Meeting Summary

Joint Task Force on Hospital Discharge Challenges
Meeting #12
Link to Task Force on OLIS

LPRO
LEGISLATIVE POLICY AND RESEARCH OFFICE

Date/Time	October 15, 9 am - 12 pm (link to recording)
Attendees	Chair Jimmy Jones Vice-Chair Elizabeth Burns Sen. Deb Patterson Rep. Christine Goodwin Phil Bentley Rachel Currans Henry Daniel Davis Jeff Davis Jonathan Eames Eve Gray Felisa Hagins Jesse Kennedy Kathleen LeVee Alice Miller Leah Mitchell Raymond Moreno Joe Ness Nikki Olson Jane-Ellen Weidanz Excused: Sarah Ray, Jonathan Weedman
Roadmap (slides) LPRO Staff	This meeting includes two main topics: • Scaling & Standardizing Specific Needs Contracts and Enhanced Care Services in Oregon • Proposed Revisions to Draft Recommendations & Overview of Task Force Final Report Draft recommendations were developed based on meeting summaries and materials, analyses, and member and chair input. Proposed revisions to the version of draft recommendations shared at the September 4 meeting will be discussed at this meeting. Draft recommendations will be discussed at this meeting. Staff will note and incorporate feedback prior to approval of the final report at the November 12 meeting.
Public Comment Chair Jones	No registrants for in-person testimony. Written comment was received from: ○ Dr. Ray Moreno (link) ○ OHA & ODHS Task Force Appointees and Leadership Teams (link) ○ Rose Goren, Central City Concern (link)

Scaling & Standardizing Specific Needs Contracts and Enhanced Care Services in Oregon (link to slides)

Kristen Lunde, ATI Advisory

Jonathan Amos, ATI Advisory

Task Force members identified certain existing care models that are offered by the state on a limited basis but may be scalable to serve a larger population of higher acuity clients. These include ODHS' Specific Needs Contracts (SNC) and contracts for Enhanced Care Services (ECS).

Specific Needs Contracts: A type of contract APD may approve to reimburse AFHs, RCFs, and ALFs at a higher level of care for an individual client when their complex needs exceed what the facility would typically offer.

- Residents must be eligible for Medicaid LTSS and meet criteria, including residing in or being diverted from a nursing facility, needing 24/7 support for physical or behavioral conditions, and presenting with bariatric, complex medical, behavioral, dementia, HIV/AIDS, hospice care, traumatic brain injury, or ventilator care needs.
- Contracts impose additional staffing requirements on participating facilities (such as on-site behavioral health staff).

Enhanced Care Services: APD may contract with an RCF or NF to become an Enhanced Care Facility (ECF). ECFs maintain four or more hours of on-site mental health services daily. Enhanced Care Services (ECS) are reimbursed at a higher rate to account for additional staff and more intensive physical and behavioral care needs of residents.

- Residents must meet criteria including eligibility for Medicaid LTSS and APD services, a diagnosis of serious mental illness, history of recent Oregon State Hospital or extended inpatient psychiatric care (14+ days) and need for intensive rehabilitative mental health care.
- Contracts impose staffing requirements including that ECFs must have an on-site Qualified Mental Health Professional and access to psychiatric consultation.

ODHS negotiates payment rates at the facility level for both ECS and SNC arrangements. There are similarities and differences between the payment models:

- Both types of contracts pay a negotiated per-client rate to the facility. Specific Needs Contract rates are based on the target group served (e.g., for people with bariatric, dementia, ventilator care needs). Enhanced Care Services rates are based on the facility type ($21,335 per client for nursing facility units versus $17,678 per client in RCFs).
- Specific Needs Contract rates do not include behavioral health care, which is reimbursed separately on a per-service basis by OHA. In contrast, behavioral health care is incorporated into the per diem rate a facility receives for Enhanced Care Services.

ATI Advisory gathered additional detail regarding SNC and ECS and noted that Oregon could promote timely hospital discharges by expanding these services. ATI interviewed stakeholders, identifying certain challenges and opportunities.

Survey and licensing challenges

- APD services exclude people with a primary BH diagnosis. OHA lacks capacity to serve these individuals who are often placed in SNC settings that cannot adequately pay for or manage their BH services.

- Licensing requirements and wait times are cited by providers as a financial and administrative barrier to entering the market.

Opportunities

- Remove the APD exclusion on individuals with a primary BH diagnosis and pursue federal and state flexibilities to better reimburse BH services in SNC settings.
- Update licensure process for facilities seeking SNC or ECS status (including review of other states' approaches).

