



October 11, 2024

Joint Task Force on Hospital Discharge Challenges
Oregon State Legislature
900 Court St. NE
Salem, OR 97301

Re: Joint Task Force on Hospital Discharge Challenges recommendations

Dear Senator Patterson, Representative Goodwin, Chair Jones, Vice Chair Burns, and Members of the Joint Task Force,

Providence has been a committed partner in Oregon's ongoing efforts to find feasible solutions to address the challenges of long lengths of stay in hospital. In 2022, we collaborated with the Oregon Department of Human Services Adult and People with Disabilities office to identify barriers to timely patient discharge and develop effective solutions. As supporters of House Bill 3396, we commend the work of the Joint Task Force on Hospital Discharge Challenges.

Providence's own analysis of barriers to patient discharge revealed four key areas that led to delays: the assessment process, cross-system communication, hospice patient escalation, and rates. We assessed recommendations based on feasibility, cost, and the impact on the patient and community. We believe the following four recommendations from the Joint Task Force on Hospital Discharge will significantly enhance the discharge process and improve outcomes for our patients and communities.

Post-hospital extended care (PHEC) benefit: Providence strongly supports extending PHEC to 100 days. OHA's modeling estimates the small cost of extending the benefit would be offset by LTSS savings. Extending to 100 days would provide sufficient time to cover most common clinical needs as well as cover the LTSS eligibility process. Extending to 100 days also aligns with Medicare. We support implementation in 2025.

Presumptive Eligibility: Providence strongly supports providing short-term, temporary LTSS coverage for patients who are presumptively eligible. OHA and ODHS can draw from Oregon's experience with presumptive eligibility to ensure we are thoughtfully implementing presumptive eligibility. We should expect outliers in which a patient is discharged to long term care (LTC) and then it is found they are not eligible for Medicaid. We should not disrupt the patient's care or the viability of our LTC partners. As such, we support developing a fund or mechanism to compensate LTC providers in these instances.

We would like to see the timeline for this recommendation moved up and would recommend the Joint Task Force require OHA and ODHS to present a proposal during the 2025 legislative session to implement presumptive eligibility.

Asset Testing: Providence supports increasing the asset limit, or, preferably, eliminating asset testing. Far too often we see patient's applications delayed while awaiting asset testing

completion. In many cases, the patients qualify for Medicaid but have assets they either do not have current access to or will not have access to for many years; for example, shared property with other family members. This leaves the patient in the hospital rather than the ideal care setting based on their need. We appreciate the examples of other state approaches to asset test flexibilities and the thoughtful discussions of the Task Force. As with presumptive eligibility, we recommend moving up the timeline to have OHA and ODHS present a proposal to waive or eliminate asset testing during the 2025 legislative session.

Reimbursement for adult foster homes: Our population is aging and experiencing more complex medical conditions, yet the adult foster home rates have remained stagnant. We continue to see over 50% of our referrals going through the exception rate process, which adds an additional 20 days for the patient in the hospital. While we are seeing these exception requests being processed more quickly, it is apparent that the rates are insufficient to cover the care that is needed.

Providence appreciates our legislative champions, partners in post-acute and long-term care, and leadership at the Oregon Health Authority and the Oregon Department of Human Services for continuing to be innovative and solution oriented. We remain committed to working alongside partners statewide to address these barriers, ensuring patients receive the right care in the appropriate setting.

Respectfully,

A handwritten signature in black ink, appearing to read 'Raymond Moreno', with a long horizontal flourish extending to the right.

Raymond Moreno

Cc: *Senator Deb Patterson*
Representative Christine Goodwin
Daniel Dietz, Legislative Analyst, Legislative Policy and Research Office