

SENATE AMENDMENTS TO A-ENGROSSED SENATE BILL 296

By JOINT COMMITTEE ON WAYS AND MEANS

June 19

On page 1 of the printed A-engrossed bill, delete lines 4 through 20 and delete pages 2 through 5 and insert:

“SECTION 1. The Department of Human Services and the Oregon Health Authority shall create a dashboard to measure the amount of time it takes the department, the authority and area agencies, as defined in ORS 410.040, to complete eligibility determinations for long term care services and supports provided through the medical assistance program.

“SECTION 2. (1) The Department of Human Services and the Oregon Health Authority shall conduct an operational review to streamline eligibility determinations for long term care services and supports provided through the medical assistance program. In conducting the operational review, the department and the authority shall:

“(a) Conduct a baseline analysis, using data from the dashboard described in section 1 of this 2025 Act, of average processing times for functional and financial assessments of individuals in acute and post-acute care settings;

“(b) Develop, in consultation with providers and stakeholders, benchmarks for improving processing times for functional and financial assessments of individuals in acute and post-acute care settings;

“(c) Identify a target date for the department and the authority to meet the benchmarks developed under this subsection;

“(d) Explore technologies, including the automation of agency and provider workflows, to meet the benchmarks developed under this subsection;

“(e) Explore potential changes to staff assignments and workflows, including the creation of dedicated teams for complex cases, to meet the benchmarks developed under this subsection;

“(f) Develop and publish protocols for communication and case management to be utilized when delays occur in conducting a functional or financial assessment of individuals in acute and post-acute care settings;

“(g) Develop a decision tree to help hospital staff navigate the processes used by the department and the authority in conducting eligibility determinations; and

“(h) Explore payment model options for providing short-term, temporary coverage while an eligibility determination is pending for individuals who are presumptively eligible for long term care services and supports provided through the medical assistance program.

“(2) The department and the authority shall submit a report in the manner provided by ORS 192.245, and may include recommendations for legislation, to the interim committees of the Legislative Assembly related to health no later than August 15, 2026.

“SECTION 3. (1) As used in this section:

1 “(a) ‘Enhanced care services’ means intensive behavioral and rehabilitative mental health
2 services provided to eligible seniors, persons with physical disabilities or adults with mental
3 illness who reside in a facility.

4 “(b) ‘Facility’ means:

5 “(A) An adult foster home, as defined in ORS 443.705, that serves eligible seniors, persons
6 with physical disabilities or adults with mental illness.

7 “(B) A residential care facility, as defined in ORS 443.400.

8 “(C) A residential treatment facility, as defined in ORS 443.400.

9 “(D) A residential treatment home, as defined in ORS 443.400.

10 “(e) ‘Specific needs contract’ means a contract between the Department of Human Ser-
11 vices or the Oregon Health Authority and a facility to reimburse the facility at a higher rate
12 for a resident whose care needs exceed the level of services that the facility would typically
13 provide.

14 “(2) The Department of Human Services and the Oregon Health Authority shall study the
15 regulatory framework for facilities that serve residents who have complex medical or be-
16 havioral health conditions. In conducting the study, the department and the authority shall:

17 “(a) Assess the resources needed to expand existing enhanced care services and specific
18 needs contracts statewide, including the public and private sector workforce needed to im-
19 plement:

20 “(A) Any proposed expansion of enhanced care services or specific needs contracts; or

21 “(B) Other models for supporting facilities that serve residents who have complex med-
22 ical or behavioral health conditions;

23 “(b) Evaluate the impact on residents who have complex medical or behavioral health
24 conditions of having separate licensing requirements for facilities licensed by:

25 “(A) The division of the department that provides services for seniors and persons with
26 physical disabilities; and

27 “(B) The authority; and

28 “(c) Review the use and impact of civil penalties assessed against facilities.

29 “(3) The department and the authority shall submit a report in the manner provided by
30 ORS 192.245, and may include recommendations for legislation, to the interim committees
31 of the Legislative Assembly related to health and human services no later than August 15,
32 2026.

33 “SECTION 4. (1) As used in this section, ‘adult foster home’ has the meaning given that
34 term in ORS 443.705.

