

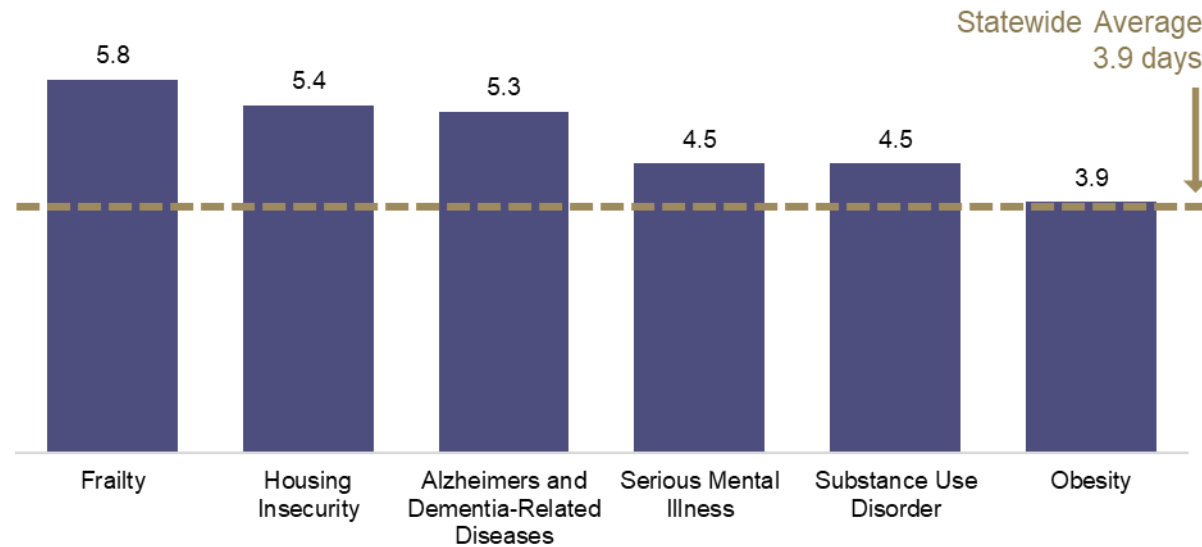
A dark blue-tinted photograph of the Oregon State Capitol building in Salem, Oregon, featuring its prominent dome and classical architectural style. The text is overlaid in white.

Joint Task Force on Hospital Discharge Challenges

Jimmy Jones, Chair, Executive Director, MWVCAA
Elizabeth Burns, MD, CMO, Advocate Group/Avamere, Vice-Chair
Presentation to Interim Committees
December 11, 2024



Hospital Discharge Challenges



Source: Adapted from ATI Advisory, "Assessing Oregon's Hospital Discharge Processes and Experiences – Challenges and Opportunities," at 10. May 23, 2024.
<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/283993>

- Oregon's limited hospital beds are used to care for people who are ready to be discharged to less intensive care settings
- Process barriers slow access to Medicaid coverage for long term services and supports (LTSS)
- Long term care facilities serve people with increasingly complex care needs
- Workforce shortages exacerbate process challenges



House Bill 3396 (2023)

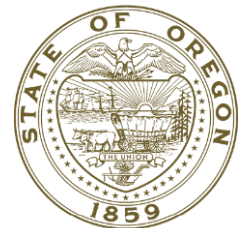
- Established the Joint Task Force on Hospital Discharge Challenges
- Final report adopted November 12, 2024 ([link](#))
- Directed the Task Force to make recommendations across policy domains:

