

CCO HRSN Guidance Document

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Note: This guidance document is intended to provide Coordinated Care Organizations (CCOs) with additional programmatic details and expectations for delivering HRSN Services. This document is available on the CCO Contract Forms Website and will be updated as needed. Updates shall be considered effective thirty (30) days after OHA provides Administrative Notice thereof to CCO.	



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Background

Health-related social needs (HRSN) Services provide housing, nutrition, and outreach and engagement services to support eligible Members' health and well-being. HRSN Services are covered benefits under the Oregon Health Plan (OHP) and must be provided by Coordinated Care Organizations (CCOs) to eligible Members enrolled in CCO-A or CCO-B¹ who need and want services. The services are foundational to health, intended to improve health outcomes during times of instability and transition, designed to increase health equity, and are assessed based on need. The State received approval from the Centers for Medicare & Medicaid Services (CMS) in September 2022 to implement and provide these services as part of the OHP 2022 – 2027 [1115 Medicaid Demonstration Waiver](#).

Document Purpose

The Oregon Health Authority (OHA) developed the following guidance to support the provision of HRSN Services. This guidance is informed by provider and CCO feedback and provides CCOs with additional programmatic details and expectations for delivering HRSN Services, building on CCO Contract requirements and Oregon Administrative Rules (OARs). OHA expects CCOs to adopt the standards detailed in this document. This document is stored on the [CCO Contract Forms Website](#) and will be updated as needed. Updates shall be considered effective thirty (30) days after OHA provides Administrative Notice thereof to CCO.

HRSN Services

HRSN Services are intended to support Members who have unmet health-related social needs with housing and nutrition supports. There are also outreach and engagement (O&E) services to connect Members to these new supports and address other needs they may have. More details on all HRSN Services are included in this document.

HRSN Services have launched on a rolling basis, according to the timeline below:

March 2024	November 2024	January 2025	2026
Home changes for health during extreme weather and select activities under O&E Services go live.	Select Housing-Related Supports and additional activities under O&E Services go live.	Select Nutrition-Related Supports go live.	Additional Nutrition-Related Supports.

¹ See [Appendix A](#) for information on CCO Plan Types.

1. HRSN Service Eligibility Overview

HRSN Services are intended for specific populations, and not everyone who is enrolled in the Oregon Health Plan (OHP) is eligible for HRSN Services. To be eligible for one or more HRSN Services, an individual must meet the following criteria:

- a. Be enrolled in OHP, except not covered by either the Temporary Medicaid Expansion, OHP Bridge - Basic Health Program, or OHP Bridge - Basic Medicaid,
- b. Belong to a qualifying “HRSN Covered Population²” for the HRSN benefit they are seeking,
- c. Have a qualifying clinical risk factor for the benefit they are seeking,
- d. Have a qualifying social risk factor for the benefit they are seeking, and
- e. Meet additional service specific eligibility criteria that may apply.

Each individual will be screened to ensure they meet all of these conditions prior to a CCO authorizing an HRSN Service. Additional detail on each eligibility component is described below and detailed in [OAR 410-120-2005](#):

- a. **HRSN Covered Populations:** Individuals who are part of at least one of the following populations may require and be eligible to receive support with their HRSNs. Full definitions are available in [OAR 410-120-0000](#):
 - i. Adults and youth discharged from an HRSN Eligible Behavioral Health Facility in the past 12 months;
 - ii. Adults and youth released from incarceration, including prisons and local correctional facilities in the past 12 months;
 - iii. Individuals with current or past involvement in the Oregon child welfare system;
 - iv. Individuals Transitioning to Dual Eligible Status in the upcoming 3 months or past 9 months;
 - v. Individuals who are Homeless;
 - vi. Individuals who are at Risk of Homelessness;
 - vii. Young Adults with Special Health Care Needs (YSHCN).

Note: Each HRSN Service has specific eligibility criteria. Not all HRSN Covered Populations are eligible for all HRSN Services. An individual must belong to a qualifying HRSN Covered Population for the benefit they are seeking. For example, only individuals who are in the HRSN Covered Population “individuals who are at risk of homelessness” may qualify for rent and utilities assistance, storage, and tenancy services.

- b. **Clinical Risk Factors:** In addition to belonging to a qualifying HRSN Covered Population, individuals must meet specific clinical criteria to be considered

² As defined in OAR 410-120-0000 and further described in [Appendix B](#).

eligible for HRSN Services, as detailed in the CMS-approved [HRSN Services Protocol](#). Clinical criteria ensure that a particular HRSN service is clinically appropriate. Members meet clinical criteria by having at least one qualifying clinical risk factor. Examples of clinical risk factors for HRSN services include individuals:

- i. With self-attested complex behavioral health needs
- ii. With acute or chronic complex physical health needs
- iii. Requiring assistance with an Activity of Daily Living or Instrumental Activity of Daily Living

More information on clinical risk factors is included in Sec. 7, Para. b of this document.

- c. **Social Risk Factors:** Individuals must also meet social risk factor criteria. This risk factor broadly indicates what domain of service(s) a Member might benefit from (e.g., housing vs. nutrition). In some cases, the HRSN Covered Population may be the same as the social risk factor (e.g., being at risk of homelessness serves as both an HRSN Covered Population and a qualifying social risk factor.)

Refer to [OAR 410-120-2005](#) Tables 3, 5, 7, and 9 for more information on Social Risk Factors.

- d. **Service specific eligibility criteria:** Beyond meeting the criteria listed above, some services and service domains have additional, service specific eligibility criteria. For example:
- i. Only individuals who need support maintaining current housing are eligible for rent and utilities assistance, storage, and tenancy services.
 - ii. Only individuals who are eligible for and receiving rent assistance are eligible to receive financial support for payment of utilities.
 - iii. Only individuals who meet the At-risk of Homelessness definition can receive hotel/motel stays during home modification or remediation services.
 - iv. Only individuals who have serious health conditions, are working with a registered dietitian, and have a nutrition care plan that recommends Medically Tailored Meals (MTMs) can receive them.
 - v. Only individuals who can safely store and heat meals are eligible to receive MTMs.
 - vi. Only individuals who can safely and legally use a device provided under the Home Changes for Health During Extreme Weather benefit can receive one.

Refer to [OAR 410-120-2005](#) for more information on service specific eligibility criteria.

2. HRSN Outreach and Engagement Services (HRSN O&E)

a. Service Overview

HRSN O&E Services are intended to:

- Identify Members who may be eligible for HRSN Services and help them access needed HRSN Services.
- Connect Members to additional healthcare and non-healthcare services to address holistic health and well-being needs.
- Be readily accessible, culturally specific and responsive.

CCOs shall incorporate HRSN O&E activities into their Care Coordination processes for Member identification, outreach, and connection to services. CCOs must also build a network of HRSN Service Providers that provide HRSN O&E Services to Members, particularly Members of HRSN Priority Populations.³

HRSN O&E Services performed and documented by HRSN Service Providers must include all of the activities specified below in (i) – (iii) at the initial service delivery and may also include the activities specified in (iv) – (x). Subsequent service delivery may include any or all activities specified in (i) – (x). The CCO is responsible for coordination and tracking of HRSN O&E Service hours cumulatively and communicating with all HRSN O&E Service Providers. The HRSN Person-Centered Service Plan (PCSP), included in the Member's overall Care Plan (as outlined in [OAR 410-141-3870](#)), shall include a description of the goals and outcomes of the HRSN O&E activities as they relate to the Member's need and goals. HRSN O&E activities include:

- i. Engaging Members who may be eligible for HRSN Services. Engagement activities may use multiple strategies, including, without limitation, meeting Members in-person.
- ii. Identifying and verifying the Member's CCO enrollment or, as applicable, enrollment in the Fee-for-Service (FFS) program.
- iii. Verifying the Member is Presumed HRSN Eligible.
- iv. Transmitting HRSN Requests to the applicable CCO or, as applicable, to OHA.
- v. Working with Members to obtain the information necessary to determine HRSN service need, including through multiple engagements.
- vi. Helping Members maintain enrollment in OHP.

³ Regional Health Equity Coalition definition of priority populations per ORS 413.256: "Priority populations" means: Communities of color; Oregon's nine federally recognized Indian tribes, including descendants of the members of Oregon's nine federally recognized Indian tribes; Immigrants and refugees; Migrant and seasonal farmworkers; Low-income individuals and families; Persons with disabilities; and Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity. For the purposes of HRSN Services, priority populations are those with the intersectional impact of being low income and a member of at least one other of the priority populations.

- vii. Helping Members with securing and maintaining entitlements and benefits, such as Temporary Assistance for Needy Families (TANF), Women, Infants and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), and other federal and state housing programs including through application assistance and providing support in identifying coverage for application fees, as necessary.
- viii. Assisting Members with obtaining identification and other required documentation needed to receive benefits and other supports (e.g., Social Security card, birth certificate, prior rental history).
- ix. Connecting Members to settings where basic needs can be met, such as access to shower, laundry, shelter, and food.
- x. Providing Members, who may have a need for medical, peer, social, educational, legal, and other related services, with information and logistical support necessary to connect to resources.

b. Eligibility for HRSN Outreach and Engagement Services

To be eligible for HRSN Outreach and Engagement Services, an individual must be Presumed HRSN Eligible. Presumed HRSN Eligible is defined in [OAR 410-120-0000](#) and means the HRSN Service Provider must have confirmation the individual is enrolled in OHP and may presume that they belong to an HRSN Covered Population, are presumed to have at least one HRSN Clinical Risk Factor, and are presumed to have the HRSN O&E Social Risk Factor. The HRSN O&E Social Risk Factor is that the Member requires support to obtain or maintain connection with a benefits program, services, supports for basic needs (i.e., they need and would benefit from HRSN O&E Services). HRSN O&E eligibility criteria are detailed in [OAR 410-120-2005](#), Table 9.

c. Fees Payable for HRSN Outreach and Engagement Services

- i. The [HRSN Fee Schedule](#) is located on the [HRSN Provider web page](#).
- ii. CCOs shall compensate HRSN Service Providers for providing HRSN O&E Services to Members Presumed HRSN Eligible up to a maximum of thirty (30) hours per Member per 12 months from the initial date of service, with a daily maximum of six (6) hours per date of service (24 units). A Member may be reassessed for continuing to be Presumed HRSN Eligible for HRSN O&E Services annually. If a Member transitions to a different CCO, the benefit hours will reset to allow for sufficient time to connect to region-specific resources or HRSN Services.
- iii. HRSN Service Providers must be compensated for the provision of HRSN O&E Services if following the Presumed HRSN Eligible definition and acting in good faith. The CCO is not required to verify HRSN Covered Population for the provision of HRSN O&E Services if the Member has attested to being in any HRSN Covered Population. If it is discovered the Member is not in an HRSN Covered Population, subsequent HRSN O&E Services shall be denied

by the CCO. While most eligibility criteria do not need to be reconfirmed each date of service (e.g., HRSN Covered Population, clinical and social risk factors), OHA encourages HRSN Service Providers to reverify the Member's OHP eligibility prior to delivering services to reduce the denial of claims for ineligible Members (i.e., individuals not enrolled in OHP).

- iv. HRSN O&E Services shall follow industry standard billing practices for timed codes.⁴ For example, to bill for one unit per the HRSN O&E service fee schedule (15 minutes), the industry standard is that at least 8 minutes was spent with the Member, or supporting the Member with O&E, on the date of service. Two units would require at least 23 minutes spent, and so on.
 - Tasks carried out over multiple days that do not add up to the minimum eight minutes for one unit per date of service per Member are not payable. Tasks are payable that do add up to the minimum billing time on one date of service per Member.
- v. HRSN O&E Services do not include billing for administrative tasks, such as submitting invoices or scheduling staff, or other activities not attributable to a unique Member. These administrative activities are built into the rate for HRSN O&E Services.
- vi. Beginning June 1, 2025, documentation related to HRSN Outreach & Engagement Services is covered for HRSN O&E. This means HRSN Service Providers may bill time spent documenting for a unique Member if the time spent is on one date of service and adds up to the minimum amount for each unit (eight (8) minutes minimum to bill one (1) unit). Examples of this include time spent documenting:
 - The services provided and what activity in [OAR 410-120-2005](#) was provided.
 - Details regarding the engagement with the unique Member as it relates to the activities in [OAR 410-120-2005, Table 4](#).
 - The outcome and next steps of an engagement with a Member.
- vii. Travel time is payable for HRSN O&E Service Providers traveling directly to or from the Member's location and/or directly to or from the meeting place to coordinate directly with the Member's care team or on the Member's behalf, as set forth in [OAR 410-120-2005](#). Travel time is limited to three (3) hours per date of service per Member.
- viii. OHA expects HRSN Service Providers to be judicious with how they utilize travel time. Travel by the HRSN Service Provider should only be utilized if it is necessary to support meeting the Member where they are at. Travel time

⁴ <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2121cp.pdf>

counts toward the annual benefit cap of 30 hours. To support judicious utilization of travel time, OHA encourages the following:

- When travel time is needed to support a Member, if possible, support multiple Members in the area or facilitate an event to lessen the length of travel time attributed to one single Member. HRSN Service Providers may support multiple Presumed HRSN Eligible or HRSN Eligible Members and split the travel time between them as appropriate.
- Use virtual or telephone encounters to support the Member when possible.
- If the Member is HRSN Authorized for Tenancy Services, it may be beneficial to the Member to bill under Tenancy Services for travel when applicable and appropriate, as there is not an annual cap on Tenancy Services. There is, however, the same daily limit of 6 hours (24 units) per Member, per date of service.

