



# Joint Task Force on Hospital Discharge Challenges

November 12, 2024: 9 am - 12 pm

- Review final recommendations
- Vote to approve
- Member reflections

Please have:  
Camera on  
Microphone unmuted

# Roll Call

# Roadmap

LPRO



# Meeting Topics

November 12  
9 am – 12 pm



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1. Public comment
2. Review final recommendations
3. Vote on report and recommendations
4. Member reflections

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# Task Force Milestones

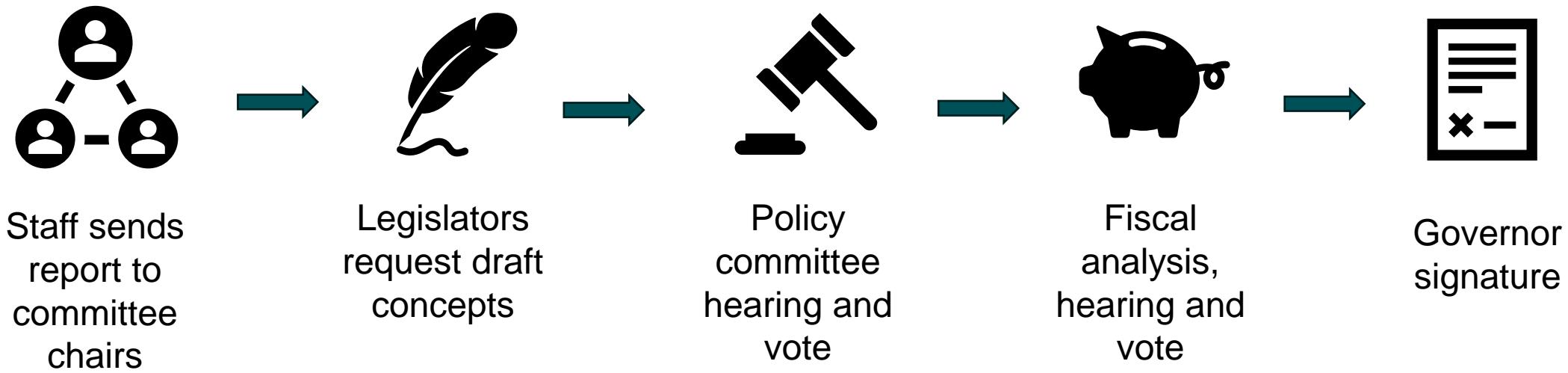


- September 2023: Task Force Convened
- December 2023: Status Report
- January – June 2024: Information gathering
- July: Policy Concept Tracker
- September: Draft Recommendations
- October: Draft Report
- **November 12: Final Report**

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November 15: Statutory Deadline



## What happens next



# 1. Vote on Final Report and Recommendations

## Significance of **voting in favor** :



A member's "aye" vote signifies that the proposed report reflects the findings and recommendations agreed upon by the majority of Task Force members.

An "aye" vote does not mean that the member agrees with each individual finding or recommendation.

## Significance of **voting against**:



A member's "no" vote signifies that the member does not agree that the report reflects the findings and recommendations agreed upon by the majority of Task Force members.

A "no" vote will be noted within the report with a link to the member's statement of explanation, to be provided within 24 hours of the vote and posted to OLIS.

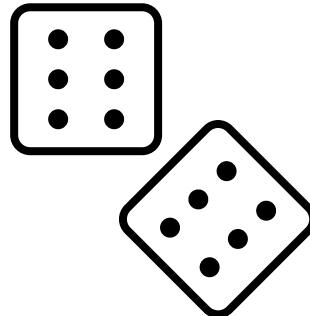


## 2. Voting on Last Minute Changes

- Consider only if you cannot agree to vote “yes” on the report and recommendations
- Remaining processes: drafting, hearings, ways and means, floor vote, signature

[BREAK GLASS IN CASE OF EMERGENCY]

- Explain your specific proposed change (what and why)
  - If consensus emerges, motion on final vote *may* include “approve as amended”
  - If not by consensus, propose specific change by motion and roll call vote:
    1. “I move that...”
    2. Discussion
    3. Roll call vote



# Key actions at today's meetings



Review and discuss final recommendations



Vote to approve the final recommendations and report to be sent to the Legislative Assembly



