



LPRO

LEGISLATIVE POLICY
AND RESEARCH OFFICE

Joint Task Force on Hospital Discharge Challenges

October 15, 2024: 9 am - 12 pm

- Innovative Care Settings
- Proposed revisions to draft recommendations
- Draft of Task Force Final Report

Please have:

Camera on

Microphone unmuted

Roll Call

Roadmap

LPRO



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LEGISLATIVE POLICY
AND RESEARCH OFFICE

Meeting Topics

October 15
9 am – 12 pm

1. Public comment

2. ATI Advisory: Enhanced Care
Services & Special Needs Contracts

Break

3. Proposed Revisions to Draft
Recommendations

4. Overview of Draft Report Contents



Task Force Milestones

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



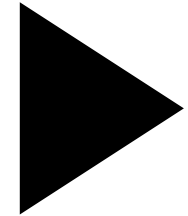
Public Comment

Chair Jones & LPRO



Connecting with the Public

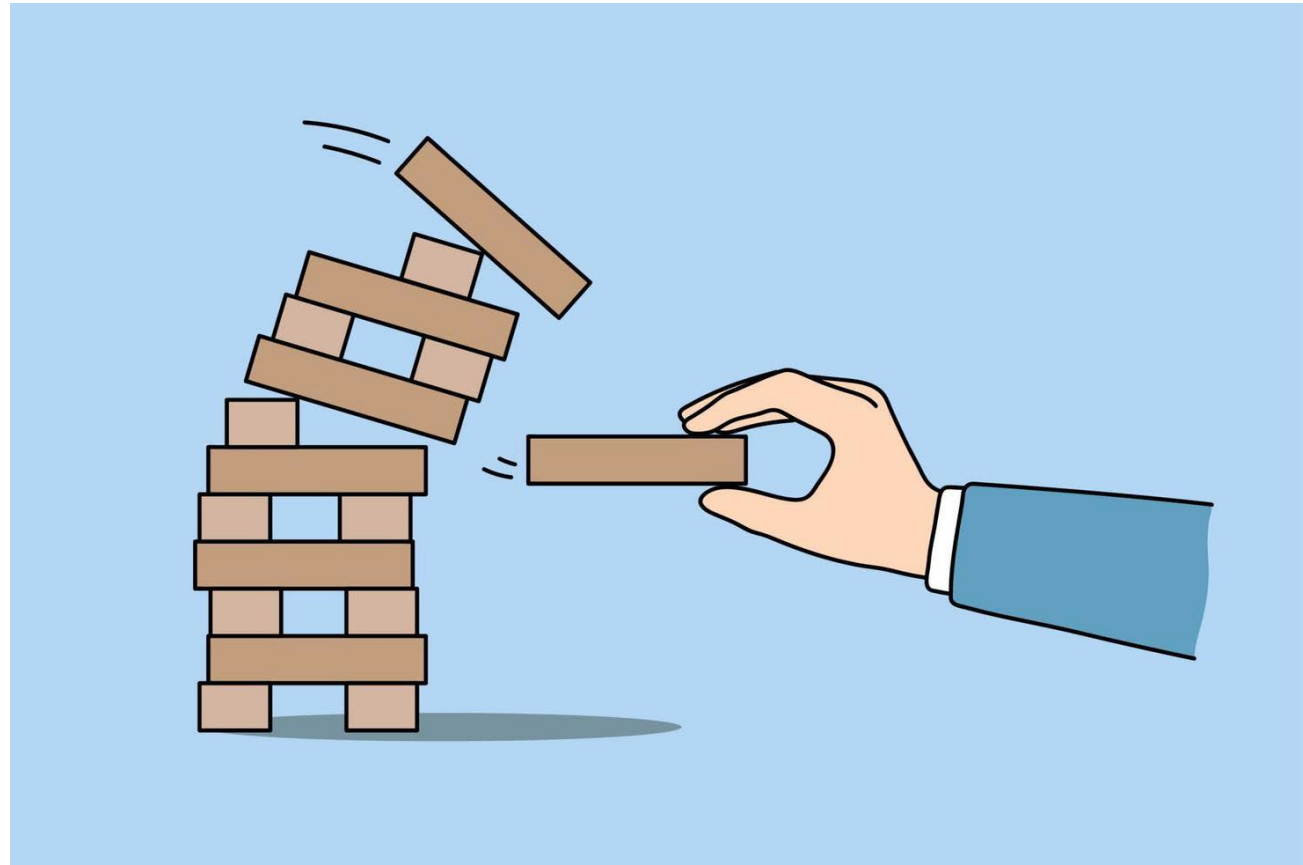
- **Live stream:** Capitol viewing station and on OLIS Task Force website:
<https://olis.oregonlegislature.gov/liz/2023I1/Committees/JTFHDC/Overview>
 - Use the link to find materials and recordings
- **Public Comment**
 - Sign up on OLIS prior to meeting, or
 - Comment in writing:
 - JTFHDC.exhibits@oregonlegislature.gov
- **Language Access** (interpretation, translation, CART):
<https://www.oregonlegislature.gov/lpro/Pages/language-access.aspx>