Note: Payment for HRSN Outreach and Engagement activities performed by the CCO or Subcontractor are included in CCO HRSN Administrative Payments.

d. Authorization

HRSN O&E Services are not subject to Prior Authorization requirements for a Presumed HRSN Eligible or HRSN Eligible Member to receive them.

e. Documentation Requirements

CCOs must require all HRSN O&E Service Providers to document the date, duration, description, and outcome of the provided HRSN O&E Services. These documentation components are further detailed below. Though this documentation is required for record-keeping, the specific HRSN O&E activity details and outcomes of HRSN O&E Services will not be reported through claims submitted to OHA for reimbursement (i.e., there are no procedure code modifiers to distinguish various O&E activities).

- i. Date = date of service
- ii. Duration = units or time spent on the activity (including travel time)
- iii. Description = type(s) of activity (refer to HRSN O&E activities listed above in i. – x.)
- iv. Outcome = result of activity (e.g., connected to laundry, HRSN request sent, OHP paperwork completed, etc.)

At the CCO's discretion, outcome reporting definitions may be developed to include any HRSN O&E activities provided by HRSN O&E Service Providers.

3. HRSN Housing-Related Supports: Home Changes for Health During Extreme Weather

a. Service Overview

HRSN Home Changes for Health During Extreme Weather (“Home Changes for Health”) aims to support Members with health conditions that may be worsened by extreme weather. Home Changes for Health include devices and services provided to HRSN Authorized Members in their own home or non-institutional, primary residence, and for whom such equipment and support are Clinically Appropriate as a component of health services treatment or prevention during extreme weather.

- i. **Clinically Appropriate devices** for Members residing in their home or non-institutional, primary residence include:
 1. Air conditioners (ACs) for individuals at health risk due to significant heat,
 2. Heaters for individuals at increased health risk due to significant cold,
 3. Air filtration devices (AFDs) and, as needed, replacement filters for individuals at health risk due to compromised air quality,
 4. Mini refrigeration units as needed for individuals for medication storage, and
 5. Portable power supplies (PPSSs) for individuals who need access to electricity-dependent equipment (e.g., ventilators, dialysis machines, intravenous equipment, chair lifts, mobility devices, communication devices, etc.) or are at risk of public safety power shutoffs (PSPS) that may compromise their ability to use medically necessary devices.
- ii. **Services** include, as may be needed by the Member, the provision and service delivery of the devices identified above, installation as needed by the Member, replacement AFD filters, and coordination of replacement devices. Members must remain eligible at the time of replacement if the manufacturer warranty does not cover the device.

b. Eligibility for Home Changes for Health

To be eligible, an OHP Member must meet all of the following requirements, as further defined in [OAR 410-120-2005](#) Table 3:

i. HRSN Covered Populations

The Member must be in one of the following HRSN Covered Populations, as defined in [OAR 410-120-0000](#) and further described in [Appendix B](#).

ii. Device-Specific Clinical Risk Factor

The Member must have at least one of the Home Changes for Health Device-Specific Clinical Risk Factors, which are detailed in [OAR 410-120-2005](#) Table 1.

iii. Social Risk Factor

A Member must meet the HRSN Home Changes for Health Social Risk Factor requirement, which means they require a device to treat, improve, stabilize, or prevent their Device-Specific Clinical Risk Factor during extreme weather.

iv. Additional Eligibility Requirements for Home Changes for Health

1. To receive a device, Members must attest to their ability to safely use the device to reduce the risk of injury or harm. The safe use of devices requires that a Member reside in their own home or non-institutional primary residence or a “recreational vehicle,” as defined in [ORS 174.101](#), that has a reliable source of electricity for operating a device, and that the Member or their Representative can safely and legally install the device in their place of residence.
2. Individuals who reside in congregate or institutional settings do not qualify for devices under this program. These group settings include:
 - Group homes,
 - Shelters,
 - Assisted living facilities,
 - Long-term care facilities,
 - Adult Foster Homes,
 - Treatment facilities or treatment homes, and
 - Nursing facilities.

Members are eligible if they share housing in non-institutional settings; for example, a college student living with roommates or someone living with multiple families may still be eligible for HRSN Home Changes for Health if they meet other eligibility criteria. Members may also be eligible if they are in transitional housing for extended periods of time.

3. Members are not eligible if they have received the same service from a local, state, or federally funded program within the last 36-months.
4. There is a standard limit of one of the same device type per Member, even if several similarly Authorized Members live in the same household. For situations where an HRSN Authorized Member is requesting multiple

devices of the same type (e.g. two ACs), the CCO must review for medical exception considering an individual's specific health needs.

In the event the foregoing conditions cannot be met, the Member may not be Authorized for receipt of Home Changes for Health, in accordance with [OAR 410-120-2005](#).

Note: Medical exception requests do not waive the requirement for the Member to be in at least one HRSN Covered Population in order to receive HRSN Home Changes for Health devices.

c. Home Changes for Health Device Considerations

The following processes should be followed when determining an individual Member's device needs:

- i. Utility costs – these devices may cause an increase in utility charges; energy efficiency models should be made a priority. The HRSN PCSP should address whether assistance may be needed to pay for utilities and the CCO care coordinators should connect individuals to resources for utility costs as needed.
- ii. CCOs should use a 36-month look-back period when determining whether the Member is receiving the same service as the requested HRSN Services from a local, state, or federally funded program, in alignment with the device replacement policy detailed in [OAR 410-120-2005](#).
- iii. For members transitioning between CCOs, prior authorizations should be made available in accordance with [OAR 410-141-3850](#). In situations with gaps in coverage, or for devices received through other programs, Member attestation is sufficient.
- iv. CCOs should use discretion to determine when device limitations should not apply, such as in the case of moving, damage not covered by warranty, or other exceptional cases for multiple devices of the same type. Examples of potential exceptions include requests for more than three replacement air filters during a calendar year due to residing in a region that experiences more periods of prolonged air quality issues due to wildfire smoke, or if there is a request for two ACs for a child who lives with parents who are separated and therefore has two residences.

d. Fees Payable for HRSN Home Changes for Health Device Installation

- i. The [HRSN Fee Schedule](#) is located on the [HRSN Provider web page](#).

- ii. For billed installation services, HRSN Service Providers and Vendors shall follow industry standard billing practices for timed codes.⁵ For example, to bill for one unit per the HRSN fee schedule (15 minutes), the industry standard is that at least 8 minutes was spent on service delivery. Two units would require at least 23 minutes spent, and so on. HRSN Service Providers and Vendors can bill for total time to complete installation, including drive time.
 - The maximum billable amount is 8 units, or two (2) hours for any installation within 35 miles of the closest available installation contractor/vendor who can provide the service and 12 units, or three (3) hours for any installation further than 35 miles from the nearest available contractor/vendor who can provide the installation service.

e. Documentation Requirements

HRSN Service Providers and Vendors must maintain documentation for installation services. Documentation should include the service provided, the Member for whom service was provided, the date and time of the service, and signature of Member or Member representative confirming receipt of services.

f. Device Descriptions and Recommended Specifications

The following is an overview of the five device types available under Home Changes for Health. All devices should be portable and not require home modifications outside of window kits.

Air Conditioner (ACs) – ACs for Members who are eligible are meant to maintain safe and healthy temperatures in a Member's residence to prevent heat-related illness and death. ACs should be portable, have a high energy efficiency, and be appropriate for the size of room in which they will be utilized. Units that provide both cooling and heating are allowable. Additional resources on preventing heat-related illnesses can be found on [OHA's webpage on Extreme Heat](#).

Air Filtration Devices (AFDs) – AFDs should be portable, have a high energy efficiency, be rated for smoke, and have replaceable HEPA grade filters. More information on reducing the health effects of wildfire smoke can be found on [OHA's webpage on Wildfires and Smoke](#).

Mini Refrigeration Units – Mini refrigeration units are available to ensure a Member's medically necessary medications, and enteral or parenteral nutrition can be stored at safe and consistent temperatures. Medication storage should be the main use of these devices. The mini refrigerators should not have freezer compartments to avoid unintentional freezing of medications (unless the medication or nutrition requires freezing, e.g. breast milk storage), and be able to cool down to 36° F.

⁵ <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2121cp.pdf>

Portable Power Supplies (PPS) – PPSs are a category of backup power units that include a range of devices including portable power stations, large backup batteries, and generators. These devices are for Members who use electricity dependent medical devices in their home. These devices should extend the time an individual can safely continue use of their medical devices in their residence when there are extended power outages. Fuel powered generators are not recommended due to risk of improper use indoors and carbon monoxide poisoning but may be the best option for some Members and can be determined on a case-by-case basis.

Space Heaters – Space heaters should be portable heating units that have automatic shutoff systems, safe surface temperatures, and tip protection to reduce the risk of fire and injury. These units should have a high energy efficiency rating and be appropriate size for the room they are being used in.

Table 1 below contains recommended minimum specifications for the types of devices covered by HRSN Home Changes for Health. These specifications are intended to create consistency in service delivery across the state. Other models, brands, and suppliers are available with similar specifications. The selected device should reflect the Member's need. The safe use of the device is of the highest priority.

Table 1: Home Changes for Health Device Recommended Specifications

Device	Specifications	Example
Air Conditioner (ACs)	- Recommend a standalone, portable unit (window units are not recommended) - Minimum 8,000 BTUs (~400 sq/ft) - EnergyStar rated – high efficiency rating - Minimum 1 year warranty, 3-year warranty preferred	<u>FRIEDRICH Portable Air Conditioner: 8,000 BtuH, 450 to 550 sq ft, 115V AC, 5-15P</u>
Air Filtration Devices (AFDs)	- Must not create ozone - Rated for PM2.5 - AHAM certified, tested by <u>US standards for CADR ratings</u> - HEPA filter - EnergyStar rated – high efficiency rating	<u>GroPure Aspen HEPA Air Cleaner for Large Rooms</u>

Device	Specifications	Example
	• <20lbs • >300cfm • CADR >200 for smoke	
Mini refrigeration units	• Minimum .5 Cu Ft capacity • Cools down to 36° F • EnergyStar rated – high efficiency rating • No Freezer compartment (unless the medication or nutrition requires or can be preserved longer with freezing, e.g. breast milk storage) • Minimum 1 year warranty	<u>Danby Mini Fridge – 1.6 cu ft</u>
Portable Power Supply (PPS)	• Emission free • Minimum 1500W, 12amp • < 50lbs • 3+ month shelf life (battery) • Note: Gas generators are permitted but are not recommended • CCOs have discretion to determine whether a particular type of electricity-dependent device establishes a need for a PPS; however, the intention is to reserve PPS devices for life-sustaining medical equipment such as a ventilator or oxygen concentrator	<u>GENERAC Powerstation</u>
Space Heater	• Automatic Safety Shut-off System • Tip Over Protection • Low/High settings • Max surface temp <130F • Heats ~200sq/ft • Portable	<u>VH2 Whole Room Heater</u>

4. HRSN Housing-Related Supports

a. Service Overview

HRSN Housing-Related Supports aim to support health and well-being by preventing homelessness, sustaining current housing, and supporting tenancy during times of housing insecurity. See [OAR 410-120-2005](#) Tables 4 and 5 for a full description of each Housing-Related Support, eligibility, and documentation requirements for service authorization. See below for additional guidance on select HRSN Housing-Related Supports.

i. HRSN Tenancy Services

1. HRSN Tenancy Services (e.g., housing case management) are often crucial to support people in maintaining their housing and must be offered to eligible Members alongside all other HRSN Housing-Related Supports (e.g., Rent Assistance, Home Modifications and Remediation, Utilities Assistance) provided the member also meets the at-risk of homelessness definition in OAR 410-120-2000 and is not a homeowner. A description of HRSN Tenancy Services is included in [OAR 410-120-2005](#) Table 4.
2. While Members are not required to engage with a case manager to receive HRSN Housing Services, Tenancy Services must be authorized for eligible Members who are receiving other HRSN Housing Services. This is because HRSN Tenancy Services includes the coordination and logistics of service delivery and information sharing with the CCO that the HRSN Service Provider will do while providing the other HRSN Housing Service.
3. HRSN Tenancy Services must be authorized for a minimum of six months but are intended to last for as long as the Member's circumstance requires up to 18 months. OHA recognizes that individuals often require an average of 6 – 18 months of tenancy support to achieve their housing goals. CCOs should determine the service duration and re-assessment expectations with the Member and HRSN Service Provider.
4. HRSN Tenancy Services can also be authorized as a stand-alone service to eligible Members if they meet all eligibility criteria.
5. HRSN Tenancy Services can complement care coordination efforts. The HRSN Person Centered Service Plan (PCSP) should include information from the case manager(s) providing HRSN Tenancy Services, in accordance with OAR 410-141-3870.
6. HRSN Tenancy Services can be used to support an eligible Member to find a new place to live, if their current housing is unaffordable or otherwise not conducive to their housing goals (note that assisting a Member with housing applications is included in the service description).

However, HRSN program funds cannot be used to support the Member's moving costs or rent assistance at the new residence because moving costs are not a current HRSN Service offering, and HRSN Rent Assistance is to help maintain an eligible Member's current housing.

