

# Meeting Summary

Joint Task Force on Hospital Discharge Challenges

Meeting #11

[Link](#) to Task Force on OLIS



**LPRO**  
LEGISLATIVE POLICY  
AND RESEARCH OFFICE



Date/Time	September 4, 9-12 pm ( <a href="#">link</a> to recording)
Attendees	Chair Jimmy Jones Vice-Chair Elizabeth Burns Sen. Deb Patterson Rep. Christine Goodwin Phil Bentley Daniel Davis Jeff Davis Eve Gray Felisa Hagins Jesse Kennedy Kathleen LeVee Alice Miller Leah Mitchell Raymond Moreno Joe Ness Nikki Olson Sarah Ray Jane-Ellen Weidanz Jonathan Weedman  Excused: Rachel Currans Henry Absent: Jonathan Eames

<b>Roadmap</b> ( <a href="#">slides</a> )	This meeting includes two main topics:
LPRO Staff	<ul style="list-style-type: none"><li>• 1915i screening and supports</li><li>• Review of draft recommendations</li></ul> <p>Recommendations are developed based on meeting summaries and materials, analyses, and member and chair input. Draft recommendations will be reviewed at this meeting. Staff will note and incorporate feedback for members to respond to at the October 15 meeting—prior to approval of the final report at the November 12 meeting.</p>

<b>Public Comment</b>	No registrants for in-person testimony.
Chair Jones	Written comment was received from: <ul style="list-style-type: none"><li>○ Office of the Long Term Care Ombudsman (<a href="#">link</a>)</li><li>○ Oregon Health Care Association (<a href="#">link</a>)</li><li>○ Project Access Now (<a href="#">link</a>)</li><li>○ SEIU (Rachel Hansen) (<a href="#">link</a>)</li></ul>

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**1915(i) Screening and Supports** ([slides](#))

Holly Heiberg, Oregon Health Authority

Jane-Ellen Weidanz, Oregon Department of Human Services

Section 1915(k) of the Social Security Act is a state plan option that allows states to provide home and community-based services (HCBS) with a six percent match in federal funds. In Oregon, this is the primary way for APD and ODDS to provide HCBS. APD does not serve individuals whose primary need is a mental illness.

Section 1915(i) allows Oregon to use matching Medicaid funds for home-based habilitation, behavioral habilitation, and psychosocial habilitation services for individuals, aged 21 and over, who have been diagnosed with a chronic mental illness. This is how OHA provides HCBS to individuals with mental health conditions.

It is important to understand these funding streams in the context of hospital discharges because they have different criteria—and people in the hospital could be “bounced” between services. Some individuals may struggle to find the “door” to the different programs.

OHA and ODHS have engaged with providers and partners to try to determine how to assess and serve individuals more holistically. This work began with a current state assessment, a national scan, and future state visioning. The agencies are now developing a roadmap to operationalize improvements. Goals include advancing equity, improving outcomes, supporting workforce, increasing access, and maximizing federal funding.

OHA and ODHS have leveraged ARPA funds to address immediate needs. Among OHA initiatives, this includes increasing data capabilities, developing a comprehensive assessment tool, and engagement with providers to improve access to assessments and care. Providence has agreed to pilot changes. ODHS initiatives include home care worker recruitment, navigation, and matching services, along with foster care recruitment. Implementation will continue through the 2025-27 biennium, with the goal of building on successful pilot projects.

The future state vision is for ODHS and OHA to coordinate services for individuals who are eligible for both (i) and (k) services. For the 2025 session, the agencies have put forward a policy option package asking the legislature to fund case managers and providers so that APD can serve individuals whose primary need is behavioral health. The plan is to stack services to treat the whole person. The policy option package also includes a concept, separate from the 1915 services, to fund caregiver respite for families of people who need behavioral health supports. [Staff note: this concept is also distinct from the medical respite concept that the Task Force has discussed, which relates to shelter/housing for people recovering from health challenges.]

Rep. Goodwin asked what the agencies can accomplish using existing resources and authorities to better serve Oregonians. Jane-Ellen responded that assessment requirements are driven by federal regulations, but that the agencies are always looking for ways to streamline.

Sen. Patterson asked whether the certification process to become a home care worker can be expedited. In Marion County, it takes four months to be approved. Jane-Ellen responded that the agencies are using remaining



ARPA funds to develop a navigation program for applicants. Some drop out of the application process during required trainings. The implementation of the “rap back” system for background checks should speed up the process.

Eve Gray noted the importance of treating people holistically, but that it might not be practicable to train the existing, understaffed APD workforce to do additional case management. An option to consider: fund CMHPs to do case management in the way Oregon funds APD and ODDS. This would provide local case management systems that could be scaled up. Gaps in mental health parity are apparent across federal laws and regulations and should be an advocacy priority. Holly noted that OHA will continue to be involved in behavioral health case management. OHA has opened office hours for CMHPs and is gathering input across the state. Eve invited OHA to Lane County, noting that all counties are different.