ATI Advisory

Proposed Revisions to Draft Recommendations

**Consider the
recommendations
all together**



Proposed Revisions

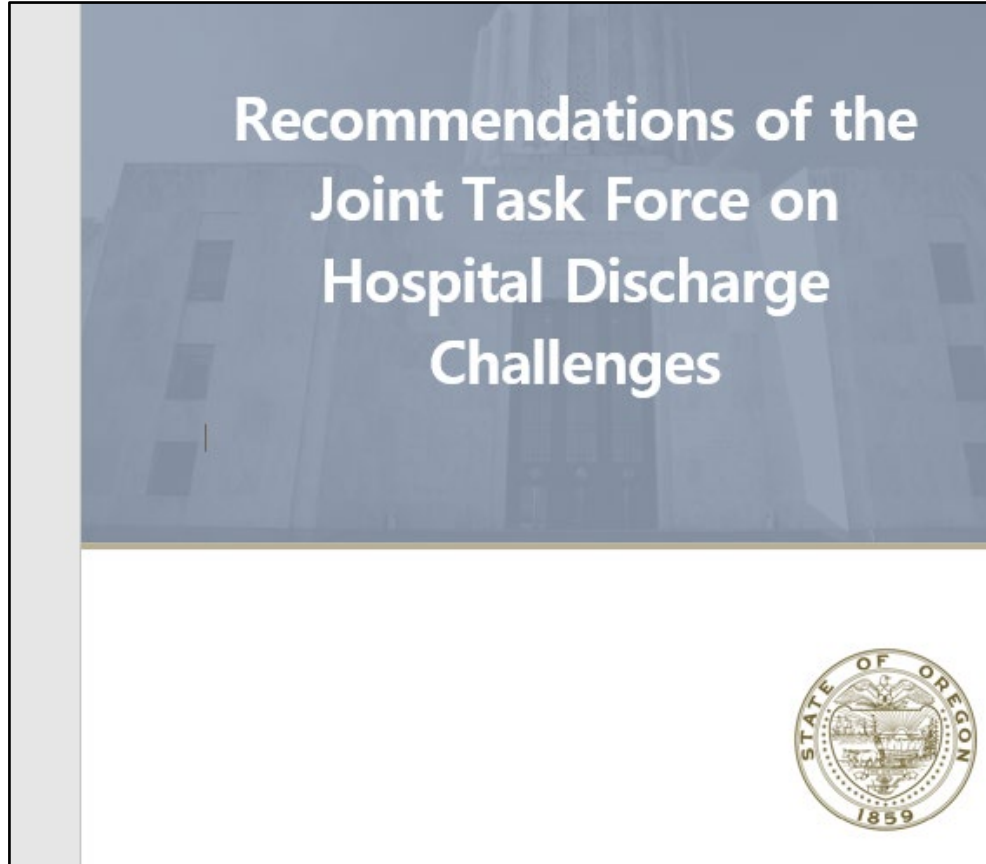
Recommendation	Comment	Proposed Revision
Presumptive Eligibility Asset Testing Frameworks for Innovative Care	Legislature should direct agencies	The Legislative Assembly should direct ODHS and OHA
LTSS Eligibility	Include escalation steps for hospital staff	Published protocols [...] including next steps once process options are exhausted.
LTSS Eligibility	Specify role of technology	...including automation of agency and provider workflows, to decrease processing times...
Presumptive Eligibility	Require agency proposal before 2026 session	By December 31, 2025, the agencies should submit a detailed plan to the Legislative Assembly
Presumptive Eligibility	Require actuarial analysis	Actuarial analysis of costs for state to begin PE coverage
Presumptive Eligibility	Clarify whether presumptive eligibility applies to financial or functional screening	Presumptive eligibility (PE) for LTSS should be based on a client's self-attestation that they meet Medicaid LTSS financial eligibility requirements.
Presumptive Eligibility	Proposal must account for risk to providers for individuals later determined ineligible	...address funding gaps in reimbursement to providers, until a safe discharge location is determined, if an individual with PE coverage is later found ineligible...
Presumptive Eligibility	Technical support for analysis	The agencies should engage ATI Advisory to provide technical support in developing the plan.
Asset Testing	Require agency proposal before 2026 session	...report back to the Legislative Assembly no later than December 31, 2025...
Asset Testing	Include self-attestation for people eligible for SSI, subsidized housing SNAP, disability benefits	...allow self-attestation of financial eligibility for people who are homeless or who receive subsidized housing, SNAP, or other qualifying income-tested benefits.