7. HRSN Outreach and Engagement (O&E) Services should also complement HRSN Housing-Related Supports. HRSN Housing Service Providers are encouraged to enroll as an HRSN O&E Service Provider and use HRSN O&E Services to support Members to gather information and other documentation required for service authorization.

ii. Rent Assistance, Utilities, and Storage Fees

1. Members should be prioritized according to the Member's circumstance. For many HRSN Housing-Related Supports, this means according to when the payments for rent assistance, utilities, and storage are due.
2. Members who have an eviction notice in hand require rapid service provision to prevent the Imminent Eviction. Imminent Eviction is defined in [OAR 410-120-0000](#), and means having an eviction notice in hand (e.g. either an intent to terminate or court summons). HRSN Rent Assistance may take 2 – 6 weeks to be authorized and delivered, which may not meet the timeframe required to prevent Imminent Eviction, and therefore may not be the appropriate service. CCOs should develop a process to identify Members who have submitted HRSN Requests for imminent eviction prevention support in a timely manner. In these situations:
 - CCOs must simultaneously make an HRSN Eligibility determination and refer the Member to existing local and state programs that address eviction prevention.
 - If the Member is determined eligible for HRSN Rent Assistance, the CCO must contact the Member prior to authorizing HRSN Services to verify that they are still eligible for HRSN Rent Assistance (i.e., still residing in the residence where they requested rent assistance).
 - If the Member has moved to a new address and their address has been updated prior to service authorization, they may be authorized for HRSN Rent Assistance at the new address.
 - Referrals to other programs and to HRSN Service Providers must be provided with sufficient time for the Member to seek support.
3. CCOs are encouraged to work with eviction prevention providers in their regions to conduct outreach to people who have requested and/or received eviction prevention support to determine if follow-up support via HRSN Housing-Related Supports is necessary to support housing stabilization.

4. Members may receive HSRN Rent Assistance for past due rent (arrears), if the past due and forward rent assistance do not exceed six months of rent assistance. One eligibility requirement of HSRN Rent Assistance is that a Member needs support to maintain current housing; the provision of rent arrears must enable the Member to maintain current housing. Rental arrears accrued prior to May 1, 2024 cannot be covered by HSRN.
5. Members may receive a combination of HSRN Rent and Utilities Assistance (forward, recurring payments) and past due (arrears), depending on need. Recurring HSRN Utility payments cannot extend beyond recurring HSRN Rent Assistance in duration. In situations where utilities are bundled with rent into a single payment, and there is no line item for utilities, this payment can be considered a rent payment. For more information on HSRN Rent Assistance and HSRN Utilities sequencing, as well as example scenarios, please see [Appendix H](#).
6. Authorization for recurring (forward) rent must be for consecutive months. Past-due rent does not have to be consecutive months. If the member has paid rent to the landlord during the authorization period, they may ask their landlord to apply their self-paid rent to a later month that falls after their HSRN assistance period.
7. HSRN Rent Assistance cannot be transferred to another address. If the Member loses their housing or moves post-authorization but prior to the rental payment they may withdraw the request connected with their former address and submit a new HSRN Rent Assistance request using their current information.
8. If a Member who has requested HSRN Housing Services experiences a change of circumstances, such as a move to a new address or an addition or subtraction to income or household size, then services can be authorized based upon the Member's current circumstances provided that:
 - The Member remains OHP eligible, and
 - Housing Services have not yet been delivered, and
 - All applicable address and household changes have been updated with OHP.
9. If a Member is authorized for HSRN rental assistance, OHA encourages CCOs to provide the Member with written notification of the authorization. See [Appendix J. HSRN Housing Sample Approval Letter](#).

Effective September 1, 2025, written notification is required for Members authorized for HSRN Rent Assistance per OAR 410-120-2020.

iii. HSRN Home Modifications and Remediations (Home Changes for Safety)

1. HRSN Home Modifications and Remediations require that the service treat, stabilize, improve or prevent the Member's HRSN Housing Clinical Risk Factor. See [OAR 410-120-2005](#), Table 4, Sections 8 and 9, which contain the Home Modification and Remediation service descriptions and required documentation.
2. A HRSN Service Vendor Scope of Work is a required document for service authorization. It must outline the project to meet the Member's clinical need for the service.
 - HRSN Service Providers may use HRSN O&E Services (if enrolled as an O&E Service Provider with OHA) to compile all documents required for service authorization (see [OAR 410-120-2005](#) Table 8 for the O&E service description).
 - It is recommended that the Scope of Work be completed by the HRSN Service Provider, in consultation with the Member, to ensure the Scope of Work meets the Member's needs. HRSN Service Vendors can then provide their bids for the Scope of Work.
 - The Scope of Work must serve as the basis of the agreement with the HRSN Service Vendor (e.g., contractor, pest eradication, or cleaning company, etc.) and should be used to provide timeframe and cost estimates.
 - Given the effort to develop a Scope of Work and secure landlord approval, it is recommended that the CCO develop a process with its HRSN Service Providers to discuss the Member's HRSN Home Modification and Remediation eligibility and the service authorization process before the HRSN Request Form is submitted.
3. Members may require case management support for HRSN Home Modifications and Remediations. Examples of case management support may include developing a Scope of Work that accurately addresses Member need, supporting Members through the HRSN Service Vendor bid process (e.g., going to the Members' house to meet with HRSN Vendors, etc.), supporting Members leading up to and during the service, as necessary, and depending on the service, connecting Members to other services. Eligible Members may receive HRSN Tenancy Services for case management support. Members who are not eligible for HRSN Tenancy Services may receive HRSN O&E (up to 30 hours per Member per year) for case management support.
4. HRSN Service Providers may use designated staff in-house with the appropriate licensing or other requirements to perform home modifications and remediation services, in lieu of procuring an HRSN Service Vendor externally. For example, an HRSN Service Provider may employ a team to

conduct home modifications. Refer to [OAR 410-120-2030](#) Table 1, sections 8 and 9, for information on specific HRSN Service Provider Qualifications.

5. HRSN Home Modifications do not cover the cost of removal. This must be discussed and agreed upon with the Member and landlord (if renting) prior to developing the Scope of Work.
6. Ramps: The following is recommended for the installation of HRSN Home Modification ramps: The ramp should conform to ADA requirements (1:12) or if necessary due to space constraints and with consumer approval, 1:10; should have a non-slip surface; should have handrails; and be a metal ramp unless a ramp of another material is preferred or better suited. See 2010 ADA Standards for Accessible Design at <https://www.ada.gov/law-and-regs/design-standards/2010-stds/#>.

b. Eligibility for HRSN Housing-Related Supports

To qualify for Housing-Related Supports, individuals must meet certain eligibility criteria. Not every service within Housing-Related Supports has the same eligibility criteria. There are two requirements that are consistent across all services:

- i. The individual must be enrolled in the OHP, and
- ii. The individual must have at least one of the HRSN Housing Clinical Risk Factors

In addition to the above requirements, the individual must be in a qualifying HRSN Covered Population for the service they are seeking as well as meet other service-specific criteria (e.g., being a renter is required for rental assistance). For full eligibility requirements for each one of the services within HRSN Housing-Related Supports, please see [OAR 410-120-2005](#) Table 5. This information can also be found in the [HRSN Housing Eligibility guide](#), which is located on OHA's [HRSN Housing Supports webpage](#).

c. Fees Payable for HRSN Housing-Related Supports

- i. The [HRSN Fee Schedule](#) is located on the [HRSN Provider web page](#).
- ii. **HRSN Tenancy Services**
 1. Offered as a 15-minute increment as well as a Per Member Per Month (PMPM) option. Further guidance about the PMPM option can be found under "Contractor Payment to HRSN Service Providers" section 2 (page 78).
 2. HRSN Tenancy Services should follow industry standard billing practices. For example, to bill for one unit per the HRSN Tenancy Services fee schedule (15 minutes), the industry standard usually is that at least 8

minutes was spent with the Member on this service. Two units would require at least 23 minutes spent, and so on.

3. CCOs shall compensate HRSN Service Providers for providing HRSN Tenancy Services to Members up to six hours per date of service (24 units).
4. HRSN Tenancy Services do not include billing for administrative tasks, such as submitting invoices, or other activities not attributable to a unique Member.
5. Beginning June 1, 2025, documentation related to HRSN Tenancy Services is covered for HRSN Tenancy Services. This means HRSN Service Providers may bill time spent documenting for a unique Member if the time spent is on one date of service and adds up to the minimum amount for each unit (eight (8) minutes minimum to bill one (1) unit). Examples of this include time spent documenting:
 - The services provided and what activity in [OAR 410-120-2005](#) was provided.
 - Details regarding the engagement with the unique Member as it relates to the activities in [OAR 410-120-2005, Table 8](#).
 - The outcome and next steps of an engagement with a Member.
6. Travel time is payable for HRSN Housing Tenancy Service Providers traveling directly to or from the Member's location and/or directly to or from the meeting place to coordinate directly with the Member's care team or on the Member's behalf, as set forth in OAR 410-120-2005. Travel time is limited to three (3) hours per date of service per Member.
 - OHA expects HRSN Service Providers to be judicious with how they utilize travel time. Travel by the HRSN Service Provider should only be utilized if it is necessary to support meeting the Member where they are at. To support judicious utilization of travel time, OHA encourages the following:
 - When travel time is needed to support a Member, if possible, support multiple Members in the area or facilitate an event to lessen the length of travel time attributed to one single Member. HRSN Service Providers may support multiple HRSN Eligible Members and split the travel time between them as appropriate.
 - Use virtual or telephone encounters to support the Member when possible.

iii. Rent and Utilities

1. HRSN Housing-Related Supports are a partnership between CCOs and HRSN Service Providers, many of whom are housing providers with expertise and experience in the provision and coordination of housing services.

Many HRSN Housing-Related Supports entail the transmittal of payments to HRSN Service Vendors, such as landlords and utility companies. While these payments may be transmitted by either the CCO or the HRSN Service Provider, it is highly recommended that the HRSN Service Provider transmit payments if it is able to do so. The rationale is that HRSN Service Providers that provide housing supports have the systems to rapidly turn around payments and have relationships with landlords and other HRSN Service Vendors, expertise in tenant-landlord law and regulations, and may provide Tenancy Services and implement HRSN Services as a comprehensive package.

2. HRSN Rent and Utilities Assistance is available once per household over the course of the demonstration. CCOs must ensure that the same HRSN Service Vendor (e.g., landlord, utilities companies, storage unit companies) does not receive duplicative payments for the same services during the same time period, obtained by different eligible Members of the same household. If more than one household is residing in the same physical space, each household is eligible for HRSN Rent Assistance once.
 - A household is defined by the “Family Size” definition in [OAR 410-200-0015\(42\)](#). In other words, a household is not based on the physical space where a family resides. For example, multiple households may live in the same physical space, such as an Accessory Dwelling Units (ADUs) or an RV on another household’s land, or in the cases of being “doubled-up” where a household is living in the home of another household, or a roommate situation. Family size is obtained through self-attestation.
 - The upper payment limit (UPL) for HRSN Rent and Utility Costs and Storage Fees is based on the number of bedrooms in the house occupied by members of the HRSN Authorized Member’s household. This is regardless of whether the other household members are HRSN Eligible. If more than one household is living in the same physical space, the UPL is solely determined by the number of bedrooms used by the HRSN Authorized Member’s household. In other words, the UPL cannot be influenced by members of other households who may reside in the same physical location.

- In the case that a Member's rent is above the UPL for HRSN Rent Assistance, it is allowable for the Member to contribute the difference in cost.

iv. **HRSN Home Modifications and Remediations**

These services have a cap per Member for the lifetime of the waiver (**ending September 2027**). A Member can receive any combination or number of HRSN Home Modifications or Remediation services, so long as the total cost per Member does not exceed the cap. The cap is provided in the HRSN Housing Fee Schedule.

d. **Partnerships and Braiding Funding**

- i. CCOs are encouraged to work with their region's Community Action Agencies (CAAs) and Continuums of Care (CoCs) to explore opportunities for Member eligibility in other housing programs, and for opportunities to braid existing eviction prevention and housing stability funding sources. CAAs and CoCs may be able to provide CCOs with insight on how to prevent duplication of services, referral pathways to pursue, among other details related to crisis response and the provision of housing services.
 1. CAAs offer support to families statewide to gain self-sufficiency and financial security. CAAs are non-profit, state, and federal grant-funded organizations that can administer rapid eviction prevention funding and other crisis response funds, in addition to paying for needed social services to help lift families out of poverty. CAAs work in close coordination with the region's CoC, which are designed to promote a community-wide response to the goal of ending homelessness and provide agencies with federally funded homelessness prevention services to quickly rehouse individuals and families. For more information, please see: [Oregon Housing and Community Services: What are CAAs?; The Community Action Network – CAPO – Community Action Partnership of Oregon \(caporegon.org\)](#)
 2. Continuums of Care (CoCs) organize and coordinate the planning for homelessness services. For more information, please see: [Oregon Housing and Community Services: Continuum of Care \(CoC\)](#).
- ii. It is allowable for a CCO to authorize and refer different HRSN Housing-Related Supports (or activities within HRSN Housing-Related Supports) to be provided by different HRSN Service Providers, if a Member's needs are best addressed through this approach. For example, a CCO could authorize and refer an HRSN Home Remediation to one HRSN Service Provider and authorize and refer the provision of HRSN Rent Assistance and HRSN Tenancy Services to another HRSN Service Provider. Except in the case of the PMPM payment structure, the CCO may authorize different activities