Jane-Ellen noted that of over 500 people denied services under 1915(k), only three percent were found eligible under 1915(i). These clients either stayed in the hospital or came back sicker. The goal is to get people into services, then wrap behavioral health services around them.

Sarah Ray noted that Malheur County has an excellent CMHP that is overwhelmed by the need for services. For one resident, it was so complicated to seek eligibility, including through Comagine, that there was no reimbursement for over a year for that client. It also exacerbates the burden of documentation, especially on behavioral health providers. Holly noted that CMS requires independent verification that an individual needs a certain level of care, which is provided in Oregon by Comagine.

Rep. Goodwin asked whether the agencies have studied additional opportunities for capacity, including by removing restrictions on the number of people in adult foster homes. Holly noted that studying provider capacity is a midterm goal, with consideration for unintended consequences. Jane-Ellen noted that advocates have historically opposed increasing adult foster home capacity, including a bill introduced in the 2023 legislative session. Rep. Goodwin noted that providers have capacity that they are unable to use due to regulatory barriers. Sarah Ray expressed agreement.

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Draft Recommendations  
([link](#) to slides, beginning at slide 10)

Chair Jimmy Jones  
LPRO Staff

Chair Jones noted that the legislature may have limited resources in the 2025 session but that the Task Force can put forward actionable recommendations.

[Staff note: text of each draft recommendation is provided on the linked [slide deck](#), beginning at slide 10].

LPRO staff reviewed the process for development of draft recommendations, including ten Task Force meetings, discussions, and materials, a final report from ATI Advisory ([link](#)), and public comment (above). Staff will note member input on the draft recommendations to incorporate and share out at the October 15 meeting. Staff noted that each of the ten draft recommendations is part of comprehensive package of concepts to address policy problems across sectors. Recommendations should be considered both on their own and together as a whole. Staff reviewed draft recommendations for member feedback:

1. [Improving LTSS Eligibility](#)



Jesse Kennedy noted that, regarding 2(g), hospital staff know the eligibility process but aren't sure what to do when they encounter barriers. The decision tree should include a next step once the decision-tree is exhausted.

Sarah Ray noted that the process is so overwhelming and that the lack of parity between APD, OPPD, and behavioral health is concerning, but that this proposal begins to address those problems.

2. Presumptive Eligibility

Phil Bentley noted that details would need to be ironed out before facilities could determine whether they support the plan. He also noted concern that the deadline for a report to the legislature is 2026, meaning that the legislature could not act before 2027. If self-attestation is used for both screenings, the process would need to specify how this occurs for functional assessment. Finally, if someone is deemed ineligible for LTSS after a period with PE coverage, does the state cover the cost, and what's the discharge plan? OHCA generally supports a process for the legislature to consider a proposal in advance of the 2026 session.

Chair Jones proposed directing the agencies to provide a proposal in advance of the 2026 session.

Jane-Ellen commented that self-attestation should be for financial eligibility only.

Sarah Ray noted that housing rules may make it impossible to remove someone who had been presumptively eligible.

Ray Moreno agrees that the proposal should be developed prior to the 2026 session. Also agrees that the proposal will need a plan to mitigate risk to providers—whether a state fund or another risk-sharing strategy. Overall, he is very supportive of the proposal.

Leah Mitchell is very supportive of the process, and that it should be done without putting providers at risk.

Jane-Ellen expressed support, noted that the agencies have done some exploratory work in this area. If the legislature directs the agency to begin work on a PE proposal with an emergency clause, it would begin work in June 2025. To present for the short session in 2026, work would need to be done by December 31, 2025. She is not sure if it's possible to be ready by then. Additionally, the flexibilities available during COVID were based on the public health emergency declaration, and ended when the emergency was declared over.

Phil Bentley noted that developing a plan is different from beginning operations. Could a plan be developed by the short session? Jane-



Ellen responded that it would be impracticable to make PE operational by 2026, but that the agency can begin planning now. Jane-Ellen agreed that plan could be in place before the 2026 session.

Felisa Hagins asked whether legislative approval is needed. Jane-Ellen responded that planning could start now, but that fiscal support would be needed. ODHS would need legislative approval to submit a plan to CMS.

Chair Jones noted that the agencies could start on the planning process even before the legislative process. Jane-Ellen agreed that the agencies can start work. Phil Bentley noted that getting a report back by the end of 2025, before the 2026 session, could work. It's important that the report address the issue of discharge.

### 3. Asset Testing

Felisa Hagins affirmed support for eliminating asset testing from LTSS eligibility screening. Chair Jones echoed support.

Alice Longley Miller expressed concern around the timeline for concepts, noting that advocates may be bringing a concept in the 2025 session.