35 “(2)(a) The Department of Human Services and the Housing and Community Services
36 Department shall study:

37 “(A) Opportunities to offset the cost of creating new adult foster homes and other
38 community-based care settings; and

39 “(B) The impact on adult foster homes and other community-based care settings of
40 building code requirements, including the installation of automatic sprinkler systems.

41 “(b) The departments shall submit a report in the manner provided by ORS 192.245, and
42 may include recommendations for legislation, to the interim committees of the Legislative
43 Assembly related to health and human services no later than August 15, 2026.

44 “SECTION 5. (1) As used in this section:

45 “(a) ‘Coordinated care organization,’ ‘dually eligible for Medicare and Medicaid’ and

1 'medical assistance' have the meanings given those terms in ORS 414.025.

2 "(b) 'Home health services' has the meaning given that term in ORS 443.014.

3 "(c) 'In-home care services' has the meaning given that term in ORS 443.305.

4 "(d) 'Medical respite' means acute and post-acute medical care for individuals experi-
5 encing homelessness who are too ill or frail to recover from a physical illness or injury but
6 who do not require hospitalization.

7 "(e) 'Medicare Advantage Plan' means a health benefit plan under Part C of subchapter
8 XVIII, chapter 7, Title 42 of the United States Code.

9 "(f) 'Traditional health worker' has the meaning given that term in ORS 414.665.

10 "(2) The Department of Human Services and the Oregon Health Authority shall study
11 options to:

12 "(a) Coordinate and expand medical respite programs statewide, including by:

13 "(A) Partnering with coordinated care organizations and homeless services providers to
14 expand medical respite programs through existing initiatives administered by coordinated
15 care organizations;

16 "(B) Coordinating the delivery of medical respite with the provision of housing supports
17 through the Medicaid demonstration project under section 1115 of the Social Security Act (42
18 U.S.C. 1315);

19 "(C) Providing reimbursement for home health services and in-home care services in
20 shelters; and

21 "(D) Expanding medical assistance to include medical respite and seeking any necessary
22 federal approvals, including approval to allow the state to receive federal financial partic-
23 ipation in the costs of providing medical respite.

24 "(b) Partner with coordinated care organizations and insurers that offer Medicare Ad-
25 vantage Plans for individuals who are dually eligible for Medicare and Medicaid to promote
26 timely and appropriate hospital discharges, including by:

27 "(A) Requiring coordinated care organizations and insurers that offer Medicare Advan-
28 tage Plans for individuals who are dually eligible for Medicare and Medicaid to provide more
29 targeted care coordination and case management for individuals who are being discharged
30 from a hospital;

31 "(B) Strengthening the integration of hospital discharge planning and the health-related
32 social needs services approved for the Medicaid demonstration project under section 1115 of
33 the Social Security Act (42 U.S.C. 1315);

34 "(C) Strengthening coordinated care organization use of traditional health worker net-
35 works for care transition support; and

36 "(D) Promoting access to home modification services and supports to enable an individual
37 to discharge from the hospital to the individual's home.

38 "(3) The department and the authority shall submit a report in the manner provided by
39 ORS 192.245, and may include recommendations for legislation, to the interim committees
40 of the Legislative Assembly related to health no later than August 15, 2026.

41 "SECTION 6. (1) As used in this section:

42 "(a) 'Coordinated care organization' and 'medical assistance' have the meanings given
43 those terms in ORS 414.025.

44 "(b) 'Post-hospital extended care benefit' means short-term medical assistance provided
45 for an individual's stay in a skilled nursing facility to allow the individual to discharge from

1 a hospital.

2 “(c) ‘Skilled nursing facility’ has the meaning given that term in ORS 442.015.

3 “(2) The Oregon Health Authority shall establish a post-hospital extended care benefit to
4 cover a medical assistance recipient’s stay in a skilled nursing facility for up to 100 days.

5 “(3) The authority shall incorporate the post-hospital extended care benefit under this
6 section into any contract entered into between the authority and a coordinated care organ-
7 ization.

8 “SECTION 7. Sections 2 to 5 of this 2025 Act are repealed on January 2, 2027.

9 “SECTION 8. Section 6 of this 2025 Act applies to contracts between a coordinated care
10 organization and the Oregon Health Authority entered into, amended or renewed on or after
11 the operative date specified in section 10 of this 2025 Act.