- within HRSN Tenancy Services to different HRSN Service Providers; for example, one HRSN Service Provider can support the Member to apply to different benefit programs and another can create a housing stability plan.
- iii. HRSN Housing Services may be braided or sequenced with funding from other local, state, and federal programs. However, a Member may not receive duplicative services (i.e., receive the same service at the same time). If a Member is receiving a similar service with differences in amount or duration, then they can receive HRSN Services. For example, Members who are receiving support from another program that covers a portion of their rent may be able to receive HRSN Rent and Utility Costs, subject to that program's requirements. HRSN Housing Service Providers should be consulted to determine if/how HRSN rent assistance would impact eligibility for other programs.
 - iv. When a member is a recipient of a federal HUD (Department of Housing and Urban Development) voucher, including but not limited to HCV (Housing Choice Voucher), HRSN services for prospective (future) rent and utility costs are considered duplicative and are disallowed by HUD rule. HRSN rent assistance cannot replace or pay any portion of the gross rent that is owed on behalf of an HCV recipient – which includes: (1) rent and utility costs that the HCV program pays to the landlord, and (2) the rent and utility costs the tenant is responsible for paying (30% of household income) (see 24 CFR 982.515(c)). However, an HCV recipient who meets all HRSN eligibility criteria may receive HRSN rent and utility assistance for rent and utility **arrears**. HUD considers HRSN rent assistance for arrears as “nonrecurring income,” which is excluded from adjusted income in HUD eligibility calculations (24 CFR 5.600(b)(24)).
 - v. A Member may receive Imminent Eviction prevention support from a local or state program, followed by HRSN Rent Assistance to stabilize.
 - vi. CCOs are encouraged to review resources for Landlord/Tenant law as detailed in [Appendix I: Resources for Landlord Tenant Law](#).

e. Documentation for Housing-Related Supports

- i. Some HRSN Housing-Related Supports require additional documentation prior to service authorization, as outlined in [OAR 41-120-2005](#).
 - 1. If enrolled as HRSN O&E Service Providers, HRSN Housing Service Providers can provide HRSN O&E Services to support Member in compiling documentation required for HRSN Housing-Related Supports service authorization, including landlord advocacy.
 - 2. For example, HRSN Rent Assistance requires a lease, [HRSN Verification of Landlord/Tenant Relationship and Rent Owed Form](#) (available on the [HRSN Provider](#) web page) or written agreement between the Member and

the landlord. See [the Housing Income Verification and Documentation Guide](#) for information on how to calculate, verify and document the income component of the At-Risk of Homelessness Covered Population.

- ii. CCOs must require all HRSN Tenancy Service Providers to document the date, duration, and description of the provided HRSN Tenancy Services. These documentation components are further detailed below. Though this documentation is required for record-keeping, the specific HRSN Tenancy activity details of HRSN Tenancy Services will not be reported through claims submitted to OHA for reimbursement (i.e., there are no procedure code modifiers to distinguish various Tenancy activities).
 - 1. Date = date of service
 - 2. Duration = units or time spent on the activity (including travel time)
 - 3. Description = type(s) of activity conducted in support of Tenancy Services

f. Additional Housing-Related Supports Information

CCOs may refer to [OAR 410-141-3810](#) to address Member conduct that interferes with HRSN Service Delivery. Many HRSN Service Providers and HRSN Vendors have their own policies for determining when to refuse service based upon an individual's behavior that is threatening or disruptive; the CCO must honor these policies.

5. HRSN Nutrition-Related Supports

a. Service Overview

HRSN Nutrition-Related Supports can help eligible Members experiencing low food security. They provide support for people to have a healthy diet, including nutrition education or delivery of Medically Tailored Meals (MTMs) for people with specific health conditions. Please see [OAR-410-120-2005](#) Tables 6 and 7 for a full description of each Nutrition-Related Support and eligibility criteria.

These supports must be provided in accordance with national nutrition guidelines, such as the Dietary Guidelines for Americans, or evidence-based practice guidelines for specific chronic diseases and conditions, follow food safety standards, and consider a Member's personal and cultural dietary preferences.

HRSN Service Providers may use HRSN O&E Services (if enrolled as an O&E Service Provider with OHA) to compile documents, connect with nutrition education providers, or other nutrition-related services that align with other HRSN O&E activities (see Section 2a of this document and [OAR 410-120-2005](#) Table 8 for the O&E service description).

Note: For the January 1, 2025 launch, only MTMs and Nutrition Education were implemented. The fruit and vegetable and pantry stocking benefits will be implemented at a later date, as previously communicated by OHA.

i. **Medically Tailored Meals and Assessment (if needed under HRSN):**

“Medically Tailored Meals” means fully prepared meals delivered to individuals living with severe, complex and chronic illness through a referral from a medical professional, MCE, or as applicable, the Authority. These meals are produced or sourced under the consultation of a registered licensed dietitian nutritionist (RDN).

1. A licensed, Registered Dietitian Nutritionist (RDN) (preferred), or, if not available, a primary care provider or a member’s specialist (cardiologist, oncologist, etc.) must perform an initial assessment and subsequent reassessment to develop a medically appropriate nutrition care plan specific to the HRSN MTM service. The reassessment is needed to understand whether the service is meeting the Member’s needs, to update the nutrition care plan, and document the impact of the MTMs on the Member’s clinical status.
2. MTMs must be provided in accordance with nutrition-related national guidelines, such as the Dietary Guidelines for Americans, or evidence-based practice guidelines for specific chronic diseases and conditions. See <https://www.eatrightstore.org/product-type/nutrition-care-manuals> for more information.
3. The Assessment for MTMs must follow the Nutrition Care Process. The Nutrition Care Process is a systematic method that dietetics and nutrition professionals use to provide nutrition care. It is comprised of four steps: nutrition assessment and reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation. See <https://www.eatrightpro.org/practice/nutrition-care-process> for more information.
4. For most eligible Members, the assessment and reassessment for MTM Medical Necessity should be covered under non-HRSN OHP benefits. If the Member has a health condition that is identified on the [OHP Prioritized List](#), for which Medical Nutrition Therapy (MNT) is an indicated treatment, then the assessment and reassessment of the nutrition care plan and any accompanying MTMs should be covered under non-HRSN OHP benefits. Additionally, an assessment with a licensed, RDN is covered under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) (not HRSN) when the Member meets EPSDT Medically Necessary and Medically

Appropriate definitions ([OAR 410-151-0001](#)). In the rare case that the Member's condition cannot be billed under the Medicaid State Plan benefit, the service can be billed under HRSN.

5. Proactive outreach for MTMs may be challenging given the narrow eligibility criteria; therefore, it is recommended for care coordination teams to identify Members who meet the HRSN Covered Population eligibility criteria and for whom MTMs are medically appropriate and necessary. MTMs might be medically appropriate and necessary for Members with chronic health conditions who need assistance with one or more Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) or are recently recovering from a significant exacerbation of a qualifying health condition.
 6. People who have chronic health conditions and persistent ADL and IADL limitations may be eligible for nutrition and other supports through ODHS Aging and Persons with Disabilities (APD) or Office of Developmental Disability Services (ODDS). Long-term MTM access through these programs should be considered for anyone receiving HRSN MTMs.
- ii. **Nutrition Education:** As defined in [OAR 410-120-0000](#), means any combination of educational strategies designed to motivate and facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being.
1. Please see [OAR 410-120-2030](#) Table 2 for Nutrition Service specific provider qualifications. CCOs may contract with HRSN Service Providers to provide this service and are also encouraged to support their existing network of providers (including peer support specialists, traditional health workers, case managers, primary care providers, dental providers, and other individuals with regular Member touchpoints) to receive appropriate training and credentialing to provide this service to Members.

Depending on the specific component of this service being provided, appropriate training and credentialing may entail:

- Relevant training(s) (e.g., webinar courses provided by SNAP-Ed, CDC-approved training for the National Diabetes Prevention Program Lifestyle Coach position, or other trainings from accredited nutrition organizations);
- Certification (e.g., Certified Nutrition & Wellness Educator by the American Association of Family & Consumer Sciences); or
- Licensure (e.g., licensed dietitian).

CCOs may use discretion in determining the appropriate level of training or licensure required for each contracted provider of this service.

2. Nutrition Education primarily focuses on topics such as healthy eating, food resource management, cooking tips, label reading and other topics that apply to general population. This differs from Medical Nutrition Therapy which is delivered by dietitians to help address specific health conditions. Nutrition educators must be trained to deliver evidence-based, audience appropriate curriculum while staying within the scope of their training.
 3. Members receiving any HRSN Nutrition-Related Supports other than MTMs must also be offered Nutrition Education; however, receipt of Nutrition Education shall not be conditioned on engagement in other HRSN Nutrition-Related Supports and receipt of other HRSN Nutrition-Related Supports must not be conditioned on participating in Nutrition Education.
- iii. **Fruit and Vegetable Benefit** (expected to launch in 2026): This service allows a Member to purchase and/or receive fruits and vegetables from participating food retailers, grocery stores, mobile markets, produce box delivery programs, community-supported agriculture (CSA) programs, vendors, farms and farmer's markets.
1. Please see [OAR 410-120-2030](#) Table 2 for Nutrition Service specific provider qualifications. HRSN Nutrition Service Providers administering the Fruit and Vegetable benefit must have the ability to administer and coordinate the service, including engaging with Members to explain the service, having relationships with food retailers that will accept payment, and monitor and oversee use of the funds, (e.g., through prepaid cards as applicable, usage of vouchers, associated internet platforms, delivery of produce, etc.)
 - The HRSN Fruit and Vegetable provider network can be made up of a combination of HRSN Service Providers and/or Vendors (Vendors do not need to meet all provider requirements. Vendors must support service delivery in accordance with service definitions as defined in OAR 410-120-2005 and related service delivery requirements in the CCO Contract).
 - The HRSN Fruit and Vegetable provider network should support a mix of local (if possible) and commercial Fruit and Vegetable providers to ensure that Members have access to year-round produce. The HRSN Fruit and Vegetable provider network should include at least one year-round HRSN Fruit and Vegetable provider in order to ensure seamless service to Members across the benefit eligibility period.

- Local produce delivery options provide more ways to access the services, including helping to support Member choice, a person-centered approach, and possibly improving access to culturally specific produce. Additionally, partnering with local providers supports local farms, boosts local economy, reduces environmental impact, and promotes sustainable agriculture. [OAR 333-052-0040\(13\)](#) states “Locally grown” means grown in the state of Oregon or in the following counties of a contiguous state: California — Del Norte, Modoc, Siskiyou; Idaho — Adams, Canyon, Idaho, Owyhee, Payette, Washington; Nevada — Humboldt, Washoe; Washington state — Asotin, Benton, Clark, Columbia, Cowlitz, Garfield, Klickitat, Pacific, Skamania, Wahkiakum, Walla Walla.
 - Many Fruit and Vegetable providers will have relationships with the HRSN-eligible population. It’s recommended that those providers or vendors also become HRSN O&E Service Providers to support Member’s additional needs, to help build healthy relationships, and to encourage enrollment with other nutrition assistance programs.
2. Given the diversity of produce vendors and HRSN Nutrition Service Providers, there are different ways to issue the Fruit and Vegetable produce benefits. Examples include; issuing vouchers to be redeemed at Farmer’s Markets or Farm Stands, delivery or pick up of a produce box, payment for a full or partial share with a community supported agriculture (CSA) program, or an electronic benefit card or grocery card limited to produce purchases which can be redeemed at approved grocery retail, farmer’s market or farm vendors. Any combination of one or more services is acceptable.
 3. The Fruit and Vegetable benefit must align with evidence-based nutrition guidelines. Please refer to Guideline 3 within the Dietary Guidelines for Americans: 2020-2025: <https://www.dietaryguidelines.gov/> for detailed information on descriptions of eligible vegetables and fruits.
 - One or more vegetable option can include any of the following five subgroups – dark green; red and orange; bean, peas, and lentils; starchy; and other. These include all fresh, frozen, canned, and dried options.
 - This benefit does not include any fruit or vegetable juices.
 - The fruit options include whole fruits and include fresh, canned, frozen, and dried forms.
 - This benefit includes culinary herbs.

- This benefit does not cover any foods that are not commonly understood to fall within these Fruit and Vegetable food categories (e.g., meat, poultry, and fish; dairy products; breads and cereals).

b. Eligibility for Nutrition-Related Supports

To be eligible for Nutrition-Related Supports, an OHP Member must meet all of the following requirements, as further detailed in [OAR 410-120-2005](#) Table 7:

i. HRSN Covered Populations

The Member must be in one of the following HRSN Covered Populations, as defined in [OAR 410-120-0000](#) and further described in [Appendix B](#).

ii. HRSN Nutrition Clinical Risk Factor

The Member must have at least one HRSN Nutrition Clinical Risk Factor, which are detailed in [OAR 410-120-2005](#) Table 2.

i. HRSN Nutrition Social Risk Factor

The Member must be screened with the [U.S. Household Food Security Survey Module: Six-Item Short Form](#), and only Members who are identified as experiencing Low Food Security or Very Low Food Security meet the Social Risk Factor criteria for HRSN Nutrition-Related Supports.

ii. Additional Eligibility Requirements for Nutrition-Related Supports

In addition to the criteria described above, each Nutrition Service has additional eligibility requirements that must be met in order for the Member to be authorized to receive the service. See below for key information on MTM eligibility. Full eligibility requirements are included in [OAR 410-120-2005](#) Table 7.

1. Medically Tailored Meals

MTMs are an intensive nutrition intervention that is appropriate for a limited group of individuals. Therefore, HRSN MTM eligibility is different from other HRSN Nutrition-Related Supports in that a narrower set of medical conditions than those listed in [OAR 410-120-2005](#) Table 2 (HRSN Clinical Risk Factors) are appropriate for MTMs.