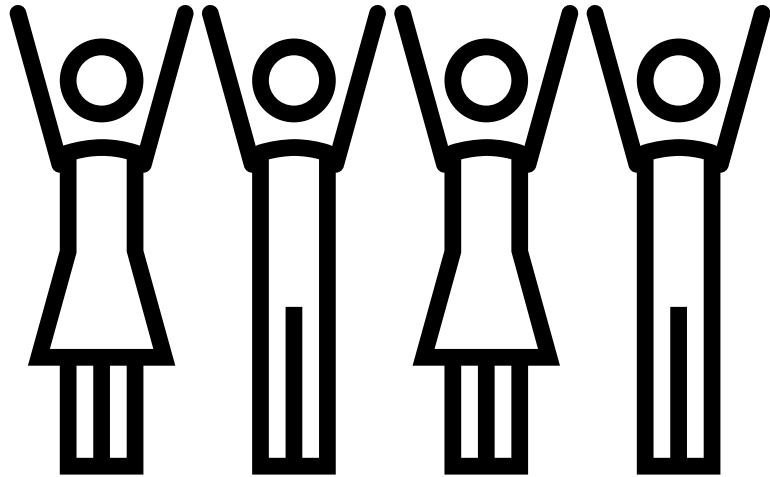
Domain 1: Hospital Discharge & LTSS Eligibility

Domain 2: Care Models

Domain 3: Coverage and Reimbursement

Domain 4: Long-Term and Post-Acute Care Workforce





Task Force by the numbers

- Two (2) non-voting legislators: Sen. Patterson, Rep. Goodwin
- Twenty (20) members appointed by Governor
- Thirteen (13) meetings between Sept. 2023 – Nov. 2024
- Length of meetings: Four (4) hours
- Vote on final report and recommendations: Unanimous

Final Recommendations

Discharge from Hospital

1. Improving LTSS Eligibility
2. Asset Testing
3. Guardianship

Innovative Care & Payment Models

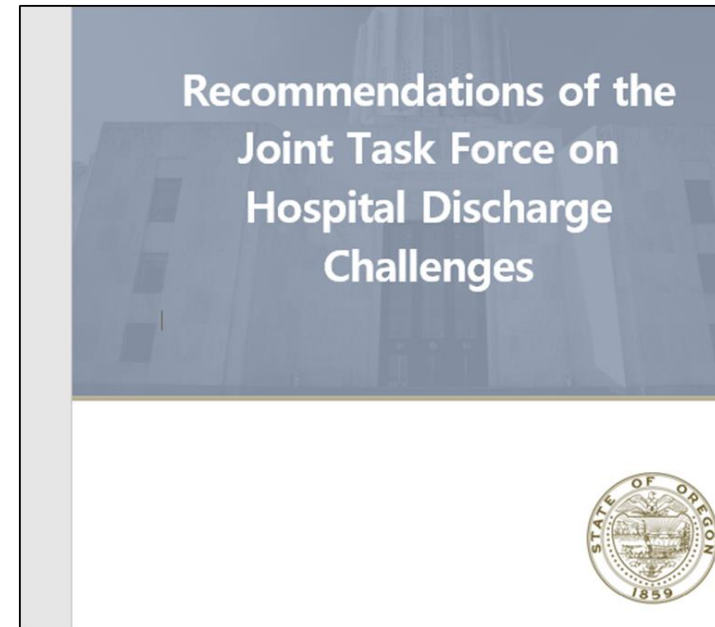
5. Frameworks for Innovative Care
6. Medical Respite Care

Coverage & Reimbursement

7. Medicaid Skilled Nursing Benefit
8. Reimbursement for AFHs
9. Involving CCOs and D-SNPs

Worker Education, Training, Lic. & Cert.

10. Existing initiatives should develop comprehensive policies for: career pathways, clinical placements, loan forgiveness, faculty salaries, and background checks



Improving LTSS Eligibility

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.



Asset Testing

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.



Guardianship

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.



Frameworks for Innovative Care

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.



Medical Respite Care

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.



Medicaid Skilled Nursing Benefit

Extend the Post Hospital Extended Care benefit. OHP should cover up to 100 days of skilled nursing to address coverage gaps.



Reimbursement for AFHs

Update reimbursement methods for Adult Foster Homes.

Increased rates should provide greater transparency and parity for these providers.



Involving CCOs and D-SNPs

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.



Workforce Barriers

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.



Questions?

Thanks to Task Force members and
to the Legislative Assembly