Members offer closing reflections



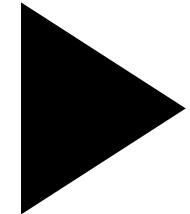
# Public Comment

Chair Jones & LPRO



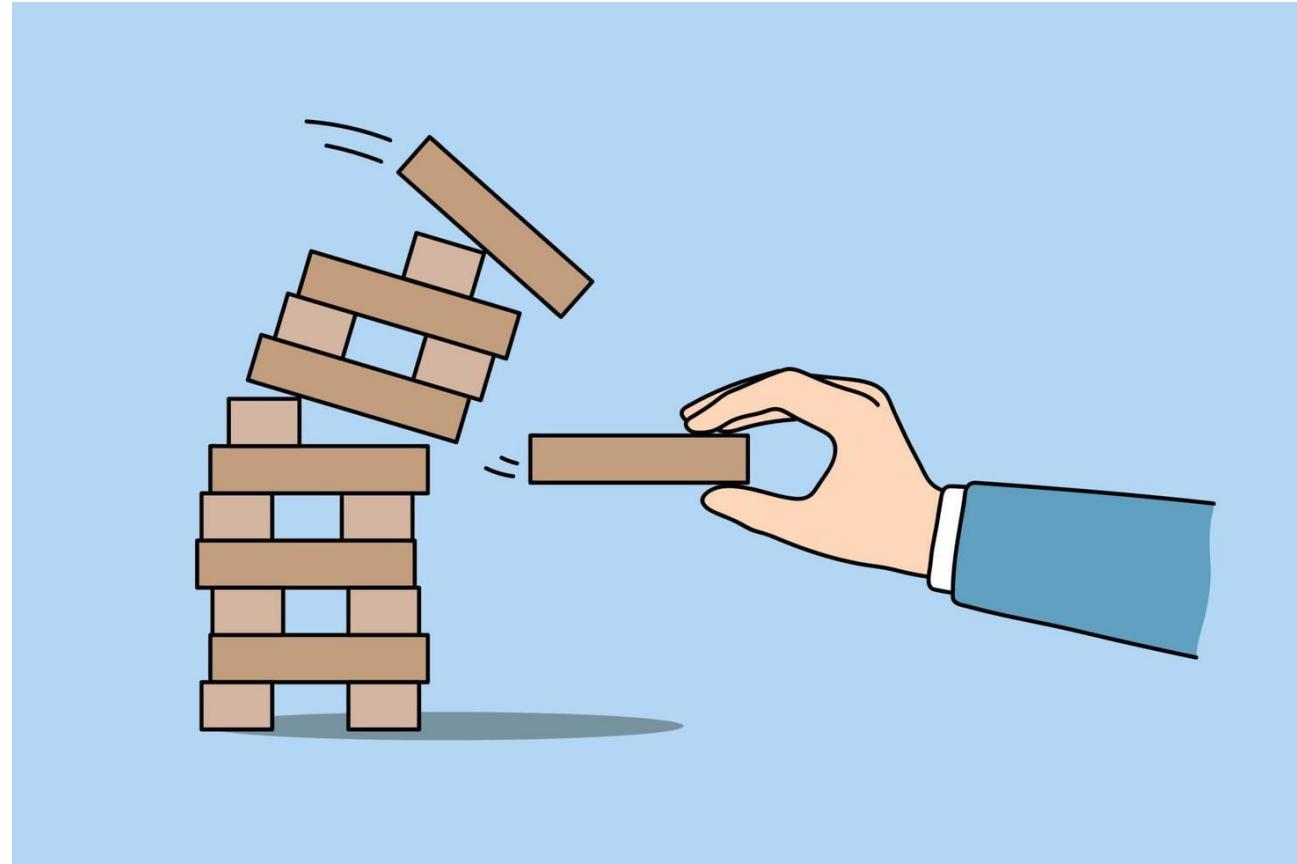
# Connecting with the Public

- **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**
  - Comment in writing up to 48 hours after meeting:
    - [JTFHDC.exhibits@oregonlegislature.gov](mailto:JTFHDC.exhibits@oregonlegislature.gov)
- **Language Access** (request translated documents):  
<https://www.oregonlegislature.gov/lpro/Pages/language-access.aspx>



