

Requested by SENATE COMMITTEE ON HEALTH CARE

**PROPOSED AMENDMENTS TO  
SENATE BILL 296**

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

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

9 **“SECTION 2. (1) The Department of Human Services and the**  
10 **Oregon Health Authority shall conduct an operational review to**  
11 **streamline eligibility determinations for long term care services and**  
12 **supports provided through the medical assistance program. In con-**  
13 **ducting the operational review, the department and the authority**  
14 **shall:**

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

19 **“(b) Develop, in consultation with providers and stakeholders,**  
20 **benchmarks for improving processing times for functional and finan-**  
21 **cial assessments of individuals in acute and post-acute care settings;**

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

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

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

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

13       “(g) Develop a decision tree to help hospital staff navigate the pro-  
14 cesses used by the department and the authority in conducting eligi-  
15 bility determinations; and

16       “(h) Explore payment model options for providing short-term, tem-  
17 porary coverage while an eligibility determination is pending for indi-  
18 viduals who are presumptively eligible for long term care services and  
19 supports provided through the medical assistance program.

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

24       “SECTION 3. (1) The Department of Human Services and the  
25 Oregon Health Authority shall consider potential options, and deter-  
26 mine the options that the department and the authority shall imple-  
27 ment, to waive or streamline asset testing for eligibility  
28 determinations for long term care services and supports provided  
29 through the medical assistance program. The potential options shall  
30 include the development of asset-testing policies to allow self-

1 attestation of financial eligibility, by an individual or the individual's  
2 legal representative, if the individual is experiencing homelessness or  
3 receives subsidized housing, supplemental nutrition assistance or  
4 other qualifying asset-tested benefits.

5 “(2) The department and the authority may seek any necessary  
6 federal approval to implement the options described in subsection (1)  
7 of this section to waive or streamline asset testing.

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

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

16 “(5) The department and the authority shall submit a progress re-  
17 port, including progress in obtaining any necessary federal approval,  
18 in the manner provided by ORS 192.245, and may include recommen-  
19 dations for legislation, to the interim committees of the Legislative  
20 Assembly related to health and human services no later than Sep-  
21 tember 30, 2026.

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

23 **“(a) ‘Enhanced care services’ means intensive behavioral and**  
24 **rehabilitative mental health services provided to eligible seniors, per-**  
25 **sons with physical disabilities or adults with mental illness who reside**  
26 **in a facility.**

27 **“(b) ‘Facility’ means:**

28 **“(A) An adult foster home, as defined in ORS 443.705, that serves**  
29 **eligible seniors, persons with physical disabilities or adults with men-**  
30 **tal illness.**

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

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

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

4       **“(c) ‘Specific needs contract’ means a contract between the De-**  
5 **partment of Human Services or the Oregon Health Authority and a**  
6 **facility to reimburse the facility at a higher rate for a resident whose**  
7 **care needs exceed the level of services that the facility would typically**  
8 **provide.**

9       **“(2) The Department of Human Services and the Oregon Health**  
10 **Authority shall study the regulatory framework for facilities that**  
11 **serve residents who have complex medical or behavioral health condi-**  
12 **tions. In conducting the study, the department and the authority**  
13 **shall:**

14       **“(a) Assess the resources needed to expand existing enhanced care**  
15 **services and specific needs contracts statewide, including the public**  
16 **and private sector workforce needed to implement:**

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

19       **“(B) Other models for supporting facilities that serve residents who**  
20 **have complex medical or behavioral health conditions;**

21       **“(b) Evaluate the impact on residents who have complex medical**  
22 **or behavioral health conditions of having separate licensing require-**  
23 **ments for facilities licensed by:**

24       **“(A) The division of the department that provides services for sen-**  
25 **iors and persons with physical disabilities; and**

26       **“(B) The authority; and**

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

29       **“(3) The department and the authority shall submit a report in the**  
30 **manner provided by ORS 192.245, and may include recommendations**

1 for legislation, to the interim committees of the Legislative Assembly  
2 related to health and human services no later than August 15, 2026.

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

5 **“(2)(a) The Department of Human Services and the Housing and**  
6 **Community Services Department shall study:**

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

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

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

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

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

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

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

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

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

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

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

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

7       “(A) Partnering with coordinated care organizations and homeless  
8 services providers to expand medical respite programs through exist-  
9 ing initiatives administered by coordinated care organizations;

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

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

15       “(D) Expanding medical assistance to include medical respite and  
16 seeking any necessary federal approvals, including approval to allow  
17 the state to receive federal financial participation in the costs of pro-  
18 viding medical respite.

19       “(b) Partner with coordinated care organizations and insurers that  
20 offer Medicare Advantage Plans for individuals who are dually eligible  
21 for Medicare and Medicaid to promote timely and appropriate hospital  
22 discharges, including by:

23       “(A) Requiring coordinated care organizations and insurers that  
24 offer Medicare Advantage Plans for individuals who are dually eligible  
25 for Medicare and Medicaid to provide more targeted care coordination  
26 and case management for individuals who are being discharged from  
27 a hospital;

28       “(B) Strengthening the integration of hospital discharge planning  
29 and the health-related social needs services approved for the Medicaid  
30 demonstration project under section 1115 of the Social Security Act (42

1 U.S.C. 1315);

2 “(C) Strengthening coordinated care organization use of traditional  
3 health worker networks for care transition support; and

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

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

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

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

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

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

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

22 “(3) The authority shall incorporate the post-hospital extended care  
23 benefit under this section into any contract entered into between the  
24 authority and a coordinated care organization.

25 **“SECTION 8. Sections 2 to 6 of this 2025 Act are repealed on Janu-  
26 ary 2, 2027.**

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

1       **“SECTION 10. No later than September 1, 2025, the Oregon Health**  
2 **Authority shall request federal approval as necessary to carry out the**  
3 **provisions of section 7 of this 2025 Act.**

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

8       **“(2) The Oregon Health Authority shall immediately notify the**  
9 **Legislative Counsel if the Centers for Medicare and Medicaid Services**  
10 **approves or disapproves, in whole or in part, the request made pursu-**  
11 **ant to section 10 of this 2025 Act.**

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

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