Chair Jones proposed aligning the report timeline on asset proposals with the presumptive eligibility concept. Senator Patterson noted that she could introduce concepts that are ready for consideration in the 2025 session.

Ray Moreno proposed amending the last sentence to be more broad, to include self-attestation for people who are eligible for Social Security Income, subsidized housing, SNAP benefits, or disability benefits. Jane-Ellen noted that people who qualify for SSI are automatically financially eligible in Oregon.

### 4. Guardianship

Sarah Ray noted that it can be more effective to help family members become guardians, with support.

Daniel Davis asked whether the recommendation could include recommendation to community networks, such as CO-GAP. Jeffrey Davis noted that CO-GAP needs funding. Phil Bentley noted that only adding public guardians is a limited solution to a larger problem. Would support decentralizing and supporting family members and communities. Jane-Ellen echoed support for family caregivers. The legal cost in Marion County, she noted, was over seven thousand dollars. Sarah Ray noted that she got the legal cost down to \$1,500 because a lawyer in Malheur County was



willing. Could explore relationships with attorneys willing to provide the service at a lower rate.

Alice Longley Miller expressed the need for oversight of guardianship providers other than the Office of the Public Guardianship. Staff asked if members have ideas to provide oversight. Sarah Ray commented that training to family guardians would be important, along with support from attorneys. Phil Bentley asked whether the Office of the Public Guardian could provide support or oversight.

#### 5. Frameworks for Innovative Care

Sarah Ray provided an example about how civil penalties pose challenges for providers.

Eve Gray noted that the fear of repercussions contributes to providers' reluctance to make reports or ask for help. Technical guidance should be offered before punishment. Could 1115 resources be used to help a client remain in place when there are challenges with their placement? Could technical assistance from agencies who oversee LTC provide technical assistance to keep people in place?

Phil Bentley asked whether this concept would be a directive of the legislature in addition to the Task Force, noting that it would be important for the legislature to formalize requirements for the agencies.

Jane-Ellen noted that it's important to note whether this study would apply to people with complex behaviors in their care needs vs. people who need medical respite. Specify that this would apply to population with "complex long term care needs."

#### 6. Medical Respite

Eve Gray expressed support for the concept. Noted concern that payment of rent under the state's Health Related Social Needs (HRSN) housing benefit has a six-month lifetime limit, so if it involves use of 1115 funds, it will be important to be cautious. Chair Jones noted that most 1115 services at present involve case management, not housing.

#### 7. Post-Hospital Extended Care (PHEC) Benefit

Leah Mitchell expressed support. Ray Moreno provided an example of a case in which this benefit would have expedited discharge.

#### 8. Adult Foster Home Reimbursement



Eve Gray noted that APD foster home rates lag behind rates for other kinds of care. Sarah Ray noted that a proposal to increase rates across settings did not advance in the legislature. Jane-Ellen noted that base rates and average rates are different. Eve Gray asked whether the focus should be on APD and behavioral health rates being brought to parity with IDD foster home rates. Phil Bentley noted that the Task Force did not take on rates for other kinds of care settings.

Staff noted that the legislature will consider AFH reimbursement methodology as part of the joint ways and means process, and the Task Force recommendation would serve as support, but would not include a specific rate concept.

Alice Longley Miller noted her support for increased rates for all provider types. Sarah Ray echoed support.

#### 9. Involving CCOs and D-SNPs

Staff noted that unlike some other concepts, this is a directive from the Task Force to the agencies, not a recommendation to the legislature.

Jonathan Weedman expressed support for leveraging HRSN and traditional care workers, noting that it's important for caseworkers to attend meetings to coordinate care. It will also be important to address other issues (eligibility, placement settings) for care coordination to be effective.

Jesse Kennedy emphasized support for home modifications and asked whether it's possible to track effectiveness of increasing CCO and D-SNP coverage and coordination.

#### 10. Work Force Efforts

Felisa Hagins emphasized support for a comprehensive approach, including by directing the Task Force to support ongoing efforts rather than making specific recommendations.

Jesse Kennedy emphasized that it's important, with apprenticeship models, that people have the ability to continue to move forward in different career pathways.

Rep. Goodwin emphasized her support for the package of suggestions.

Sen. Patterson thanked Rep. Goodwin for her leadership. Sen. Patterson expressed full support for the recommendations.



## Meeting Materials

- Meeting Overview & Roadmap ([slides](#))
- Public Comment
  - Office of the Long Term Care Ombudsman ([link](#))
  - Oregon Health Care Association ([link](#))
  - Project Access Now ([link](#))
  - SEIU (Rachel Hansen) ([link](#))
- 1915 Services ([slides](#))
- Draft Recommendations ([slides](#), beginning at 10)
- ATI Advisory Final Report ([link](#))
- July 31 Meeting Summary ([link](#))