Proposed Revisions, continued

Recommendation	Comment	Proposed Revision
<p>Guardianship</p> <p>Include support for community- based programs, family and friends.</p>	<p>The Legislative Assembly should:</p> <ul style="list-style-type: none"> • Permanently fund the five (5) OPG positions established in 2024; and • Permanently fund three (3) additional OPG positions (two deputies, one administrative position) to serve individuals who need placement in appropriate settings and to administer grant funding for community-based guardianship services; and • Provide authority and additional funding to OPG to: <ul style="list-style-type: none"> ○ Administer grants to community-based guardianship services for individuals needing placement in appropriate settings; and, ○ Administer grants for legal costs (attorney fees, filing costs) and training for friends/family who are able to serve as guardians. 	
<p>Frameworks for Innovative Care</p>	<p>Specify population</p>	<p>with residents presenting complex medical and behavioral health conditions.</p>
<p>Frameworks for Innovative Care</p>	<p>Emphasize technical assistance in lieu of civil monetary penalties</p>	<p>Include recommendations for technical assistance or agency guidance before civil monetary penalties apply.</p>
<p>Frameworks for Innovative Care</p>	<p>Study licensing requirements for different community-based care settings, in addition to AFH</p>	<p>Determine how separate licensing requirements for community-based care, particularly adult foster homes, serves APD, ODDS, and OHA ...</p>
<p>Medical Respite</p>	<p>Clarify distinct from existing benefit (subject to 6-month lifetime limit)</p>	<p>Direct OHA/ODHS to make medical respite a covered Oregon Health Plan benefit in the next waiver cycle, distinct from existing OHP housing benefits</p>
<p>CCO and D-SNP</p>	<p>Caseworkers should attend meetings for care coordination to be effective</p>	<p>See LTSS Eligibility: Workflows and staff assignments, including dedicated teams for complex LTSS cases [...]</p>
<p>Workforce Efforts</p>	<p>Loan repayment for defined period of service</p>	<p>...offer nursing student loan forgiveness or repayment for defined periods of service in post-acute care or as nurse faculty</p>

Overview of Draft Report Contents

DRAFT version of Final Report



- Drafted by LPRO staff with Chair and Vice Chair direction
- Prepared for Interim Legislative Committees on Health and Human Services
- Addresses required domains in HB 3396 (2023) and conforms with ORS 192.245
- Presents the Task Force’s recommendations along with
 - Select background, data, and analysis to provide context
 - Member considerations
 - Stated goals for implementation
- No new information



