



Presentation to the Senate Interim Committee On Health Care

## **Senate Bill 296: Hospital discharge outcomes**

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# Agenda

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1. Background and overview of Senate Bill 296
2. Dashboard and eligibility timelines
3. Post Hospital Extended Care Benefit and Medical Respite Care Survey
4. Studies
5. Ongoing work and next steps
6. Q+A



# Background and overview of SB 296

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Established based on recommendations of the Joint Task Force on Hospital Discharge Challenges (HB 3396)



Work includes:

- Dashboard development
- Expediting eligibility process for long-term services and supports (LTSS)
- Adult Foster Homes and Residential Care - Regulatory Framework Study
- Expansion of Community Based Care Settings/Adult Foster Homes
- Medical Respite and Targeted Care Coordination
- Post Hospital Extended Care (PHEC) expansion to 100 days



Report and recommendations due Aug. 15, 2026

# Dashboard Development

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## Dashboard Development

The Dashboard will measure the length of time for an eligibility determination to be made.

**March 1, 2026:** Dashboard completed

**July 2026:** Develop recommendations for improving timelines

**March-June 2026:** Review data and develop benchmarks with community partners

**Aug. 2026:** Report on recommendations and develop implementation plan

# Eligibility Process Improvement

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## Streamline Eligibility Process for LTSS

ODHS and OHA will conduct a review to streamline eligibility determinations for Medicaid long term care services and supports.

### Operational review will include:

- Baseline analysis, using data from the dashboard described in Section 1
- Establish benchmarks for improving processing times for functional and financial assessments
- Explore technologies, potential changes to staff assignments and workflows
- Develop and publish protocols for communication and case management to be used when delays occur
- Develop a decision tree to help hospital staff navigate the processes

# Post Hospital Extended Care Benefit (PHEC)

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## Based on SB 296 legislation:

- OHP has adopted the same coverage criteria that Medicare uses.
- Covers up to 100 days of care in a nursing facility for patients discharging from inpatient hospital care.
- Allows patients to continue their recovery after discharge.



## PHEC pays for skilled nursing facility care for:

- Medically necessary skilled nursing or rehabilitation services that exceed OHP home health or outpatient benefits.
- OHP members who meet Medicare's skilled nursing criteria, but **do not** have Medicare coverage.
- Individuals with Medicare **and** Medicaid have similar nursing facility coverage through their Medicare plan supplemented by Medicaid.

# 100-day PHEC benefit established

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SPA request submitted by OHA on Sept. 29 2025



Federal approval confirmed Nov. 13, 2025



Oregon Administrative Rules updated Jan. 1, 2026



CCO contract updated Dec. 17, 2025; effective Jan. 1 2026

Communication and guidance shared:  
Nov. 2025 – Jan. 2026

- Memo to providers
- Provider Matters newsletter
- OHA PHEC website update
- provider guidance document update

**Feb. 2026**

- Presentation to CCO and Medicare Advantage plans on improving hospital discharge including using PHEC, planned for Feb. 10, 2026.



# Medical Respite Care Survey Updates

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SB 296 Section 5 requires ODHS and OHA to study medical respite programs statewide and submit a report no later than Aug. 15, 2026.

OHA has begun this work and is coordinating closely with ODHS



- OHA has prepared a survey for CCOs of current and past practices providing medical respite care services.
- Survey will go out in mid-January
- OHA is designing additional data analysis and information collection activities to complete the study and develop the report



# Studies, goals and status

SB 296 Section/Study	Description + status	Vendor support
SECTION 2. Expediting Eligibility Process for LTSS	<ul style="list-style-type: none"> <li>Expands on work completed by Human Services Group (HSG) in the LTSS Transformation/Process Improvement initiative.</li> <li>Current work underway which includes formation of internal workgroups to develop recommendations and formation of 2 hospital pilots.</li> </ul>	HSG
SECTION 3. Adult Foster Homes and Residential Care-Regulatory Framework	<ul style="list-style-type: none"> <li>Assess resources needed to expand existing enhanced care services and specific needs contracts statewide</li> <li>Evaluate impact on residents of having separate licensing requirements for facilities licensed by ODHS and OHA and review the use and impact of civil penalties assessed against facilities.</li> </ul>	Currently onboarding Myers & Stauffer (doing work on behalf of OHA vendor Optamus/CBIZ)
SECTION 4. Expansion of Community Based Care Settings/Adult Foster Homes	<p>ODHS and Oregon Housing and Community Services (OHCS) to study:</p> <ul style="list-style-type: none"> <li>Opportunities to offset cost of creating new adult foster homes and other community-based care settings; and</li> <li>The impact of building code requirements, including installation of automatic sprinkler systems.</li> </ul>	

# Next steps

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## January 2026

- Onboarding Myers & Stauffer (Optamus/CBIZ)
- Implementation and Hospital Pilot work continues with HSG
- APD Dashboard testing



## February 2026

- Studies begin
- Develop needed materials and toolkits



## March 2026

- APD Dashboard targeted to go live
- Begin collecting baseline performance data for evaluation
- Deploy checklists, process guides, toolkits, etc

# Questions