Before being authorized to receive MTMs, the Member must be assessed and MTMs be determined to be Medically Appropriate and Medically Necessary for the Member's disease, condition, or disorder. This assessment should be done by a Registered Dietitian Nutritionist (RDN) and result in a nutrition care plan that details the MTM recommendations.

It is often appropriate to refer individuals for an RDN assessment when they have the medical conditions that can currently be billed under Medicaid for Medical Nutrition Therapy (MNT), CPT code 97802-04, listed

in subsection a. below, and in the [OHP Prioritized List](#). In addition, conditions that tend to be most responsive to MTMs has been provided below in subsection b. People with the conditions in subsection b. who also have functional limitations may particularly benefit from HRSN MTMs.

Please note, Under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, children must receive all Medically Necessary and Medically Appropriate nutrition related services regardless of their underlying health condition. However, MTMs are not appropriate for children when the available MTM meal patterns do not meet developmental, nutritional, and medical needs for children.

a. Covered Medical Conditions for Medical Nutrition Therapy and RDN Assessments

- ☐ Pregnancy
- ☐ Type 1 diabetes mellitus
- ☐ Galactosemia
- ☐ Phenylketonuria (PKU)
- ☐ Low birth weight; premature newborn
- ☐ Type 2 diabetes mellitus
- ☐ Regional enteritis, idiopathic proctocolitis, ulceration of intestine
- ☐ Epilepsy and febrile convulsions
- ☐ End stage renal disease
- ☐ Metabolic disorders
- ☐ Acute and subacute ischemic heart disease, myocardial infarction
- ☐ Neurological dysfunction in breathing, eating, swallowing, bowel, or bladder control caused by chronic conditions; attention to ostomies
- ☐ Hypertension and hypertensive disease
- ☐ Myocarditis, pericarditis, and endocarditis
- ☐ Heart failure
- ☐ Cardiomyopathy
- ☐ Nutritional deficiencies
- ☐ Glycogenosis
- ☐ Feeding and eating disorders of infancy or childhood
- ☐ Disorders of mineral metabolism, other than calcium

- ☐ Disorders of amino-acid transport and metabolism (non PKU); hereditary fructose intolerance
- ☐ Chronic ischemic heart disease
- ☐ Cancer of stomach
- ☐ Dyslipidemias
- ☐ Disorders of parathyroid gland; benign neoplasm of parathyroid gland; disorders of calcium metabolism
- ☐ Intestinal malabsorption
- ☐ Conditions requiring liver transplant
- ☐ Anorexia nervosa
- ☐ Cancer of oral cavity, pharynx, nose and larynx
- ☐ Cleft palate and/or cleft lip
- ☐ Cancer of esophagus; Barrett's esophagus with dysplasia
- ☐ Obesity in adults and children; overweight status in adults with cardiovascular risk factors
- ☐ Alcoholic fatty liver or alcoholic hepatitis, cirrhosis of liver
- ☐ Chronic kidney disease
- ☐ Bulimia nervosa and unspecified eating disorders
- ☐ Intestinal disaccharidase and other deficiencies

b. Specific medical conditions that are most responsive to Medically Tailored Meals (This is not an exhaustive list):

- ☐ E10.2 Type 1 diabetes mellitus with kidney complications
- ☐ E10.5 Type 1 diabetes mellitus with circulatory complications
- ☐ E11.2 Type 2 diabetes mellitus with kidney complications
- ☐ E11.5 Type 2 diabetes mellitus with circulatory complications
- ☐ Cancer or cancer treatment-related nutrition needs:
 - E46 Unspecified protein-calorie malnutrition
 - C76.0 Malignant Neoplasm of head, face, and neck
- ☐ Nutrition needs due to difficulty chewing and swallowing:
 - R63.3 Feeding difficulties
 - R13.10 Dysphagia
- ☐ N17.0 Acute renal failure with tubular necrosis

- ☐ N17.1 Acute renal failure with acute cortical necrosis
- ☐ N17.2 Acute renal failure with medullary necrosis
- ☐ N17.8 Other acute renal failure
- ☐ N17.9 Acute renal failure, unspecified
- ☐ N18.3 Chronic kidney disease, stage 3 (GFR 30-59 mL/min)
- ☐ N18.4 Chronic kidney disease, stage 4 (GFR 15-29 mL/min)
- ☐ N18.5 Chronic kidney disease, stage 5 (GFR <15 mL/min)
- ☐ N18.6 End stage kidney disease
- ☐ I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
- ☐ I50.41 Acute combined systolic (congestive) and diastolic (congestive) heart failure
- ☐ I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure
- ☐ I50.43 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
- ☐ I50.810 Right heart failure, unspecified
- ☐ I50.811 Acute right heart failure
- ☐ I50.812 Chronic right heart failure
- ☐ I50.813 Acute on chronic right heart failure
- ☐ I50.814 Right heart failure due to left heart failure
- ☐ I50.82 Biventricular heart failure
- ☐ I50.83 High output heart failure
- ☐ I50.84 End stage heart failure
- ☐ I50.89 Other heart failure
- ☐ I11.0 Hypertensive heart disease with heart failure
- ☐ I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
- ☐ I12.9 Hypertensive chronic kidney disease with stage 3 or 4 chronic kidney disease
- ☐ I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 3 or 4 chronic kidney disease

- I13.2 Hypertensive heart and chronic kidney disease with heart failure and stage 5 chronic kidney disease or end stage renal disease
- J44 Chronic obstructive pulmonary disease, stage 2, 3, or 4

2. **Fruit and Vegetables**

The HRSN Fruit and Vegetable benefit can only be tailored in size/amount to account for a Member's household size if the Member is a child under 21, YSHCN, or pregnant. Household as defined by "Family Size" in [OAR 410-200-0015](#).

Additional details will be available after rule-making in January 1, 2026

3. **Pantry Stocking**

Additional details will be available after rule-making in January 1, 2026

c. **Fees Payable for Nutrition-Related Supports**

- i. The [HRSN Fee Schedule](#) is located on the [HRSN Provider webpage](#).
- ii. HRSN program funds cannot be used to pay for foods or food benefits acquired through USDA programs, other State, County or Local funding, or donated sources. In addition, the HRSN program funds cannot pay for nutrition education delivered through USDA funded programs. For example, it cannot reimburse for WIC, SNAP, SNAP-Ed, WIC or Senior Farm Direct Programs, Child Nutrition Programs, the Child and Adult Care Food Program, or for food supplied through The Emergency Food Assistance Program (TEFAP), Commodity Supplemental Food Program (CSFP), or Food Distribution Program on Indian Reservations (FDPIR). However, Members can participate in these federally funded programs and still be potentially eligible for HRSN Nutrition-Related Supports if they meet all eligibility criteria.
- iii. HRSN Nutrition-Related Supports should follow industry standard billing practices: For example,
 1. to bill for one unit per the MTM Assessment service fee schedule (15 minutes), the industry standard usually is that at least 8 minutes was spent with the member on this service. Two units would require at least 23 minutes spent, and so on.
 2. to bill for one unit per the Nutrition Education fee schedule (30 minutes), the industry standard usually is that at least 16 minutes was spent with the member on this service. Two units would require at least 46 minutes spent, and so on.
- iv. Nutrition-Related Supports that are already covered through Medicaid should be billed through Medicaid and not HRSN; for example, Nutrition Assessment for MTMs for covered conditions (see the [OHP Prioritized List](#)).

d. Screening to Assess Nutrition Social Needs Risk Factor

Low Food Security (defined in [OAR 410-120-0000](#)) is the HRSN Social Risk Factor for this benefit. When someone is food insecure, they don't have the resources to purchase the quantity or quality of food they need to live a healthy life. Screening can help identify people who are impacted by affordability and accessibility, which limit food intake and quality. HRSN Covered Populations who screen positive for low food security have access to HRSN Nutrition-Related Supports to help gain access to nutritious food. OHA worked with the United States Department of Agriculture (USDA) and identified the [U.S. Household Food Security Survey Module: Six-Item Short Form](#) as the required assessment to determine whether a Member is experiencing low or very low food security.

OHA recommends that any HRSN Eligible person who screens positive for food insecurity in a Social Determinants of Health (SDOH) one or two question screening also be screened with the Six-Item Short Form to fully assess level of food security. CCOs may conduct proactive outreach to Members who are part of the HRSN Covered Populations and have also screened positive to having challenges accessing food in past SDOH screenings. These Members would then be screened via the Six-Item Short Form to determine if they have low or very low food security.

When administering the Six-Item Short Form, the USDA strongly encourages asking all six questions. Consistency in the way which the screening is delivered is paramount to accurate results. It is a best practice to provide staff and providers administering the screening with technical assistance to ensure the accurate assessment of level of food security.

e. Nutrition-Related Supports Documentation

CCOs must require all HRSN Nutrition Service Providers to document the date, duration (units), and description of the provided HRSN Nutrition-Related Supports. These documentation components are further detailed below. Though this documentation is required for record-keeping, the specific activity details of HRSN Nutrition Services will not be reported through claims submitted to OHA for reimbursement (i.e., there are no procedure code modifiers to distinguish various Nutrition Education activities).

- i. Date(s) = date(s) of service
- ii. Duration of service = units or time spent on the activity
- iii. Units = Number of meals or time spent on the activity
- iv. Description = type(s) of activity conducted in support of Nutrition Services

f. Additional Nutrition-Related Supports Information

- i. **HRSN Requests for MTMs**

1. Per [OAR 410-120-2010](#) HRSN Requests for MTMs require additional components in order to be considered complete.
2. HRSN Requests for HRSN MTMs must include the information in (a) - (e) and may include the information identified in (f) – (h) as follows:
 - a. Name and contact information for the individual being recommended; and
 - b. The HRSN Service(s) the individual needs or may need; and
 - c. A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO, which must be signed by the individual for whom the request is being made or the individual's Representative; and
 - d. RDN assessment (or PCP if RDN access is limited or delayed) indicating that MTMs are Medically Appropriate and Medically Necessary for the individual; and,
 - e. Nutrition care plan,
 - f. Confirmation of individual's current OHP enrollment,
 - g. Confirmation of current enrollment in the CCO or in FFS,
 - h. Any other information regarding the individual's potential HRSN Eligibility, such as whether they are in an HRSN Covered Population and experiencing Low or Very Low Food Security as measured by the U.S. Household Food Security Survey Module: Six-Item Short Form.

If an HRSN Request for MTMs is incomplete, it is not subject to the service authorization timeline described in [OAR 410-120-2020](#). In those instances, CCOs should support Members to understand what is required for service authorization.

ii. Member Self-Referral for MTMs

1. Self-Attestation of the HRSN Clinical Risk Factor is not sufficient for MTMs. Therefore, if a Member requests MTMs without any clinical documentation or claims information supporting the Medical Appropriateness and Medical Necessity of the request, the Member must be referred to their PCP or relevant medical specialist before being referred to an RDN for an assessment for MTMs. Please refer to the list in section 2.b. above for examples of specific medical conditions that are most responsive to MTMs.
2. Upon receipt of the MTM request with a self-attested HRSN Clinical Risk Factor and no existing claims information or clinical documentation verifying the condition, it is recommended that CCOs assess whether the Member is in an HRSN Covered Population and experiencing Low or Very

Low Food Security as measured by the Six-Item Short Form, prior to referring the Member to a PCP or RDN. Knowing if Members meet these HRSN eligibility criteria will promote more effective connection to the right nutrition service or support for the Member, as well as more efficient clinical referrals.

HRSN Service Delivery: Member Identification, Screening, Authorization, and HRSN PCSP

1. Member Identification

To promote access and health equity, it is critical to have many paths that lead to a referral for HRSN Services, including HRSN Requests made directly by Members and caregivers, HRSN Connector and Service Provider submitted Requests, and proactive identification and outreach by CCOs. CCOs must accept HRSN Requests that meet the requirements described in [OAR 410-120-2010](#) from both HRSN Connectors and HRSN Service Providers regardless of whether CCOs requested the Outreach and Engagement. It is the CCO's responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. CCOs shall ensure multiple pathways for individuals to be identified as being enrolled in the OHP, belonging to an HRSN Covered Population, and potentially having one or more HRSN Service needs. Pathways for CCOs to identify HRSN eligible Members must include:

- a. CCO proactively identifying Members who can be presumed HRSN Eligible based upon a review of CCO's encounter and claims data;
- b. Contracting with HRSN Service Providers to conduct HRSN O&E Services to identify Members;
- c. Engaging with and receiving HRSN Requests from HRSN Connectors, including HRSN Service Providers;
- d. Conducting proactive outreach to HRSN Service Providers, especially HRSN Housing Service Providers for the purpose of encouraging communication with Members who may be eligible for and benefit from HRSN Housing-Related Supports. Such outreach should be made to those HRSN Housing Service Providers that are known to the CCO, regardless of whether Contractor holds a contract with them; and
- e. Accepting and facilitating Members' Self-Attestations or self-referrals.

CCOs will need to rely on a variety of data sources to identify Members potentially eligible for HRSN Services. The following tables provide additional detail on each HRSN Covered Population for the purposes of Member identification, including:

- f. More complete, specific, and contextualized definitions for each HRSN Covered Population, including details such as qualifying facilities.
- g. Specific information to help identify populations using claims and other OHA-provided data sources, such as Program Resource Eligibility Codes (PERC) available on a CCO's 834 report.

CCOs are expected to use this information in conjunction with their own records, systems, and data to facilitate the proactive outreach and engagement of potentially eligible HRSN Covered Populations within their membership. CCOs may also be expected to use this information to confirm HRSN Member eligibility once HRSN Services have been requested.