# Final Recommendations

**Consider the  
recommendations  
all together**

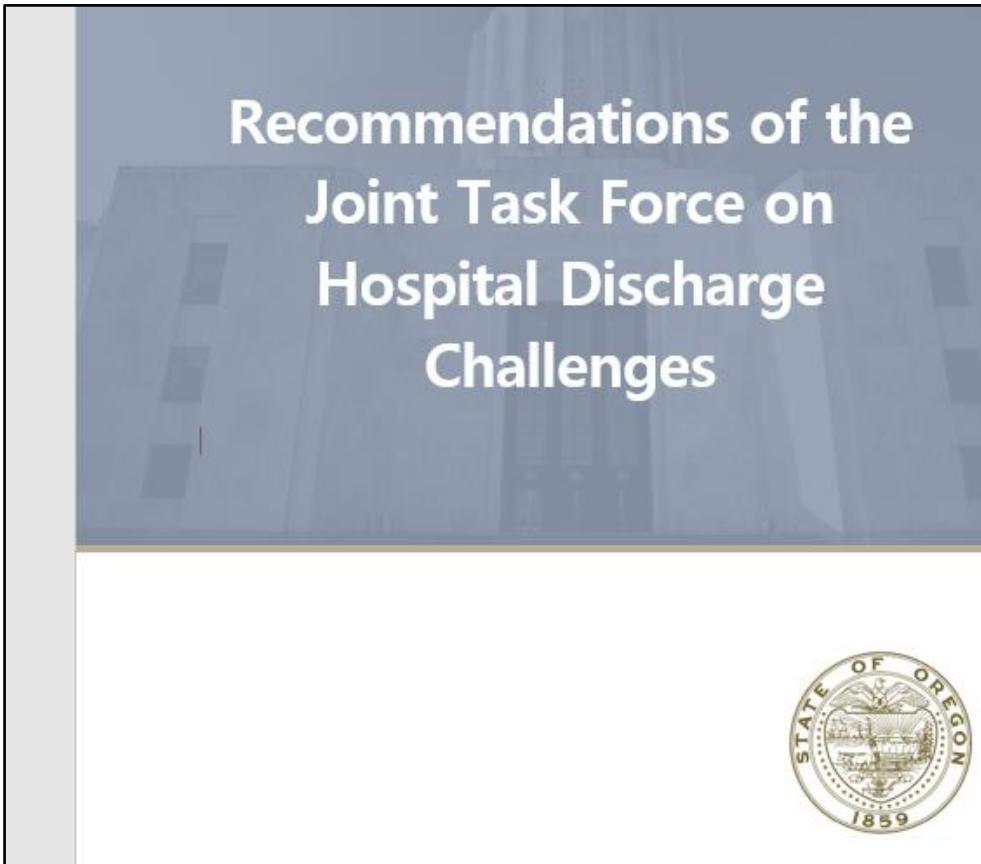


| Recommendation   | Comment  | Proposed Revision   |
|--|--|---|
| Frameworks for Innovative Care (ODHS)<br>Medical Respite (OHS and ODHS)<br>CCO/D-SNP (OHA) | Agencies would need further guidance from legislature and additional resources to perform these tasks  | Legislature should direct agencies and provide resources as needed [to ...]                 |
| Presumptive Eligibility  | Include PE within recommendation for LTSS Eligibility improvements-- as an additional pathway for agencies to explore to accelerate discharge timelines.   | 2. Presumptive Eligibility<br>See 1.4 LTSS Eligibility                                      |
| Presumptive Eligibility  | Allow agency to explore advance payment concepts   | 1.4 Explore presumptive eligibility and advance payment for LTSS                            |
| Guardianship   | <ul style="list-style-type: none"> <li>Task Force recommends that the Legislative Assembly should permanently fund the five (5) OPG positions established in 2024.</li> <li>The Task Force recommends that the OPG, in consultation with community partners, develop a proposed approach to provide grants to community-based organizations to deliver guardianship services following established guardianship standards, with the additional resources needed to perform audits. OPG should seek resources and authority from the Legislative Assembly as needed to: <ul style="list-style-type: none"> <li>Administer grants to community-based guardianship services for individuals needing placement in appropriate settings; and</li> <li>Administer grants for legal costs (attorney fees, filing costs) and training for friends/family who can serve as guardians, following established guardianship standards.</li> </ul> </li> </ul>  |   |
| Adult Foster Home Reimbursement  | <p>The Task Force recommends that the Legislative Assembly should:</p> <ul style="list-style-type: none"> <li>Increase base rates for adult foster homes. ODHS should work with community partners to determine whether changes to assessment processes are necessary to improve transparency and predictability in reimbursements while minimizing reliance on rate exceptions.</li> <li>Fund ODHS to pay a higher base rate for Adult Foster Homes while ODHS explores new rate methodologies. Increased rates for Adult Foster Homes should not come at the expense of rate increases for other post-acute care settings.</li> <li>Direct ODHS and OHCS to study opportunities to offset the cost of creating new adult foster homes or other community-based care settings, with a report back to the Legislative Assembly no later than August 15, 2026. Approaches may include county-level microlending programs or land trusts.</li> </ul> |   |
| Workforce Barriers   | OSBN role in clinical placements   | Within the OSBN, establish a statewide system. Expand coordination of nursing placements... |

