

Requested by Senator PATTERSON

**PROPOSED AMENDMENTS TO
A-ENGROSSED SENATE BILL 296**

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;

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) As used in this section:

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

29 “(b) ‘Facility’ means:

30 “(A) An adult foster home, as defined in ORS 443.705, that serves

1 eligible seniors, persons with physical disabilities or adults with men-
2 tal illness.

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

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

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

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

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

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

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

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

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

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

28 “(B) The authority; and

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

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

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

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

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

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

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

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

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

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

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

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

30 “(e) ‘Medicare Advantage Plan’ means a health benefit plan under

1 Part C of subchapter XVIII, chapter 7, Title 42 of the United States
2 Code.

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

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

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

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

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

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

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

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

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

30 “(B) Strengthening the integration of hospital discharge planning

1 and the health-related social needs services approved for the Medicaid
2 demonstration project under section 1115 of the Social Security Act (42
3 U.S.C. 1315);

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

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

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

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

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

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

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

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

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

27 **“SECTION 7. Sections 2 to 5 of this 2025 Act are repealed on Janu-**
28 **ary 2, 2027.**

29 **“SECTION 8. Section 6 of this 2025 Act applies to contracts between**
30 **a coordinated care organization and the Oregon Health Authority en-**

1 tered into, amended or renewed on or after the operative date specified
2 in section 10 of this 2025 Act.

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

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

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

14 **“SECTION 11.** This 2025 Act being necessary for the immediate
15 preservation of the public peace, health and safety, an emergency is
16 declared to exist, and this 2025 Act takes effect on its passage.”.