Payment adequacy and methodology challenges

- SNC providers struggle to maintain BH staff under per-service payments; rates have not kept pace with inflation.
- SNC and ECS providers cannot directly hire QMHPs and must work through local mental health agencies; BH payments flow through OHA's Medicaid waiver rather than APD's 1915(k) waiver.
- Bed holds and unpredictable census levels undermine providers' planning for staffing.

Opportunities

- Conduct a rate study that includes a forecast of the population served by ECS and SNC providers.
- Increase rates for BH, SNC, and ECS providers and work toward payment parity across OHA and APD to ensure providers hire needed staff.
- Assess bed hold policy and streamline contracting and placement to promote predictability in census levels.

Challenges with assessment tools, processes, and communication

- Client assessment tool used for OHA and APD does not adequately capture needs. Processes vary between agencies resulting in duplication and discrepancies in assessment.
- Rushed assessments lead to inappropriate placements that can cause clients to "churn" back to the emergency department.

Opportunities

- Update and align assessment tool and processes across agencies.
- Train discharge planners on need for communication and transparency about client complexity.

ATI Advisory outlined next steps Oregon could pursue if interested in expanding access to SNC or ECS-funded services. These included:

- **Agency Opportunities.** OHA and ODHS (APD) can expand the training offered to discharge planners and SNC/ECS providers and promote technical assistance over corrective penalties. The agencies can pursue improvements in the assessment tools in use for client referrals. A rate study and scan of state licensing requirements for providers can inform agency efforts to recruit and retain SNC and ECS providers.
- **Legislative Opportunities.** Oregon's Legislative Assembly can ensure adequate agency staff for the initiatives described above. The Assembly can pursue rate and payment model updates for BH providers and

SNC/ECS providers. The Assembly can provide statutory authority to enable OHA and ODHS to better collaborate to provide behavioral health services in SNC and ECS settings.

Members shared responses to ATI's presentation:

- Rachel Currans-Henry noted the complexity of contracting to provide for the specific needs of individuals—at rates that are in alignment across settings. Findings from the ODHS wage and rate study should help inform this discussion. Additionally, having three different assessment processes is a challenge that needs to be addressed in a budget-neutral way.
- Sen. Patterson asked why adult foster homes are unable to hire qualified mental health professionals. Jane-Ellen Weidanz noted that funding streams for different services are bifurcated—to avoid federal prohibition on duplicating coverage for services. Sen. Patterson asked how this could be addressed. Jane-Ellen noted that it may require an 1115 demonstration waiver. Rachel noted that the agencies are beginning to take intermediate steps to address challenges with the assessment processes.
- Phil Bentley described how funding for long term services and supports has historically been for physical/medical needs. Behavioral health has not been the primary purpose for LTSS. OHA and ODHS will need to work together to align payment streams to serve the different populations. Jane-Ellen described how a viable model in the future may include placement in an APD setting with behavioral health services onsite funded through OHA. The barrier is funding for providers.
- Eve Gray noted that primary care at FQHCs is fully capitated, but by showing how providing care where an individual is located, it decreases total costs across time. In this way, payment models can reward providing care at a lower level where it's most impactful.
- Rep. Goodwin noted that many of the solutions to these barriers require new policies and priorities from the agencies. It would be helpful to hear more from the agencies about their urgency to address policies they are directly responsible for—and how agencies can coordinate with the Legislative Assembly in this next session to impact long term care in the state. Rachel responded that the agencies are focused on operational efficiencies, including redesign of policies and processes. It is unclear how long it takes to do a functional assessment for LTSS. It's important to figure out how long it takes for someone to be assessed as part of the redesign process. This will involve APD and Area Agencies on Aging (AAA). Presumptive eligibility should be an option to speed up the timeline.
- Rep. Goodwin noted that CCOs can look at region-specific issues, and that agencies should work with CCO partners.
- Nikki Olson added that for several ideas, the best path forward is to pursue waivers to secure federal matching funds and to take time to work together with CCOs.
- Jeffrey Davis noted that accelerating the eligibility pathway for members who need LTSS is challenging and requires relationships between hospitals, facilities, and shelters. The question is how to get

