



LPRO

LEGISLATIVE POLICY
AND RESEARCH OFFICE

Joint Task Force on Hospital Discharge Challenges

September 4, 2024: 9 am - 12 pm

Meeting #11: 1915(i), Draft Recommendations

Please have:

Camera on

Microphone unmuted

Roll Call

Roadmap

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LEGISLATIVE POLICY
AND RESEARCH OFFICE

Meeting Topics

September 4
9 am – 12 pm

1. Public comment

2. 1915(i) Screening and
Services – OHA/ODHS

Break

3. Draft Recommendations &
Discussion

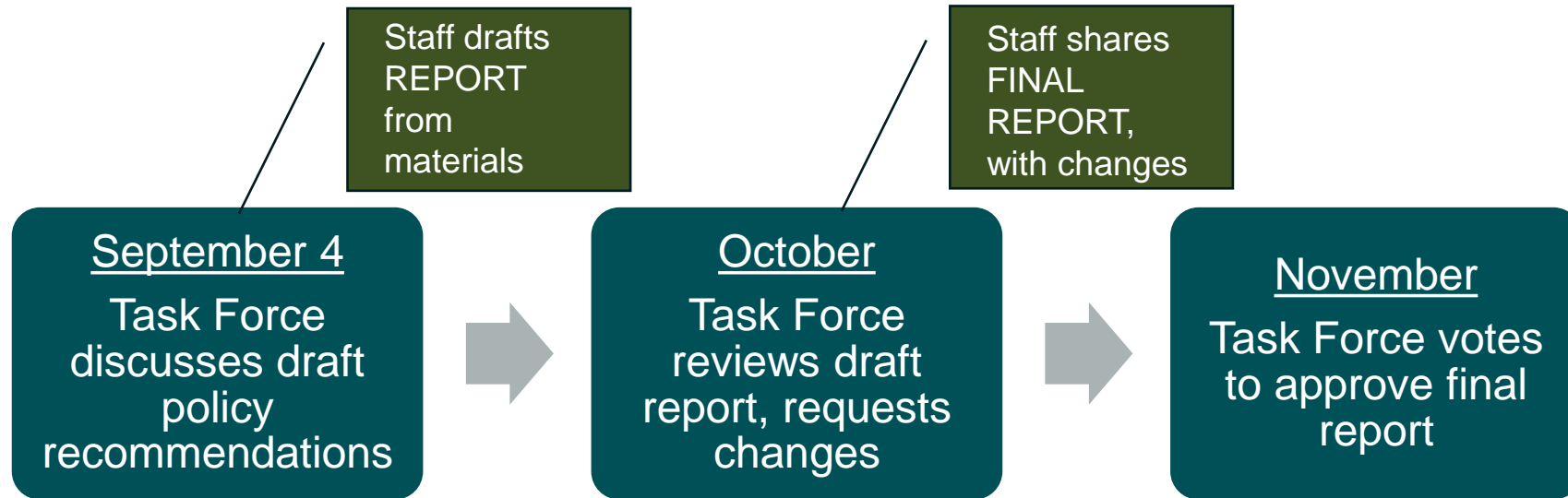


Task Force Milestones

- December (2023): Status update
- March – June: Gathering info
- July: Policy Concept Tracker
- September: Draft Recommendations
- October: Draft Report
- **November: Final report**



What's next?