CCOs may adjust the scale and intensity of their proactive outreach to correspond to the number of referrals coming from their HRSN Service Provider network, particularly in the initial months after a HRSN benefit launches. For example, if the CCO and its HRSN Service Provider network are operating at capacity while addressing only the HRSN requests coming from the network, the CCO may elect to temporarily reduce its proactive outreach.

To support proactive outreach, on July 29, 2025 OHA shared an initial HRSN Covered Population Report via managed transfer folders (MFT) with CCOs. The report contains a list of members that may belong to at least one HRSN covered population. While the report provides a strong indication of whether or not a member will meet HRSN covered population criteria, it does not specify which covered population(s) a member might belong to. CCOs should integrate trauma-informed practices when using this file to inform outreach to members. For more information, please review the Data Notes document, also shared via MFT, that contains additional information about how the report can be used, the data points that are used, and limitations of the data.

Note: This guidance related to Member identification does not guarantee Member eligibility for HRSN through an HRSN Covered Population. The CCO will be required to conduct eligibility verifications as instructed in the HRSN Eligibility Screening process. Additional data and detail will be provided to CCOs as available in future updates to this guidance. The data below has been identified from existing sources, primarily administrative, that were not originally intended to capture whether a person belongs to an HRSN Covered Population. A Member may be part of an HRSN Covered Population, even if existing data sources do not identify them as such. CCOs must use other reasonable information and data sources, in addition to the others listed here. CCOs must also accept self-attestation for all Members and use good faith efforts to verify a Member's Self-Attestation within a reasonable period of time, in accordance with OAR 410-120-2015.

a. **Adults and youth discharged from an HRSN Eligible Behavioral Health Facility**

Adults and youth discharged from an HRSN Eligible Behavioral Health Facility

Definition: Members who have been discharged from an Institution for Mental Diseases (IMD), a mental health and substance use disorder residential facility, or inpatient psychiatric unit within the last 365 days. Subject to Ex. B, Part 2, Sec. 15 of the Contract, eligibility for the HRSN Services shall expire on the 366th calendar day after discharge.

Definition details

1. Acute Care Psychiatric Hospitals as defined in OAR 309-015-0005,
2. Institution for Mental Diseases as defined in 42 CFR 435.1010,
3. Integrated Psychiatric Residential Treatment Facilities and Residential Substance Use Disorders Treatment Programs as defined in OAR 309-022-0105,
4. Residential Treatment Facilities (RTF), Residential Treatment Homes (RTH), and Secure Residential Treatment Facilities (SRTF) as defined in OAR 309-035-0105
5. Psychiatric Residential Treatment Facilities (PRTF) as defined in OAR 309-022-0105, and
6. Residential Substance Use Disorders Treatment Program as defined in OAR 309-018-0105.

Adults and youth discharged from an HRSN Eligible Behavioral Health Facility

OHA-provided data for Member identification

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members that had a claim at an HRSN Eligible Behavioral Health facility in the last 365 days.

CCOs may also use maintenance reason codes found on the 834 to determine whether a current Member has had their membership terminated due to State Hospital Admission in the last 365 days. Members that have had an "SH" termination reason code in the last year but have re-enrolled with a CCO may belong to this HRSN Covered Population.

Definition component	Qualifying facilities
The list includes the following facility types: 1. Residential Substance Use Disorder (SUD) treatment and Withdrawal Management services 2. Institutions for Mental Diseases (IMDs) including Specific Oregon State Hospital facilities and community based IMDs 3. Adult Mental Health Residential Programs a. Residential Treatment Facilities (RTF) b. Residential Treatment Homes (RTH) c. Secure Residential Treatment Facilities (SRTF) 4. Inpatient Psychiatric Services in Hospitals 5. Psychiatric Residential Treatment Facilities (PRTF) for children and youth a. Sub-Acute Psychiatric Care b. Secure Children's Inpatient Treatment Programs (SCIP) c. Secure Adolescent Inpatient Treatment Programs (SAIP) 6. Integrated Psychiatric Residential Treatment Facility and Residential Substance Use Disorders Treatment Programs for youth	A list of qualifying facilities in Oregon can be found in Appendix C.

Adults and youth discharged from an HRSN Eligible Behavioral Health Facility

Note: This list should not be relied on for the duration of the waiver and OHA will provide quarterly updates. All facilities that meet the criteria for one of the HRSN-Eligible Behavioral Health Facility types should be considered and CCOs have the discretion to make this determination.

b. Adults and youth released from incarceration

Adults and youth released from incarceration

Definition: Members released from incarceration within the past 365 calendar days, including those released from state and federal prisons, local correctional facilities, juvenile detention facilities, Oregon Youth Authority closed custody corrections, or tribal correctional facilities. Eligibility for HRSN Services shall expire on the 366th calendar day after release from a carceral facility.

OHA-provided data for Member identification

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members that were marked as being released from incarceration in the last year in Oregon's Medicaid eligibility (ONE) system.

CCOs may also use maintenance reason codes found on the 834 to determine whether a current Member has had their membership terminated due to incarceration in the last 365 days. Members that have had an "IN" termination reason code in the last year but have re-enrolled with a CCOs may belong to this HRSN Covered Population.

Definition components	Qualifying facilities
The list includes the following facility types: 1. Federal Prisons 2. State Prisons/Department of Corrections (DOC) 3. Local Correctional Facilities 4. Juvenile Detention Facilities 5. Oregon Youth Authority (OYA) Closed Custody Corrections	A comprehensive list of qualifying carceral facilities in Oregon can be found in Appendix D.

Adults and youth released from incarceration

Note: There are no active tribal correctional facilities as of the date of this guidance.

This list should not be relied on for the duration of the waiver, and OHA will provide updates every six months.

c. **Individuals currently or previously involved in Oregon’s Child Welfare system**

Individuals currently or previously involved in Oregon’s Child Welfare system

Definition: Members who are currently or have previously been involved in Oregon’s Child Welfare system, including Members who are currently or have previously been:

1. In foster/substitute care;
2. The recipient of adoption or guardianship assistance;
3. Served on an in-home plan;
4. An alleged victim in an open child welfare case.

Note: This definition has been updated for clarity from the definition included in the [HRSN Services Protocol \(Released February 1, 2024\)](#). “Family preservation” was replaced with “served on an in-home plan” to avoid confusion with the Oregon Department of Human Services (ODHS) Family Preservation pilot program. “In any court” was removed from “an alleged victim of an open child welfare case” to clarify that legal involvement is not a requirement.

OHA-provided data for Member identification

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members actively covered by PERC codes below. The report will incorporate members currently or previously on an “in-home plan” and “alleged victims in an open child welfare case” when data is available.

CCOs can also identify some Members of the child welfare population using the PERC codes they receive in their daily eligibility files (834), specified below.

The PERC codes below do not collect data on whether the Member was previously involved in Child Welfare specifically in the State of Oregon. If the CCO is using PERC codes to identify this population, it is the responsibility of the CCO to confirm the Member was involved with the foster care system in the State of Oregon.

Individuals currently or previously involved in Oregon's Child Welfare system		
Definition component	PERC description	PERC
1. In foster/substitute care or the recipient of adoption or guardianship assistance	SCF Children (foster care and post-adoptive care)	19, GA, C5
	MAGI Substitute Care XIX Residential	C5
	MAGI Substitute Care XIX Non-Residential	C5
	Former Foster Care	C5
2. Served on an in-home plan;	OHA does not currently have a way to provide this information to CCOs. It is the CCO's responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. If a Member submits a Self-Attestation, the CCO shall use good faith efforts to verify a Member's Self-Attestation within a reasonable period of time, in accordance with OAR 410-120-2015 .	
3. An alleged victim of an open child welfare case.		

d. Individuals transitioning to Dual Eligible Medicaid and Medicare Status

Individuals transitioning to Dual Eligible Medicaid and Medicare Status

Definition: Members enrolled in Medicaid who are transitioning to dual eligible status with Medicare and Medicaid coverage. Members shall be included in HRSN Covered Population for the ninety (90) calendar days preceding the date Medicare coverage is to take effect and 270 calendar days after it takes effect.

Note: This definition has been updated for clarity from the definition included in the [HRSN Services Protocol \(Released February 1, 2024\)](#). “Eligibility for services must be determined within 270 calendar days after transition to dual status” was removed for clarity. This could mistakenly have been interpreted as “eligibility needs to be determined only in the 270 days after Medicare coverage takes effect, and not in the 90 days prior;” it should be read as “eligibility needs to be determined no later than 270 days after Medicare coverage takes effect”.

Definition details

Any Member transitioning to dual eligibility status will be eligible for HRSN during the (90) calendar days preceding the date Medicare coverage is to take effect. Only fully dual eligible Members will be eligible for HRSN once they transition to Medicare, in the 270 calendar days after Medicare coverage takes effect.

See **Figure 1** below (Eligibility for HRSN based on Medicare Effective Date).

Individuals transitioning to Dual Eligible Medicaid and Medicare Status

OHA-provided data for Member identification

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members who had a Medicare effective date in the next ninety (90) calendar days or the last 270 calendar days.

Definition component	Data sources
(90) calendar days preceding the Medicare coverage date	CCOs can use the Medicare Effective Dates in their daily eligibility file (834) to identify Members transitioning to dual eligibility status. If a Member has a Medicare Effective Date within the next 90 calendar days, then they would be considered part of the HRSN Covered Population. Members will likely still have a BMH benefit package until shortly before their Medicare effective date. CCOs are encouraged to use date of birth to proactively identify individuals that may be aging into Medicare eligibility (age 65+).
270 calendar days after Medicare coverage date	CCOs can use benefit package information shared via the daily eligibility file (834) to identify Members that have recently transitioned to fully dual eligible status. The benefit package codes indicating fully dual status are BMD and BMM.
CCOs will not be able to predict whether their Members transitioning to dual eligibility will be redetermined by the State as a full or partial dual eligible. If a Member is determined as a partial dual eligible, they will lose their OHP benefits once their continuous eligibility (CE) period has ended. Until that point, they will remain enrolled with a CCO. CCOs should ensure that they are using the information that they have available for timely identification and outreach of this population, as well as planning for potential transition off HRSN Services, in addition to other OHP benefits should the Member be disenrolled from OHP.	
Additional resources	
Medicare is health insurance for: People 65 or older	

Individuals transitioning to Dual Eligible Medicaid and Medicare Status

Some people under 65 with disabilities (individuals must have received Social Security Disability benefits for 24 months)

People of any age with End-Stage Renal Disease

Figure 1: Eligibility for HRSN based on Medicare Effective Date

	Medicare Effective Date	
	90 calendar days prior	270 calendar days after
On OHP transitioning to partially dual eligible	Eligible for HRSN	Not eligible for HRSN*
On OHP transitioning to fully dual eligible	Eligible for HRSN	

*Partial duals not eligible for HRSN because Member is no longer eligible for OHP.

e. Individuals who are homeless

Individuals who are homeless	
Definition: Individuals who meet the definition of “HUD Homeless” as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5. Note: This definition has been updated for clarity from the definition included in the HRSN Services Protocol (Released February 1, 2024).	
OHA-provided data for Member identification	
CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members who had a living arrangement in the ONE system that includes the following fields “homeless”, “homeless shelter”, “domestic violence shelter or safe home”, “someone else’s home”, or “commercial boarding house”.	
Definition component	Data sources
1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, as referenced in 24 CFR 91.5	OHA does not currently have a way to provide this information to CCOs. It is the CCO’s responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. If a Member submits a Self-Attestation, the CCO shall use good faith efforts to verify a Member’s Self-Attestation within a reasonable period of time.
2. An individual or family who will imminently lose their primary nighttime residence, as referenced in 24 CFR 91.5	
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, as referenced in 24 CFR 91.5	
4. Any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions, as referenced in 24 CFR 91.5	

f. Individuals who are at-risk of homelessness

Individuals who are at-risk of homelessness

Definition: “At Risk of Homelessness” means a Member who:

1. Has an income that is 30% or less than the area median income where the individual resides according to the most recent available data from the [U.S. Department of Housing and Urban Development](#).
2. Lacks sufficient resources or support networks to prevent homelessness; and,
3. Meets any HRSN Housing and Nutrition Clinical Risk Factor.

Note: This definition has been updated for clarity from the definition included in the [HRSN Services Protocol \(Released February 1, 2024\)](#).

OHA-provided data for Member identification

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members with the PERCs identified below and OHP members with an income below the 30% area median income based on data available in ONE.

CCOs can also identify some individuals that may meet the annual income requirement specified in the first part of the at-risk of homelessness definition. CCOs can use the PERC codes they receive in their daily eligibility files (834), specified below.

The PERC codes below do not guarantee real-time data on an individual’s income, nor do they cover the entire population of individuals that might be eligible based on income. Notably, children are rarely identified with the Parent of Other Caretaker/Relative (PCR) PERC code (‘KA’), as they are most often embedded in the MAGI Child population. This limitation extends to the Blind & Disabled and Old Age Assistance (OAA) populations.

