

SENATE AMENDMENTS TO SENATE BILL 296

By COMMITTEE ON HEALTH CARE

March 19

1 On page 1 of the printed bill, delete lines 4 through 23 and delete pages 2 through 5 and insert:

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

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

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

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

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

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

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

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

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

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

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

34 “**SECTION 3.** (1) The Department of Human Services and the Oregon Health Authority
35 shall consider potential options, and determine the options that the department and the au-

1 **thority shall implement, to waive or streamline asset testing for eligibility determinations**
2 **for long term care services and supports provided through the medical assistance program.**
3 **The potential options shall include the development of asset-testing policies to allow self-**
4 **attestation of financial eligibility, by an individual or the individual’s legal representative, if**
5 **the individual is experiencing homelessness or receives subsidized housing, supplemental**
6 **nutrition assistance or other qualifying asset-tested benefits.**

7 **“(2) The department and the authority may seek any necessary federal approval to im-**
8 **plement the options described in subsection (1) of this section to waive or streamline asset**
9 **testing.**

10 **“(3) Before receiving federal approval and to the extent permitted by state and federal**
11 **law, the department and the authority may implement the options described in subsection**
12 **(1) of this section to waive or streamline asset testing.**

13 **“(4) Upon obtaining federal approval and to the extent that federal financial participation**
14 **is available, the department and the authority shall implement the options described in sub-**
15 **section (1) of this section to waive or streamline asset testing.**

16 **“(5) The department and the authority shall submit a progress report, including progress**
17 **in obtaining any necessary federal approval, in the manner provided by ORS 192.245, and may**
18 **include recommendations for legislation, to the interim committees of the Legislative As-**
19 **sembly related to health and human services no later than September 30, 2026.**

20 **“SECTION 4. (1) As used in this section:**

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

24 **“(b) ‘Facility’ means:**

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

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

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

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

30 **“(c) ‘Specific needs contract’ means a contract between the Department of Human Ser-**
31 **vices or the Oregon Health Authority and a facility to reimburse the facility at a higher rate**
32 **for a resident whose care needs exceed the level of services that the facility would typically**
33 **provide.**

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

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

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

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

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

45 **“(A) The division of the department that provides services for seniors and persons with**

1 physical disabilities; and

2 “(B) The authority; and

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

4 “(3) The department and the authority shall submit a report in the manner provided by
5 ORS 192.245, and may include recommendations for legislation, to the interim committees
6 of the Legislative Assembly related to health and human services no later than August 15,
7 2026.

8 “SECTION 5. (1) As used in this section, ‘adult foster home’ has the meaning given that
9 term in ORS 443.705.

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

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

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

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

19 “SECTION 6. (1) As used in this section:

20 “(a) ‘Coordinated care organization,’ ‘dually eligible for Medicare and Medicaid’ and
21 ‘medical assistance’ have the meanings given those terms in ORS 414.025.

22 “(b) ‘Home health services’ has the meaning given that term in ORS 443.014.

23 “(c) ‘In-home care services’ has the meaning given that term in ORS 443.305.

24 “(d) ‘Medical respite’ means acute and post-acute medical care for individuals experi-
25 encing homelessness who are too ill or frail to recover from a physical illness or injury but
26 who do not require hospitalization.

27 “(e) ‘Medicare Advantage Plan’ means a health benefit plan under Part C of subchapter
28 XVIII, chapter 7, Title 42 of the United States Code.

29 “(f) ‘Traditional health worker’ has the meaning given that term in ORS 414.665.

30 “(2) The Department of Human Services and the Oregon Health Authority shall study
31 options to:

32 “(a) Coordinate and expand medical respite programs statewide, including by:

33 “(A) Partnering with coordinated care organizations and homeless services providers to
34 expand medical respite programs through existing initiatives administered by coordinated
35 care organizations;

36 “(B) Coordinating the delivery of medical respite with the provision of housing supports
37 through the Medicaid demonstration project under section 1115 of the Social Security Act (42
38 U.S.C. 1315);

39 “(C) Providing reimbursement for home health services and in-home care services in
40 shelters; and

41 “(D) Expanding medical assistance to include medical respite and seeking any necessary
42 federal approvals, including approval to allow the state to receive federal financial partic-
43 ipation in the costs of providing medical respite.

44 “(b) Partner with coordinated care organizations and insurers that offer Medicare Ad-
45 vantage Plans for individuals who are dually eligible for Medicare and Medicaid to promote

1 timely and appropriate hospital discharges, including by:

2 “(A) Requiring coordinated care organizations and insurers that offer Medicare Advan-
3 tage Plans for individuals who are dually eligible for Medicare and Medicaid to provide more
4 targeted care coordination and case management for individuals who are being discharged
5 from a hospital;

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

9 “(C) Strengthening coordinated care organization use of traditional health worker net-
10 works for care transition support; and

11 “(D) Promoting access to home modification services and supports to enable an individual
12 to discharge from the hospital to the individual’s home.

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

16 “SECTION 7. (1) As used in this section:

17 “(a) ‘Coordinated care organization’ and ‘medical assistance’ have the meanings given
18 those terms in ORS 414.025.

19 “(b) ‘Post-hospital extended care benefit’ means short-term medical assistance provided
20 for an individual’s stay in a skilled nursing facility to allow the individual to discharge from
21 a hospital.

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

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

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

28 “SECTION 8. Sections 2 to 6 of this 2025 Act are repealed on January 2, 2027.

29 “SECTION 9. Section 7 of this 2025 Act applies to contracts between a coordinated care
30 organization and the Oregon Health Authority entered into, amended or renewed on or after
31 the operative date specified in section 11 of this 2025 Act.

32 “SECTION 10. No later than September 1, 2025, the Oregon Health Authority shall re-
33 quest federal approval as necessary to carry out the provisions of section 7 of this 2025 Act.

34 “SECTION 11. (1) Section 7 of this 2025 Act becomes operative on the date that the
35 Centers for Medicare and Medicaid Services approves the request made pursuant to section
36 10 of this 2025 Act to carry out the provisions of section 7 of this 2025 Act.

37 “(2) The Oregon Health Authority shall immediately notify the Legislative Counsel if the
38 Centers for Medicare and Medicaid Services approves or disapproves, in whole or in part, the
39 request made pursuant to section 10 of this 2025 Act.

40 “SECTION 12. This 2025 Act being necessary for the immediate preservation of the public
41 peace, health and safety, an emergency is declared to exist, and this 2025 Act takes effect
42 on its passage.”.