

# Executive Summary

## Recommendations of the Joint Task Force on Hospital Discharge Challenges

NOVEMBER 12, 2024

In 2023, Oregon lawmakers confronted the problem that people were becoming stuck in hospitals when they were unable to be discharged to an appropriate post-acute care setting. This issue, while not new, was greatly exacerbated during the COVID-19 pandemic when the post-acute care sector faced severe disruptions. These challenges persist now as hospitals serve an aging population with growing needs for mental health, addiction, and housing supports that the traditional post-acute care model was not designed to address. As a result, Oregon's limited hospital beds are often in use to care for people who are ready to be discharged to less intensive care settings.

The Legislative Assembly established the Joint Task Force on Hospital Discharge Challenges through House Bill 3396 (2023) to study these issues and recommend changes. The recommendations in this report result from more than a year of deliberations by the 22 members of the Task Force. This work involved a detailed examination of why patients face challenges discharging from the hospital. Members considered hospital and state agency processes, as well as structural factors constraining the capacity of the post-acute sector. At each step, the Task Force heard from a range of stakeholders, identified areas of common ground, and aimed to center the needs of individuals who cannot access the care they need.

As this report reveals, no single factor drives Oregon's hospital discharge challenges. The care continuum is challenged at multiple points: within hospitals and community-based settings, at the agencies responsible for determining eligibility for long-term care, and further upstream in the education and career development settings that train the post-acute workforce. Addressing any of these challenges in isolation is unlikely to achieve the goals of HB 3396.

With awareness of these interconnected challenges, the Task Force advanced recommendations as a series of linked strategies rather than a list of individual concepts. Some strategies emphasize near-term actions the Legislative Assembly could take in the 2025 session. Others are multi-year efforts requiring continued engagement from the stakeholders who developed these recommendations.

The full list of recommendations is summarized below.



## ***Recommendations***

The Task Force recommends the State of Oregon take the following actions:

- 1. Update eligibility processes and workflows for long-term services and supports (LTSS).** Oregon Department of Human Services (ODHS) and Oregon Health Authority (OHA) should be directed to streamline processes for screening and eligibility determinations for Medicaid LTSS, which is the primary payer for long-term care. For people who are likely to be determined eligible, Medicaid LTSS coverage could begin immediately while agencies complete the full determination process.
- 2. Waive or streamline asset testing for LTSS.** Verification of financial assets contributes to delays for people eligible for LTSS and poses a hardship for people with cognitive impairment or limited social supports.
- 3. Increase support for legal guardians.** Increased capacity at the Office of the Public Guardian and community-based organizations would address delays for people who lack capacity to make care decisions.
- 4. Refine the regulatory framework to support complex care.** The agencies should study regulations and processes to address provider concerns about risks of accepting high-acuity clients with complex needs. Existing programs could also be expanded to provide specialized post-acute care.
- 5. Expand medical respite (MR) statewide.** OHA and ODHS should study options to expand MR and recuperative care for Oregon Health Plan (OHP) members who are homeless when they discharge from the hospital.
- 6. Coordinated Care Organizations and Dual-Eligible Special Needs Plans.** OHA should use its existing managed care authority to promote coverage of social needs and home modification supports and require enhanced coordination for people discharging from hospitals.
- 7. Update reimbursement methods for Adult Foster Homes.** Increased rates should provide greater transparency and parity for these providers.
- 8. Extend the Post Hospital Extended Care benefit.** OHP should cover up to 100 days of skilled nursing to address coverage gaps.
- 9. Leverage existing initiatives to develop the post-acute workforce pipeline.** Strategies should address career pathways and background checks for post-acute workers. Changes in nurse faculty pay and nursing student clinical placements would increase the nursing workforce pipeline.

The full Final Report and Recommendations are available online at:

<https://olis.oregonlegislature.gov/liz/2023I1/Downloads/CommitteeMeetingDocument/286706>