Individuals who are at-risk of homelessness		
Definition component	Data Sources (see section IV.3.c.ii.i for documentation guidance)	
An individual or family who:	PERC description	PERC
1. Has an income that is 30% or less than the area median income where the individual resides according to the most recent available data from the U.S. department of Housing and Urban Development;	MAGI Parent or Other Caretaker/Relative	KA
	HOP Parent or Other Caretaker/Relative	CE, HJ
2. Lacks sufficient resources or support networks-to prevent homelessness; and	OHA does not currently have a way to provide this information to CCOs. It is the CCO’s responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. If a Member submits a Self-Attestation, the CCO shall use good faith efforts to verify a Member’s Self-Attestation within a reasonable period of time, in accordance with OAR 410-120-2015.	
3. Meets any HRSN Housing and Nutrition Clinical Risk Factor	Presence of a qualifying clinical risk factor satisfies this criterion.	
Additional resources		
1. HRSN Housing documentation requirements are consistent with Oregon Housing and Community Services’ processes.		
2. The Department of Housing and Urban Development’s (HUD) At-Risk of Homelessness definition includes that household income should be below 30% Area Median Income (AMI).		
a. Income includes the gross income of all adult household members. Household is defined as “Family Size” in OAR 410-200-0015. Income should reflect the previous two months.		
b. HUD compiles AMI data annually .		

Individuals who are at-risk of homelessness

If a city is listed instead of a county, the city's data applies for its county. It is the CCO's responsibility to use updated data as it becomes available.

- c. See the [At-Risk of Homelessness: Household Income Verification and Documentation Guide](#) for information on documentation standards, a list of income inclusions and exclusions, acceptable types of documentation for each income source, steps to calculate the income, and more. This Guide also has optional income calculation and income documentation worksheets.

g. Individuals identified as Young Adults with Special Health Care Needs (YSHCN)

Individuals identified as Young Adults with Special Health Care Needs (YSHCN)

HRSN Covered Population (Timeline)

Young Adults with Special Health Care Needs (YSHCN) are now eligible as an HRSN Covered Population.

Note: YSHCN Benefits will have a phased in rollout by age. Starting January 1, 2025, young adults ages 19 and 20 who have special health care needs will be eligible to enroll. Once a Member enrolls in the YSHCN program, they will remain a YSHCN Member until their 26th birthday, as long as their OHP re-assessment confirms continued eligibility. Oregon plans to expand eligibility to people ages 21 through 25. Expanding this coverage in future years is subject to funding availability.

For current program eligibility information, visit www.Oregon.gov/YSHCN.

Definition details

Definition: Individuals aged 19 and 20 with individual or family income up to 205% of the Federal Poverty Level (FPL), meeting at least one of the following criteria:

1. Identified in the Pediatric Medical Complexity Algorithm (PMCA) as someone with a complex chronic disease (PMCA score = 3);
2. Serious emotional disturbance or serious mental health issue indicated by qualifying behavioral health diagnosis;
3. Be found eligible for services by a Community Developmental Disabilities Program (CDDP) due to an intellectual or developmental disability at age 16 or older;

Individuals identified as Young Adults with Special Health Care Needs (YSHCN)

4. “Elevated Service Need” or functional limitations as determined by two or more affirmative responses to a screener.

OHA-provided data for Member identification

CCOs may also use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members with YSHCN PERCs.

CCOs are also able to use the Program Eligibility Resource Codes (PERCs) in their daily eligibility files (834s) to identify YSHCN Members. The specific PERCs are listed in the YSHCN guidance document.

Individuals are not considered YSHCN Members (and therefore do not receive YSHCN benefits) until OHA identifies via the 834 report that the Member is enrolled in the YSHCN program.

Definition component	Data Sources (current)	Data Sources (expected)
1. Identified in the Pediatric Medical Complexity Algorithm (PMCA) as someone with a complex chronic disease (PMCA score = 3);	Members meeting these criteria will be captured in the YSHCN PERC codes. In the meantime, CCOs can reference the standardized PMCA algorithm housed on github .	PERCs listed in YSHCN guidance document
2. Serious emotional disturbance or serious mental health issue indicated by qualifying behavioral health diagnosis;	Members meeting these criteria will be captured in the YSHCN PERC codes. In the meantime, a list of qualifying behavioral health diagnosis codes can be found in Appendix F.	PERCs listed in YSHCN guidance document
3. Be found eligible for services by a Community Development Disabilities Program (CDDP) due to an intellectual or developmental disability at age 16 or older;	Members meeting these criteria will be captured in the YSHCN PERC codes.	PERCs listed in YSHCN guidance document

Individuals identified as Young Adults with Special Health Care Needs (YSHCN)

4. Have an “elevated service need” or functional limitations as determined by two or more affirmative responses to a screener	Members meeting these criteria will be captured in the YSHCN PERC codes. In the meantime, the screener that will be in the ONE portal can be found in Appendix G .	PERCs listed in YSHCN guidance document
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Additional Guidance

For more information on the Young Adults with Special Health Care Needs Benefit, please visit: <https://www.oregon.gov/YSHCN>.

For questions about the YSHCN program, please contact YSHCN.Info@oha.oregon.gov.

A YSHCN Guidance Document is now available on the CCO Contract Forms page.

2. HRSN Service Requests

- a. Requirements related to HRSN Service Requests (“HRSN Requests”) are further detailed in [OAR 410-120-2010](#).
- b. The State will provide an HRSN Request Form that contains the necessary and optional Member information required to make a request to their CCO for HRSN service authorization. HRSN Service Providers and Connectors may elect to use this form but are not required to. The form for Home Changes for Health, other Housing-Related Supports (e.g., rent and utilities), and Nutrition-Related Supports are available in multiple languages on the [HRSN webpage](#).
- c. HRSN Service Providers and HRSN Connectors can use the State-developed HRSN Request Form or another tool of their choosing. With the exception of requests for HRSN Medically Tailored Meals (MTMs) and Home Modifications and Remediations, per [OAR 410-120-2010](#), at a minimum, the form or tool must include:
 - i. The name and contact information for the individual being recommended for HRSN Services;
 - ii. Identification of one or more HRSN Service needs the individual may have; and
 - iii. A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO.
- d. Other information that may be documented in the HRSN Request Form includes:
 - i. Confirmation of OHP Medicaid enrollment
Note: This confirmation is required for HRSN Outreach and Engagement Service Providers to receive payment for providing HRSN Outreach and Engagement Services.
 - ii. Confirmation of enrollment in a particular CCO/Open Card
 - iii. Any other information regarding the individual’s potential HRSN eligibility
- e. HRSN Requests for MTMs and Home Modifications and Remediations require additional components in order to be considered complete. Please refer to [OAR 410-120-2010](#) for further information.
- f. The HRSN Connector that identifies a Member in need of HRSN Services will work with the Member or their Representative to complete the HRSN Request Form (or equivalent tool) and transmit it to the Member’s CCO.

If the entity does not know whether the Member is enrolled in the FFS (Open Card) program or a CCO, or which CCO the Member is enrolled in, the entity should contact OHP Client Services at 1-800-273-0557.

- g. The transmission of the information in the HRSN Request Form to a CCO can occur through a variety of delivery methods. Pathways must be made clear and accessible to potential HRSN Connectors through information posted on the websites of each CCO and through other means.

CCO must accept HRSN Requests by any delivery method used by HRSN Connectors, including, but not limited to email, fax, mail, personal delivery, CIE, or any other reliable delivery method. For HRSN Connectors who are not HRSN Service Providers, delivery method may also include telephone.

- h. HRSN Connectors may submit a partially completed HRSN Request Form to a CCO.
 - i. If the HRSN Connector does not include information on the recommended service, the CCO is required to identify the specific service the Member needs, by working with the Member or other entities to get the information necessary to make that determination.
 - ii. The CCO is required to follow up with the Member and, if needed and appropriate, the HRSN Connector that submitted the form, to obtain the additional information needed to determine eligibility and authorize services.
 - iii. The CCO is required to document its attempts to collect the information needed to determine eligibility.

3. Screening Members for HRSN Eligibility Absent Self-Attestation

- a. **Confirm OHP enrollment:** The CCO shall first confirm OHP enrollment and, if confirmed, ensure such Member is enrolled with their CCO in plan type CCO-A or CCO-B (per [OAR 410-141-3826](#)) prior to proceeding with a full HRSN Eligibility Screening. If the Member is an OHP Member, but not enrolled with the CCO for which the HRSN Request was made, the CCO shall then ensure the Member is connected with the correct CCO or OHA (for Open Card) for the purpose of participating in HRSN Eligibility Screening.
- b. **Conduct HRSN Eligibility Screening:** Once the CCO confirms the individual that is the subject of the HRSN Request is enrolled in the CCO, it shall complete the HRSN Eligibility Screening. The CCO's efforts to conduct the eligibility screening shall include, without limitation, using the information included in the CCO's own records, obtaining only the relevant information from the Member, and when permitted by the Member, obtaining the relevant and appropriate information from the HRSN O&E Services Provider.
- c. **Documentation:** The CCO will be required to document its attempts to collect the information needed to determine eligibility, as well as document the results of the HRSN Eligibility Screening, including, at a minimum:

- i. The Member's OHP Medicaid Number,
- ii. The HRSN Covered Population to which they belong,
- iii. The Member's HRSN Clinical Risk Factor(s),
- iv. The Member's HRSN Service(s) authorized,
- v. Any additional service specific eligibility requirements if applicable,
- vi. The Member's HRSN Social Risk Factor(s), and
- vii. Whether the Member is receiving the same service as the requested HRSN Services from a local, state, or federally funded program.

Note: CCOs must make reasonable efforts to determine whether the Member is receiving the same service as the identified HRSN Services from a local, state or federally funded program. This requires reviewing the CCO's internal records but does not require seeking to obtain documentation from third parties, including the Member themselves. Member self-attestation is acceptable.

- viii. Each HRSN request and its source, including Member self-referral, HRSN Connector/Service Provider, and direct outreach from CCO.
 - ix. Ensure compliance with OHA reporting requirements described below in the "HRSN Data and Reporting" section of this guidance.
- d. OHA has developed an HRSN Eligibility Screening Template that CCOs may use, which was sent to all CCOs in October 2024; however, CCOs are not required to use OHA's Template. CCOs may develop and use their own screening tool, as long as the tool captures the required documentation components described above in Sub.Para. c.

4. HRSN Eligibility Screening with Self-Attestation

- a. The CCO will complete an HRSN Eligibility Screening by documenting the same information required for Screening without Self Attestation (outlined above).
- b. If the CCO cannot, using good faith efforts, verify the self-attestation within a reasonable period of time, the CCO, if it determines the self-attestation is truthful, must authorize the HRSN services need. The CCO is required to document the good faith efforts made to verify the information and the reasonable basis for authorization.
- c. The CCO will not be held liable to OHA or the State for authorizing HRSN services and no adverse action will be taken for a CCO accepting self-attested information as the basis for service authorization.
- d. If information is obtained by the CCO during the verification process that invalidates the self-attested information, the CCO will not authorize HRSN services and the denial and reason for denial will be documented.

Notes:

2. With respect to the certain elements of eligibility, reasonable efforts require only a determination as to whether on its face, the information provided is plausible. In other words, in absence of information that suggests otherwise, CCO should determine eligibility plausible.
3. Per OAR 410-120-2015, Self-Attestation of the HRSN Clinical Risk Factor is not sufficient to justify the medical appropriateness and medical necessity of Medically Tailored Meals.

5. Authorization or Denial of HRSN Services

- a. CCOs must conduct eligibility screenings and authorize or deny requested HRSN Service(s) and provide notice as expeditiously as the circumstances require, but no later than fourteen (14) calendar days from the date of receiving the completed HRSN Request.
 - i. If the Member meets all of the criteria for being HRSN Eligible, the CCO shall authorize the identified HRSN Service need as detailed in Contract and OAR [410-120-2020](#).
 - ii. If the Member does not meet all of the criteria for being HRSN Eligible, the CCO shall deny the identified HRSN Service need as detailed in Contract and OAR 410-120-2020, including informing the Member by sending a Notice of Adverse Benefit Determination (NOABD).
- b. The CCO is not permitted to add their own additional, more restrictive eligibility criteria on top of what is outlined in the Contract, guidance, OARs, and CMS facing documents.

In no event will a CCO be held liable to OHA or the State for authorizing HRSN Services nor will OHA or the State take any adverse action against a CCO based on the CCO's acceptance of a Self-Attestation, provided the authorization was made in accordance with the CCO Contract and OAR 410-120-2020. However, failure to document the information as required under Sec. 3. Para. c. may result in liability to OHA.

- c. Decisions to deny or reduce the amount, duration, or scope of a requested HRSN Service must include a review by clinical staff with appropriate expertise only when the decision is contingent upon a Member's clinical condition, HRSN Clinical Risk Factor, or Clinical Appropriateness assessment. As neither federal regulations nor CMS has specified the type of clinical expertise that is appropriate to address a Member's HRSN needs and recognizing that referrals for HRSN Services may not always come from clinicians and Members may self-attest to their HRSN Clinical Risk Factor, CCOs may use discretion in

determining the clinical licensure and experience appropriate for denying or reducing requested HRSN Services. This discretion is only applicable to HRSN Service authorization, not any other Medicaid covered services.

- i. The clinically based HRSN eligibility criteria requiring review by a clinician are:
 - 1. For all HRSN Services: When the denial or reduction is contingent upon the HRSN Clinical Risk Factor, clinical staff must ensure such determination was made in accordance with applicable clinical standards.
 - 2. For HRSN Home Changes for Health: When the denial is contingent upon the Home Changes for Health device Social Risk Factor, clinical staff must ensure that the Home Changes for Health device was not Clinically Appropriate as a component of health services treatment or prevention.
 - 3. For HRSN Housing-Related Supports: When the denial or reduction is contingent upon the Home Modification/Remediation criteria of the Housing-Related Social Risk Factor, clinical staff must ensure that the home modification/remediation is not Clinically Appropriate.
- ii. Non-clinical HRSN eligibility criteria are:
 - 1. The HRSN Covered Populations.
 - 2. The HUD Homeless and At Risk of Homelessness criteria of Housing-Related Social Risk Factor.
 - 3. The Nutrition-Related Social Risk Factor.
 - 4. The Outreach and Engagement Social Risk Factor.
 - 5. These criteria are detailed in [OAR 410-120-2005](#).