DRAFT Report Contents

Table of Contents

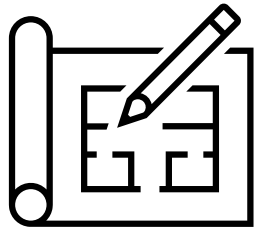
Letter from Chair and Vice Chair	i
Acronyms Used in This Report	1
Introduction	3
Policy Framework and Deliberative Process.....	6
Domain 1: Streamlining Hospital Discharge and LTSS Eligibility Processes.....	9
Domain 2: Innovation in Care Models.....	30
Domain 3: Leveraging Coverage and Provider Reimbursements to Improve Access to LTSS	43
Domain 4: Supporting the Post-Acute Care Workforce	63
Recommended Next Steps	73
Appendix 1: Needs Assessment.....	78
Appendix 2: Policy Concept Tracker	79
Appendix 3. Task Force Workplan and Meetings	80



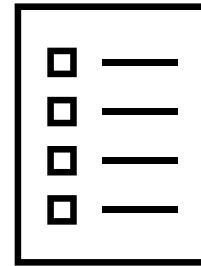
Finalizing the Report



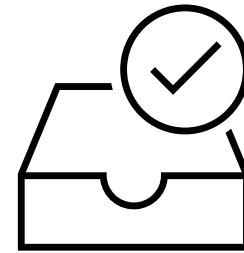
Discus today
and submit any
final comments
by October 17



Staff revise report
at Chair direction,
post final draft by
November 5



Members adopt at
November 12 meeting



Submitted to Interim
Legislative Committees
by November 15



How to Give Feedback

Today: Share substantive questions or concerns about report contents

Any key analysis or discussion point missing from report?

[Avoid wordsmithing]

Priority: Resolve any areas of disagreement

Other technical issues: please email JTFHDC.Exhibits@oregonlegislature.gov no later than October 17



Next Meeting: November 12

Approve Final Report



Appendix

Draft recommendations with proposed revisions

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, **including automation of agency and provider workflows**, to decrease processing times;
 - e. Workflows and staff assignments, including dedicated teams for complex LTSS cases, to meet benchmarks for functional assessments;
 - f. **Published 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, **including next steps once process options are exhausted**.
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

The Legislative Assembly should direct ODHS and OHA to 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 financial eligibility requirements. By December 31, 2025, 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;
- Actuarial analysis of costs for the state to begin PE coverage; and
- Federal approvals needed for matching funding.

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 address funding gaps in reimbursement to providers, until a safe discharge location is determined, 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. The agencies should engage ATI Advisory to provide technical support in developing the plan.

3. Asset Testing

The Legislative Assembly should direct 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 **December 31, 2025**, 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 **or who receive subsidized housing, SNAP, or other qualifying income-tested benefits.**



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.

The Legislative Assembly should:

- Permanently fund the five (5) OPG positions established in 2024; and
- Permanently fund three (3) additional OPG positions (two deputies, one administrative position) to serve individuals who need placement in appropriate settings and to administer grant funding for community-based guardianship services; and
- Provide authority and additional funding to OPG to:
 - Administer grants to community-based guardianship services for individuals needing placement in appropriate settings; and,
 - Administer grants for legal costs (attorney fees, filing costs) and training for friends/family who are able to serve as guardians.



5. Frameworks for Innovative Care

The Legislative Assembly should direct ODHS and OHA to study regulations for post-acute and long-term care facilities with residents presenting complex medical and behavioral health 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 implement any proposed expansion of Enhanced Care Services or other specialized contract or new step-down models.
- Determine how separate licensing requirements for community-based care, particularly adult foster homes, serves 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.~~ Review the use of civil monetary penalties and develop recommendations for technical assistance or agency guidance before civil monetary penalties apply.

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 new 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, **distinct from other OHP housing benefits, providing** funding and seeking 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 raise foster home rates 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, offer nursing student loan forgiveness or repayment for defined periods of service in post-acute care or as 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).