	folks who are sleeping at the hospital to the front of the list for folks doing assessments.
Review Proposed Revisions to Draft Recommendations (link to slides, beginning at slide 9) Overview of Task Force Final Report (link, at slide 13) Chair Jimmy Jones LPRO Staff	Staff reviewed all revisions proposed by Task Force members at the September 4 meeting and described how they were incorporated in today's version. Phil Bentley noted that in researching presumptive eligibility in other states, it appears that no state is currently doing presumptive eligibility for LTSS. One is issue is risk management, which needs more exploration. Providers believe that the recommendation should be to "explore" presumptive eligibility. Felisa Hagins noted that SEIU does not support grants to community-based guardianship programs without specific standards and ongoing monitoring. SEIU does not support one-off workforce recommendations or forgiveness of loan repayment without identifying the broader workforce context. The state will need to consider context around matching funds. Felisa would be supportive of a concept for guardianship with additional standards and resources for the Oregon Public Guardian to do follow-up and audit of community-based providers. Ray Moreno stated that the state can continue to look at presumptive eligibility as an option at the same time it works to explore strategies to improve timelines for eligibility determination processes. Both strategies could reach the goal of faster determinations. Phil Bentley agreed that improving LTSS eligibility should be done now, and that presumptive eligibility should be *explored*. It's important for language in the report to reflect this. Phil Bentley noted that given the issues specific to LTSS, it may be worth considering LTSS-specific workforce recommendations, while acknowledging conversation in other places. Staff asked whether members had specific proposed revisions to the presumptive eligibility concept. Rachel Currans-Henry noted that the Governor's Office and the agencies would need more time to review the draft concepts to provide specific feedback. She noted that her objective is to reduce timelines for LTSS eligibility. Implementing presumptive eligibility on an expedited timeline would involve additional agency time and resources. Eve Gray noted that if the agencies can improve LTSS eligibility processes, they may not need to implement presumptive eligibility. The concepts could be joined together. Nikki Olson noted that the agencies would need time to study and operationalize presumptive eligibility. Ray Moreno expressed concern about approaching presumptive eligibility with less urgency, because people will spend more time in hospitals instead of appropriate settings. Recommendation should reflect this urgency. Staff asked if members could agree to the guardianship concept if it specified that the Oregon Public Guardian (OPG) would have resources for enforcing standards consistent with its existing program and to provide regular audits. Felisa Hagins expressed support with those two conditions. Felisa asked if the guardianship concept was developed with support from the agency.

Rachel Currans-Henry noted the previous discussion of Task Force concepts included only permanent funding for five positions within OPG. Felisa Hagins noted that it could be "yes, and"—that the legislature could consider funding the five positions permanently and consider funding for OPG to oversee community-based/family guardianship programs. Eve Gray suggested that OPG could come back with more information about additional positions and guardrails around community and family-based contracts. Jeffrey Davis noted that based on his experience doing complex case conferencing with OPG and CO-GAP, he supports a structure for community-based guardianship. Felisa noted that it seems like the group agrees generally on the concept. Jane-Ellen noted that before coming back to the legislature, that OPG could be directed to work with community partners.

Staff reviewed the process and contents of the draft of the Task Force Final Report posted for member and public review.

Rachel Currans-Henry noted that the group did not talk through all recommendations today and noted that it would be important to talk through the resources needed and how to prioritize recommendations.

Daniel Davis noted that if the LTSS eligibility and presumptive eligibility concepts are blended into one, we may need a specific target for processing times to help move the needle on discharge challenges.

Rachel Currans-Henry noted that on medical respite, there are different ways to do it (state plan amendment, for example). Is the recommendation to use managed care authority, or to use a waiver? It's a good idea to have medical respite among recommendations, but it's a question of whether to do it through waiver, state plan, or other options. It's work that OHA needs to take on.

Jeffrey Davis noted that resources aren't the only barrier. Housing laws and homeless service providers are part of the puzzle also.

Rachel suggested that the recommendation could allow the agencies more flexibility to determine how to increase medical respite. She noted that for innovative care frameworks, the agencies are being asked to take on a study. The executive branch may not be able to take on a study at the same time for LTSS eligibility and for frameworks, especially with existing resources. The agencies would need to determine what additional resources they would need to take on both topics.

Eve Gray expressed support for the agency to determine what it can do with existing resources and what it would need additional resources to do, including in the future.

Nikki Olson noted that OHA could work with a recommendation for medical respite that allowed the agency more flexibility. Felisa Hagins noted that it would be important to work with community partners—with an inclusive understanding of "partners."

Rep. Goodwin expressed that she will confer with Senator Patterson and House colleagues to draft and influence policy to address hospital discharge issues.

Meeting Materials	• Meeting Overview & Roadmap (slides) • Public Comment ○ Dr. Ray Moreno (link)

    - OHA & ODHS Task Force Appointees and Leadership Teams (link)
    - Rose Goren, Central City Concern (link)
- Scaling & Standardizing Specific Needs Contracts and Enhanced Care Services in Oregon (link)
- Proposed Revisions to Draft Recommendations + Overview of Task Force Final Report (slides, beginning at 10)
- Draft of Task Force Final Report (link)
- September 4 Meeting Summary (link)