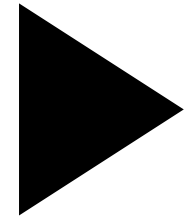
Public Comment

Chair Jones & LPRO



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>



1915(i) Screening and Supports

Jane-Ellen Weidanz, ODHS, and Holly Heiberg, OHA

Facilitated by Vice-Chair Burns

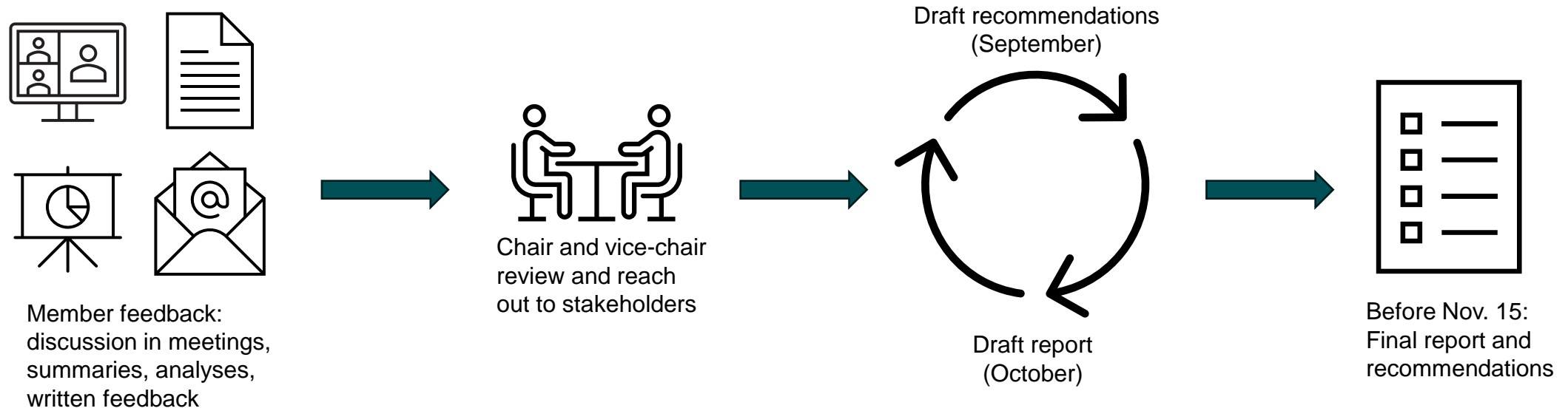


Draft Recommendations

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Getting to final recommendations



What's in a recommendation?

- Who should
 - The Legislative Assembly should...
 - ODHS and OHA should...
 - Other entities should...
- Do what
 - Create, establish, increase, extend, leverage
 - Study and report back to the Legislative Assembly
- By when
 - Effective date and fiscal
 - August 15, 2026 (in advance of drafting deadline for 2027 session)



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)