# Vote on Final Report and Recommendations



# Wait, what are we voting on?



- HB 3396 (2023) requires a report that conforms with ORS 192.245 be submitted to chairs of health and human services committees by November 15, 2024
- [Task Force Operating Procedures](#) require an affirmative vote by the Task Force
- Report will include Task Force recommendations, along with:
  - Chair and Vice-Chair cover letter
  - Background, data, and analysis (from Task Force meetings)
  - Member considerations



# What does my vote mean?

- Significance of voting **in favor** of final report and recommendations:
  - *A member’s “aye” vote signifies that the proposed report reflects the findings and recommendations agreed upon by the majority of Task Force members. An “aye” vote does not mean that the member agrees with each individual finding or recommendation.*
- Significance of voting **against**:
  - A member’s “no” vote signifies that the member does not agree that the report reflects the findings and recommendations agreed upon by the majority of Task Force members.
  - A “no” vote will be noted within the report with a link to the member’s statement of explanation, to be provided within 24 hours of the vote and posted to OLIS.



# Motion and Roll Call

- Motion from Vice-Chair is customary
- Example motion: I move that the Joint Task Force on Hospital Discharge Challenges submit its final report and recommendations [as amended] to the chairs of interim committees of health and human services.
- Chair: [Repeat motion]
- Chair: Is there discussion?

[Discussion]

- Chair: Please call the roll.
- Members: Aye or Nay (yes/no also acceptable).
  - All members present (except legislators) must vote.
  - Legislators are non-voting members.



# Member Reflections

## Next up

**Report distribution:** Staff will send out report consistent with statutory requirements.

**Vote explanation** (for “no” vote only): Must be sent by noon on November 13 to [JTFHDC.Exhibits@oregonlegislature.gov](mailto:JTFHDC.Exhibits@oregonlegislature.gov).

**Public comment:** May be submitted before noon on November 14 to [JTFHDC.Exhibits@oregonlegislature.gov](mailto:JTFHDC.Exhibits@oregonlegislature.gov).

**No future meetings.** Thank you for all your hard work!



# Appendix

Final draft recommendations with proposed revisions

# 1. Improving LTSS Eligibility

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

1. Create a dashboard to measure completion time of LTSS eligibility determinations across local offices of APD 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 baseline analysis from the dashboard of average processing times for functional and financial assessment of individuals in acute and post-acute care settings;
  - Specific benchmarks, developed in consultation with providers and stakeholders, for improvement in processing times (i.e., number of days);
  - The target date for the agencies to achieve benchmarks for screening times;
  - Exploration of technologies, including automation of agency and provider workflows, to decrease processing times;
  - Workflows and staff assignments, including dedicated teams for complex LTSS cases, to meet benchmarks for functional assessments;
  - Published protocols for local caseworkers to intervene when delays occur in financial assessments; and,
  - 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.
4. Explore presumptive eligibility and advance payment for LTSS. Along with other strategies to meet benchmarks for screening times, the agencies should determine what resources and policies would be needed for the state to provide short-term, temporary LTSS coverage for clients who are presumptively eligible while full determination is pending. Presumptive eligibility for LTSS should be based on a client's self-attestation that they meet Medicaid LTSS financial eligibility requirements. Agency analysis should include study of other state models, provider input, consideration of the regulatory and financial risks of PE on post-acute care settings, and options for short-, medium-, and long-term financial supports for clients who are unfunded or underfunded due to being found eligible for LTSS until a safe discharge can occur with technical support from the agencies.