12 “SECTION 9. No later than September 1, 2025, the Oregon Health Authority shall request
13 federal approval as necessary to carry out the provisions of section 6 of this 2025 Act.

14 “SECTION 10. (1) Section 6 of this 2025 Act becomes operative on the date that the
15 Centers for Medicare and Medicaid Services approves the request made pursuant to section
16 9 of this 2025 Act to carry out the provisions of section 6 of this 2025 Act.

17 “(2) The Oregon Health Authority shall immediately notify the Legislative Counsel if the
18 Centers for Medicare and Medicaid Services approves or disapproves, in whole or in part, the
19 request made pursuant to section 9 of this 2025 Act.

20 “SECTION 11. Notwithstanding any other provision of law, the General Fund appropri-
21 ation made to the Department of Human Services by section 1 (1), chapter __, Oregon Laws
22 2025 (Enrolled Senate Bill 5526), for the biennium beginning July 1, 2025, for central services,
23 is increased by \$2,135,440.

24 “SECTION 12. Notwithstanding any other provision of law, the General Fund appropri-
25 ation made to the Oregon Health Authority by section 1 (1), chapter __, Oregon Laws 2025
26 (Enrolled House Bill 5025), for the biennium beginning July 1, 2025, for Medicaid, is increased
27 by \$1,666,753.

28 “SECTION 13. Notwithstanding any other provision of law, the General Fund appropri-
29 ation made to the Oregon Health Authority by section 1 (2), chapter __, Oregon Laws 2025
30 (Enrolled House Bill 5025), for the biennium beginning July 1, 2025, for behavioral health, is
31 increased by \$75,571.

32 “SECTION 14. Notwithstanding any other provision of law, the General Fund appropri-
33 ation made to the Oregon Health Authority by section 1 (3), chapter __, Oregon Laws 2025
34 (Enrolled House Bill 5025), for the biennium beginning July 1, 2025, for health policy and an-
35 alytics, is increased by \$128,128.

36 “SECTION 15. Notwithstanding any other law limiting expenditures, the limitation on
37 expenditures established by section 3 (1), chapter __, Oregon Laws 2025 (Enrolled Senate
38 Bill 5526), for the biennium beginning July 1, 2025, as the maximum limit for payment of ex-
39 penses from federal funds, excluding federal funds described in section 2, chapter __, Oregon
40 Laws 2025 (Enrolled Senate Bill 5526), collected or received by the Department of Human
41 Services, for central services, is increased by \$2,135,440.

42 “SECTION 16. Notwithstanding any other law limiting expenditures, the limitation on
43 expenditures established by section 5 (1), chapter __, Oregon Laws 2025 (Enrolled House Bill
44 5025), for the biennium beginning July 1, 2025, as the maximum limit for payment of expenses
45 from federal funds, excluding federal funds described in section 2, chapter __, Oregon Laws

1 2025 (Enrolled House Bill 5025), collected or received by the Oregon Health Authority, for
2 Medicaid, is increased by \$2,376,024.

3 “SECTION 17. Notwithstanding any other law limiting expenditures, the limitation on
4 expenditures established by section 5 (2), chapter __, Oregon Laws 2025 (Enrolled House Bill
5 5025), for the biennium beginning July 1, 2025, as the maximum limit for payment of expenses
6 from federal funds, excluding federal funds described in section 2, chapter __, Oregon Laws
7 2025 (Enrolled House Bill 5025), collected or received by the Oregon Health Authority, for
8 behavioral health, is increased by \$75,571.

9 “SECTION 18. Notwithstanding any other law limiting expenditures, the limitation on
10 expenditures established by section 5 (3), chapter __, Oregon Laws 2025 (Enrolled House Bill
11 5025), for the biennium beginning July 1, 2025, as the maximum limit for payment of expenses
12 from federal funds, excluding federal funds described in section 2, chapter __, Oregon Laws
13 2025 (Enrolled House Bill 5025), collected or received by the Oregon Health Authority, for
14 health policy and analytics, is increased by \$22,612.

15 “SECTION 19. This 2025 Act being necessary for the immediate preservation of the public
16 peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect
17 on its passage.”.
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