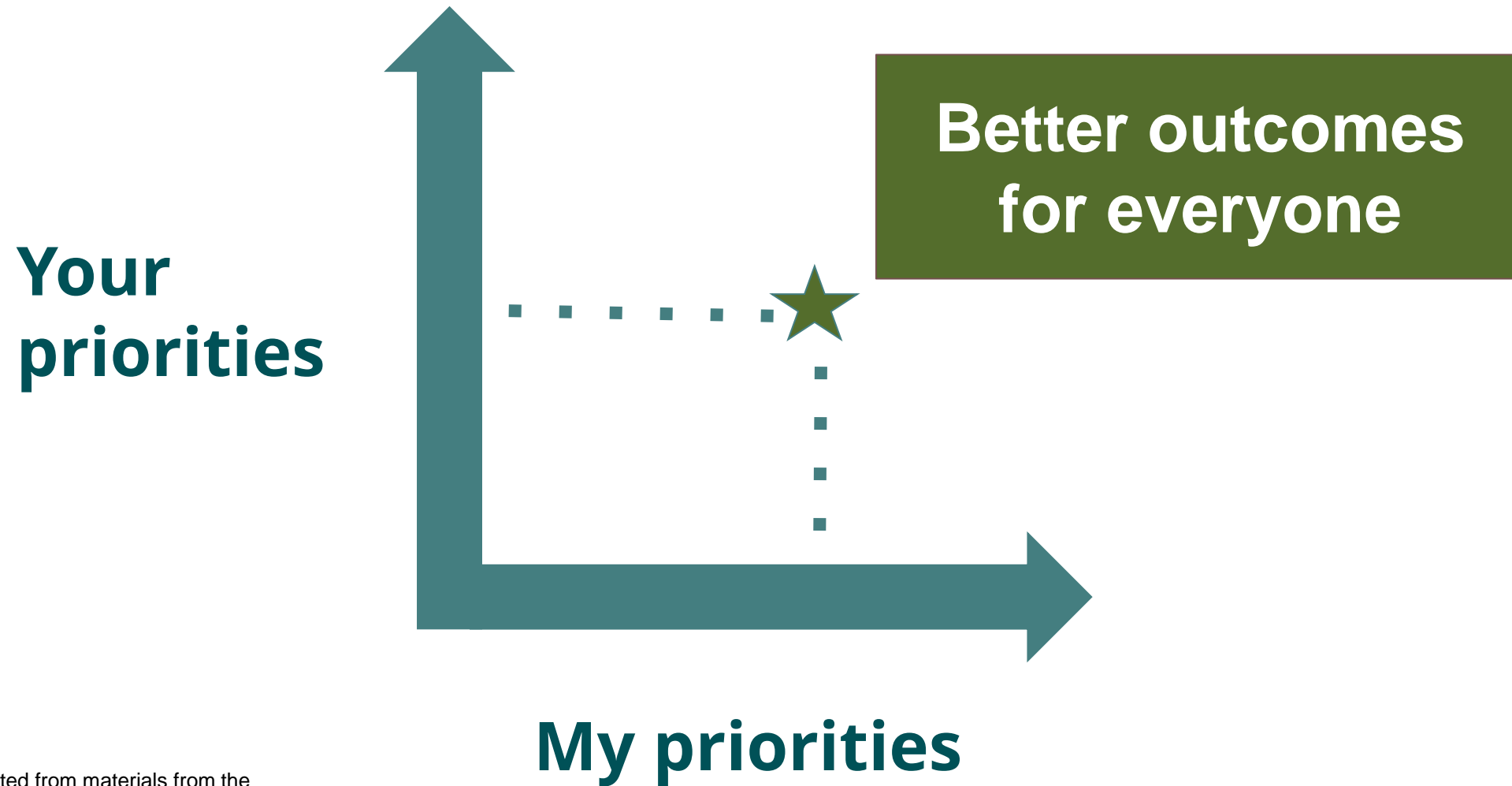
- Delays in discharge
- Misaligned incentives
- Complexity of care needed
  - Behavioral health
  - Housing insecurity
- Workforce shortages

# 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



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# Policy Concept Tracker Discussion

Chair Jones & LPRO



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# 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

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

Memorandum	
PREPARED FOR: Joint Task Force on Hospital Discharge Challenges	
DATE: June 26, 2024	
BY: LPRO Staff	
RE: Policy Concepts for Consideration	
HB 3396	Policy Concepts
Domain	
Domain 1: Discharge from Hospitals to Post-Acute Care	
LTSS	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.
Eligibility	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 2026.
	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.



# 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