## 2. Presumptive Eligibility

[merged into recommendation #1]



## 2. Asset Testing

The Legislative Assembly should direct OHA and ODHS to 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, food assistance or other qualifying income-tested benefits.



### 3. Guardianship

The Legislative Assembly should permanently fund the five (5) OPG positions established in 2024.

The Task Force recommends that OPG, in consultation with community partners, develop a proposed approach to provide grants to community-based organizations to deliver guardianship services following established guardianship standards, with the additional resources needed to perform audits. OPG should seek resources and authority from the Legislative Assembly as needed to:

- Administer grants to community-based guardianship services for individuals needing placements in appropriate settings; and
- Administer grants for legal costs (attorney fees, filing costs) and training for friends and family who can serve as guardians, following established guardianship standards.



## 4. Frameworks for Innovative Care

The Legislative Assembly should direct ODHS and the OHA **and provide resources** 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 to implement any proposed expansion of Enhanced Care Services or other specialized contracts or new step-down models.
- Determine how separate licensing requirements for community-based care, particularly foster homes serving clients of APD, the Office of Developmental Disability Services (ODDS), and OHA, serve the needs of patients needing complex care.
- Review the use **and impact** 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.

## 5. Medical Respite Care

The Legislative Assembly should **direct OHA and ODHS and provide resources to explore options to develop greater coordination and expansion of** medical respite programs statewide for people experiencing homelessness. This may include:

- **Partnering with Coordinated Care Organizations (CCOs) and homeless service providers to** expand medical respite programs **through existing CCO initiatives;**
- Coordinating delivery of medical respite care with Medicaid-paid **Health Related Social Needs (HRSN) or Health Related Services (HRS)** housing benefits;
- Developing options for **reimbursement of** home health and in-home care services in shelters; and,
- Covering medical respite care as an Oregon Health Plan (OHP) benefit (distinct from other OHP housing benefits), **in the next waiver cycle with any necessary federal approvals and, to the extent possible, with matching funds.**



## 6. Involving CCOs and D-SNPs

**The Legislative Assembly should direct and provide resources to** the Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS) **to explore options to** leverage existing managed care authorities to:

- require CCOs and D-SNPs to provide more targeted care coordination and case management at the point of hospital discharge;
- strengthen integration between hospital discharge planning and new HRSN supports;
- strengthen CCO utilization of new required Traditional Health Worker networks for care transition support; and
- promote access to home modification services and supports that enable people to discharge from hospital to their home.



## 7. Reimbursement for Adult Foster Homes

The Task Force recommends that the Legislative Assembly should:

- Increase base rates for Adult Foster Homes (AFHs) ~~with parity across license types. The methodology should employ a standard~~ **ODHS should work with community partners to determine whether changes to assessment processes and acuity-based rate tiers are necessary to** improve transparency and predictability in reimbursements while minimizing reliance on rate exceptions.
- Fund ODHS to ~~raise rates~~ **pay a higher base rate** for Adult Foster Homes while ODHS ~~develops explores~~ new rate methodologies. Increased rates for AFH should not come at the expense of rate increases for other post-acute care settings.
- Direct ODHS and Oregon Housing and Community Services (OHCS) to study opportunities to offset the cost of creating new adult foster homes **and other community-based care settings**, with a report back to the Legislative Assembly no later than August 15, 2026. Approaches may include county-level microlending programs or land trusts.



## 8. 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 (OHP) enrollees.

OHA should:

- immediately pursue a state plan amendment or any other necessary approval.
- add this policy change in the 2026 restatement for CCOs and follow the “significant change” process involving presentations to CCOs.
- identify a measurement mechanism to assess whether the extended benefit improves the timeline for discharge to skilled nursing facilities.



## 9. 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 OSBN,~~ Develop pathways for direct care workers to become (CNAs), and for CNAs to become registered nurses (RNs). 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~~ ~~Expand coordination of~~ nursing student clinical placements and 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.
- **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.