Draft Recommendations – 3396 Framework

Discharge from Hospital

1. Improving LTSS Eligibility
2. Presumptive Eligibility
3. Asset Testing
4. Guardianship

Innovative Care & Payment Models

5. Frameworks for Innovative Care
6. Medical Respite Care

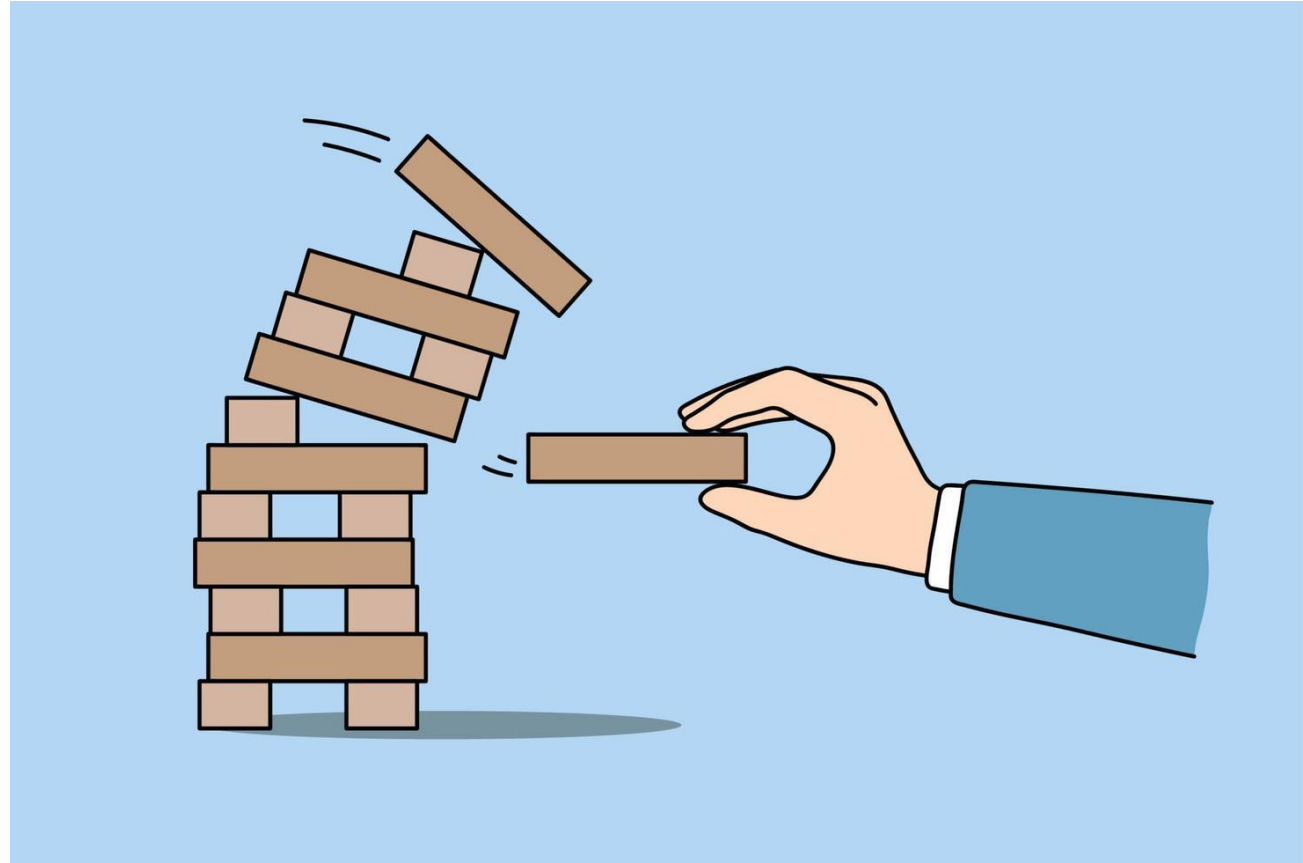
Coverage & Reimbursement

7. PHEC Benefit
8. Reimbursement for AFHs
9. Involving CCOs and D-SNPs

Worker Education, Training, Lic. & Cert.

10. Existing initiatives should develop comprehensive policies for: career pathways, clinical placements, loan forgiveness, faculty salaries, and background checks

**Consider the
recommendations
all together**



Today's Discussion

Taking all recommendations together:

1. If you could only accept a concept with more refinement, what specific change is needed?
2. For concepts you support, where could members agree to more specificity (e.g. funding, timeline)?



1. Improving LTSS Eligibility

The Legislative Assembly should direct the Oregon Department of Human Services and Oregon Health Authority to:

1. Create a dashboard to measure completion time of LTSS eligibility determinations across APD local offices and AAAs.
2. Conduct an operational review to streamline LTSS assessments, with a report back to the Legislative Assembly no later than August 15, 2026, including:
 - a. A baseline analysis from the dashboard of average processing times for functional and financial assessment of individuals in acute and post-acute care settings;
 - b. Specific benchmarks, developed in consultation with providers and stakeholders, for improvement in processing times (i.e., number of days);
 - c. The target date for the agencies to achieve benchmarks for screening times;
 - d. Exploration of technologies to reduce processing times;
 - e. Workflows and staff assignments, including dedicated teams for complex LTSS cases, to meet benchmarks for functional assessments;
 - f. Protocols for local case workers to intervene when delays occur in financial assessments; and,
 - g. A decision tree for hospital staff to navigate OHA and ODHS processes.
3. Request approval from the Legislative Assembly to rebalance funding for staff assignments based on methodologies that account for the complexity of cases and clients without a paid provider.

2. Presumptive Eligibility

ODHS and OHA should develop a proposal to provide short-term, temporary LTSS coverage for clients who are presumptively eligible while full determination is pending. Presumptive eligibility (PE) for LTSS should be based on a client's self-attestation that they meet Medicaid LTSS income and eligibility requirements. By August 15, 2026, the agencies should submit a detailed plan to the Legislative Assembly including:

- Who would be eligible for PE coverage;
- What services would be covered;
- The duration of coverage and any deadline by which a PE client must complete all assessments to continue coverage; and
- Any state or federal approvals or funding needed to establish the program.

The plan should outline a process to allow providers to determine clients' presumptively eligibility for LTSS. The process should address:

- Which providers could become qualified entities (QE) to determine PE;
- What process or training would be required to become a QE;
- Strategies to promote provider participation as QEs; and,
- An approach to provider-state risk sharing if an individual with PE coverage is later found ineligible for LTSS.

The agencies should seek provider input on the plan and, where possible, incorporate feedback in program design recommendations.

3. Asset Testing

OHA and ODHS should study options to **waive or streamline asset testing** for LTSS, including studying financial and equity impacts, and report back to the Legislative Assembly no later than August 15, 2026, with a plan to seek federal approval. Asset testing policies should, to the extent possible, expedite assessment and allow self-attestation of financial eligibility for people who are homeless.

4. Guardianship

The Legislative Assembly should **provide continuous funding to the Office of the Public Guardian** for six new positions beginning in 2025, in addition to continued funding for the five positions established in 2024. Future efforts to revise Section 125 of the Oregon Revised Statutes should include provisions for the use of supported decision making in non-guardianship cases.

5. Frameworks for Innovative Care

ODHS and OHA should **study regulations** for post-acute and long-term care facilities with residents presenting challenging behaviors due to mental health or substance use conditions. The study should:

- Identify any regulatory changes that are needed for licensure of “step-down” facilities for patients with complex care needs that neither require hospitalization nor are appropriate for skilled nursing.
- Assess whether existing Enhanced Care Services and Special Needs Contracts could meet these needs, and the steps and resources that would be necessary to expand these services statewide.
- Detail the public and private sector workforce needed to support frameworks for innovative care.
- Determine how separate licensing requirements for foster homes serving APD, ODDS, and OHA clients serves the needs of patients needing complex care.
- Review alternatives to the application of civil monetary penalties such as technical assistance or agency guidance.

The report should be made to the Legislative Assembly no later than August 15, 2026.

6. Medical Respite Care

The Legislative Assembly should:

- Direct OHA to use existing managed care authorities to immediately **expand medical respite programs statewide** for people experiencing homelessness;
- Direct OHA to coordinate delivery of medical respite care with existing Medicaid-paid housing benefits;
- Direct ODHS and OHA to develop options for home health and in-home care services in shelters; and,
- Direct OHA/ODHS to make medical respite a covered Oregon Health Plan benefit in the next waiver cycle. Provide funding and direct the agencies to seek federal financial participation.

7. Post Hospital Extended Care Benefit

The Legislative Assembly should provide budgetary authority and funding for OHA to **extend the post-hospital extended care benefit** from 20 days to 100 days for Oregon Health Plan enrollees. OHA should immediately pursue a state plan amendment or any other necessary approval. OHA should include this policy change in the 2026 restatement for Coordinated Care Organizations (CCOs) and follow the “significant change” process involving presentations to CCOs. OHA should identify a measurement mechanism to assess whether the extended benefit improves the timeline for discharge to skilled nursing facilities.

8. Reimbursement for Adult Foster Homes

- The Legislative Assembly should **increase base rates for adult foster homes** with parity across license types. The methodology should employ a standard assessment process and acuity-based rate tiers to improve transparency and predictability in reimbursements while minimizing reliance on rate exceptions.
- The Legislative Assembly should immediately fund ODHS to pay a higher base rate while ODHS develops new rate methodologies.
- The Legislative Assembly should direct ODHS and OHCS to study opportunities to offset the cost of creating new adult foster homes, with a report back to the Legislative Assembly no later than August 15, 2026. Approaches may include county-level microlending programs or land trusts.

9. Involving CCOs and D-SNPs

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; 3) strengthen CCO utilization of new required Traditional Health Worker networks for care transition support; and 4) promote access to home modification services and supports that enable people to discharge from hospital to their home.

10. Include LTSS in Comprehensive Workforce Efforts

State workforce initiatives—Future Ready Oregon and the Oregon Health Policy Board workforce committee—should develop comprehensive policies to support health care professionals. Specific workforce concepts that will also address hospital discharge challenges include:

- **Career Pathways.** Within the Oregon State Board of Nursing, develop pathways for direct care workers (DCW) to become Certified Nursing Assistants (CNAs), and for CNAs to become registered nurses (RNs). DCW and CNA trainings should be portable and stackable across employers. Advanced specializations in hospital care transitions and behavioral health administered by MHACBO could offer pathways to career advancement. Consider additional support for registered apprenticeships for CNAs and LPNs consistent with other initiatives.
- **Nursing Student Clinical Placements.** Within the OSBN, establish a statewide system to coordinate nursing student clinical placements and to monitor denial of placements over time. The Legislative Assembly should clarify that it is not a conflict of interest for nurses employed at Oregon State Hospital to serve as faculty and preceptors.

10. Workforce Efforts -- continued

- **Student Loan Forgiveness.** Consistent with initiatives across sectors, forgive nursing student loans and offer other incentives for students who choose careers in post-acute care or become nurse faculty.
- **Nurse Faculty Salaries.** Within public higher education institutions, benchmark nurse faculty salaries to local industry rates.
- **Background Checks.** Within the ODHS-OHA Background Check Unit, monitor processing times following the transition to Rap Back. If needed, the Legislative Assembly should increase BCU capacity to address processing times for pre-employment screening for direct care workers (DCWs).

Timeframes for Action and Implementation

Near-term

- Legislative action
 - Dashboard for assessments
 - Additional public guardians
 - PHEC benefit
 - AFH reimbursement
- Administrative action
 - Operational review & redesign
 - CCO initiatives (medical respite, care coordination)

2025

Intermediate-Term

- Presumptive eligibility
- Medical respite initiatives
- Innovative frameworks
- AFH methodology and initiatives

2026-27

Long-term

- Federal approval/participation
 - Presumptive eligibility
 - Medical respite care
 - Eliminate asset testing

2028

At every stage: integrate LTSS into comprehensive workforce policies.
For each initiative, plan for public and private sector workforce needs.

Next Meeting: October 15

Review Draft Report