6. Notification of HRSN Service Authorization, Denial, or Delay

- a. CCOs are required to notify all Members who have undergone an HRSN Eligibility Screening of authorization or denial within 14 days from the date of receipt of an HRSN Request with a possible extension of up to fourteen (14) additional days if the criteria in [OAR 410-141-3835\(12\)\(a\)\(A\)](#) is met.
 - i. If a Member or their Representative has not submitted all the required documentation for service authorization within the 28 days, the CCO must proceed with a Notice of Adverse Benefit Determination (NOABD) as outlined in [OAR 410-141-3885](#). The CCO must specify the required documentation that has not been received as part of its explanation of the reason for the adverse benefit determination.
 - ii. The NOABD must specify in the denial reason the Member is eligible for the service but is being denied due to lack of required documentation. The denial

reason must include the specific names of missing documentation. For example, if a Member is eligible for a home modification, but has not supplied the required Scope of Work, the NOABD must specify that the Member is eligible and is missing a Scope of Work.

- b. If HRSN Services are not available at the time the Member is notified of authorization, CCOs must inform the Member of when the HRSN Service is anticipated to be available.
- c. In cases of denials, CCOs may notify those Members of the option to request and receive those services through Health-Related Services (HRS). This information can be included in the NOABD.
- d. If the Member is eligible for the service but has not provided the other required documentation, the Member should receive a referral to an HRSN O&E Service Provider, if appropriate, to support the Member to gather the required documentation.
- e. If the HRSN Connector who submitted the HRSN Request is an HRSN Service Provider, CCOs must notify the HRSN Service Provider of the authorization or denial of the HRSN Request.

7. HRSN Services: Additional Requirements

- a. **Member Choice of HRSN Service Provider:** CCOs, to the extent possible, will support the Member's choice of HRSN Service Provider.

- b. **Clinical Appropriateness**

- i. All HRSN Services must be Clinically Appropriate for the Member.

In addition, HRSN Medically Tailored Meals (MTMs) must be Medically Appropriate and Medically Necessary per OAR 410-120-0000 and OAR 410-151-0001.

- ii. The HRSN Clinical Risk Factors are the diagnoses or other health impacting conditions that establish the clinical need for each HRSN Service. They are listed in the [HRSN Services Protocol](#) appendix on pages 20–25 as well as [OAR 410-120-2005](#) Tables 1 and 2.

Not all HRSN Clinical Risk Factors are sufficient diagnoses to justify the medical appropriateness and medical necessity of HRSN MTMs.

- iii. The most specific and relevant ICD-10 code(s) for the qualifying Clinical Risk Factor(s) must be documented in the claim submission, in alignment with best practices for diagnosing and coding.
 - The ICD-10 code must be at its highest level of specificity, e.g., two decimal points when available.

- Z-codes may be the most appropriate diagnosis code when there are no claims data or clinical reports verifying a self-attested condition, or when a Member is younger than 6 years or older than 65 years and is at risk for, but has not developed, one of the required health conditions. For example, Z59.6 (low income) may be the most accurate and specific ICD-10 code for a child meeting the less than 6 years of age Clinical Risk criteria, who has not experienced any other qualifying health condition, but because of being in an HRSN Covered Population, having an HRSN social need, and being low income, is at greater risk for developing one of the qualifying health conditions.

Note: Z-codes are never a sufficiently specific ICD-10 diagnosis code for MTMs.

- Z-codes may be used as the primary and single diagnosis code.
 - There is no funding line or pairing for HRSN Clinical Risk Criteria.
- iv. With the exception of MTMs, a Member must not be required to seek a diagnosis from a clinician as part of the good faith effort to verify a self-attested Clinical Risk. For MTMs, Self-Attestation of the HRSN Clinical Risk Factor is not sufficient to justify the medical appropriateness and medical necessity of MTMs. Verification of the diagnosis through claims, clinical documentation, or clinical assessment is required.
 - v. There are two sets of HRSN Clinical Risk Factors:
 1. HRSN Home Changes for Health have a dedicated set of Clinical Risk Factors.

A Member meets the HRSN Home Changes for Health Device-Specific Clinical Risk Factor requirement when they have a health condition(s) that a device can treat or prevent an exacerbation of symptoms. The HRSN Home Changes for Health Device-Specific Clinical Risk Factors are listed in [OAR 410-120-2005](#) Table 1 and include many eligible conditions. There are additional health conditions not listed that may be alleviated by a device. These conditions shall be approved through an individual medical review by the CCO. Examples of additional conditions not included on the list that may warrant devices include certain acid/base, electrolyte, or fluid disorders, cancers, autoimmune disorders, and conditions not listed that cause disability.

The coding crosswalk for the HRSN Clinical Risk Criteria is posted on the [CCO Contract Forms Website](#) in an Excel file. This crosswalk contains diagnosis, procedure, place of services, and revenue codes. All codes listed may be used to support outreach to presumed eligible Members, authorizing services, and for claims coding purposes.

2. HRSN Housing and Nutrition-Related Supports have their own set of Clinical Risk Factors, which are listed in [OAR 410-120-2005](#) Table 2.

HRSN Housing-Related Supports and HRSN Nutrition-Related Supports share the same HRSN Clinical Risk Factors. Members must have a health condition in at least one of the Clinical Risk Factor categories to be eligible for HRSN Housing and Nutrition-Related Supports. Both acute and chronic conditions that are persistent, disabling, progressive, or life-threatening, and that require treatment for stabilization or prevention of an exacerbation shall be approved. The coding crosswalk, which is stored on the [CCO Contract Forms Website](#), includes the majority of ICD-10 codes representing these clinical risk categories, but it may not include all relevant conditions in each category. For example, not all conditions that could cause disability are included.

Note: MTMs must be Medically Appropriate and Medically Necessary for authorization. A list of many of the medical conditions that are most responsive to MTMs can be found in the [Nutrition-Related Supports section](#).

3. The presence of any HRSN Clinical Risk Factor justifies the clinical need for HRSN Outreach and Engagement Services, be it from OAR 410-120-2005 Table 1 or Table 2.
- vi. In addition, Home Changes for Health devices, Home Modifications and Remediation, and MTMs must directly alleviate the Member's clinical condition. For example, the home modification must address the functional, health, or safety need resultant from the specific condition. The MTM plan must aim to improve the health outcomes of the qualifying condition.
- vii. The nutritional assessment will determine if a MTM is Medically Appropriate and Medically Necessary for an individual. CCOs must ensure that their network of MTM providers provide heart healthy, low-sodium, renal, diabetes, and puree/modified texture meal patterns within their service offerings.
- viii. **HRSN Service duration.** Once authorized for an HRSN Service, the service duration must be identified. The duration should be determined according to Clinical Appropriateness for the Member and be sufficient to achieve the purpose of the HRSN provision, within the limits of this benefit. The duration may extend beyond the time the Member meets an HRSN Covered Population definition. For example, if a Member is authorized to receive HRSN Rent and Utility Costs on the 360th day after release from a carceral setting, they may be authorized for the full allowed duration of six (6) months of payments. However, except for tenancy services, in no circumstances may the duration exceed six (6) months without new eligibility screening and/or

authorization as applicable. Some HRSN Services require a shorter duration as defined in OAR 410-120-2005.

8. HRSN Person-Centered Service Plan (PCSP)

- a. The CCO Contract and [OAR 410-120-2025](#) outlines expectations for meeting with the HRSN Authorized Member, their Representative, and consulting with the Member's providers, community supports and services during the development of the HRSN PCSP as part of the Member's Care Plan, as defined in OAR 410-141-3870.
- b. CCOs are encouraged to use existing information from all relevant and Member authorized sources to avoid duplicating information that Members have already shared. For example, when appropriate, CCOs should solicit input from the Member's HRSN Service Providers when developing the Person-Centered Service Plans. HRSN Housing, HRSN Nutrition, and O&E Service Providers may be valuable sources of information for the HRSN PCSP.
 - i. Housing Service Providers who support families and individuals to achieve stable housing typically create a Housing Plan, or Individual Service Plan, soon after an individual's program intake. This plan is managed by the Housing Service Provider and contains information potentially informative for the HRSN PCSP. The Housing Case Manager and individual co-create this living document. While the content may differ depending on the housing provider, the Housing Plan typically incorporates a combination of goals, strategies and target dates related to health/wellness, employment and financial stability, and housing stability. The Housing Plan addresses tenant advocacy, budgeting, connections to resources and family supports/community engagement, and will be revisited on an ongoing basis. The plan also addresses mutual expectations for the Housing Case Manager and individual's partnership, the individual's housing responsibilities and aims to clearly establish roles and expectations for all parties involved.
 - ii. For individuals receiving Nutrition-Related Supports: If they are already working with a Registered Dietitian (RDN) or International Board-Certified Lactation Consultant (IBCLC) either from a clinical setting or a public health program like WIC, these providers should be consulted when creating the HRSN PCSP. In addition, community-based nutrition education including SNAP Ed, can be offered as part of the plan. If not already enrolled, participants should be referred to SNAP, WIC, and other food assistance programs.
 - iii. The person's living situation should be noted in the HRSN PCSP and regularly reassessed to ensure the Member is receiving the correct benefit. As an example, Medically Tailored Meals (MTMs) might not be

appropriate if a Member is houseless or in other unstable living conditions which limit safe storage and preparation of food items.

- iv. HRSN O&E Service Providers may have collected information about Member's social needs, including Social Determinants of Health and HRSN, short and long-term health goals, and changes in health-related circumstances. This information is of value and should be included as needed in the Member's HRSN PCSP.
- c. The CCO Contract and [OAR 410-120-2025](#) state the HRSN PCSP will include for each recommended HRSN Service:
- i. The Authorized HRSN Service(s) or provided HRSN O&E Services,
 - ii. The Authorized HRSN Service duration,
 - iii. Whether the Member accepts or declines the Authorized HRSN Service(s),
 - iv. The HRSN Service Provider, supporting Member choice of provider, and working to ensure a mutually agreeable option if choices are limited,
 - v. The determination that the Authorized HRSN Service, unit(s) of service, and service duration are Clinically Appropriate based on HRSN Clinical and Social Risk Factors for the Authorized HRSN Service,
 - vi. The goals of the current HRSN Service(s) for which the Member has been authorized, identifying other HRSN Services and other OHP or other benefit programs or services the Member may need (if not already included in the Member's Care Plan),
 - vii. The follow-up and transition plan, including conducting reassessment for HRSN Services prior to the conclusion of the then-current Authorized HRSN Service, or as frequently as required according to this HRSN Guidance Document (refer to d. and e. below this section), and,
 - viii. The CCO designated person or team responsible for managing the Member's HRSN Services.
- d. **Check-in requirement.** When it is convenient for the HRSN Authorized Member, either before or after the HRSN Service delivery, depending upon the urgency of receipt of the HRSN Service, the CCO shall have no less than one meeting with the HRSN-Authorized Member, their Representative, or both, as applicable, either in person or by telephone or videoconference, during development of the HRSN PCSP, unless such Member declines participation.
- e. **Member entitlement to continue receiving HRSN service.** If efforts to have a **meeting** are unsuccessful, or if the Member explicitly declines to participate in the development of the HRSN PCSP, they are still entitled to receive the HRSN Services for which they have been authorized. The CCO is not permitted to deny

provision of HRSN Services on the basis of an HRSN Authorized Member not participating in the PCSP. In all such circumstances, CCO must document:

- i. that the CCO made efforts to have one or more meetings with the Member, including identifying the specific attempts and barriers to having the meetings;
- ii. the Member's reasons for not participating in the HRSN PCSP to the maximum extent feasible; and
- iii. CCO's justification for the provision of HRSN Services. In the event the Member declines participation in the HRSN PCSP, but is authorized to receive HRSN Services, the HRSN Eligibility Screening shall serve as justification for provision of HRSN Services and shall be documented to the Member's Care Plan in lieu of an HRSN PCSP as required in OAR 410-141-3870.

9. Authorization for Disclosure of Protected Health Information (PHI)

In accordance with the HHS Office of Civil Rights guidance on how Covered Entities may share protected health information (PHI) with HRSN Service Providers for specified purposes, OHA developed the Information Sharing Authorization Form that meets the requirements of [45 CFR 164.508](#). When executed by an HRSN Authorized Member, the Information Sharing Authorization Form enables the sharing of such HRSN Authorized Member's PHI, as necessary, by and between the Covered Entity and applicable HRSN Service Providers. The Information Sharing Authorization Form also enables the sharing of substance use disorder information that is subject to federal privacy protections at [42 CFR Part 2](#) by and between the Covered Entity and HRSN Service Providers, but only when an HRSN Authorized Member specifically authorizes the sharing as necessary for the provision of HRSN Services (i.e., "opts-in" by checking a box).

The provision of HRSN Services cannot be conditioned upon the HRSN Authorized Member signing the Information Sharing Authorization Form. If a Member who is authorized for HRSN Services declines to sign the Information Sharing Authorization Form, the Member must be notified of their HRSN Service authorization and be given the referral and contact information for relevant HRSN Service Provider(s). The Member will be responsible for connecting with the HRSN Service Provider to receive their HRSN Service.

OHA is committed to protecting the PHI of individuals who are being screened for or are currently receiving HRSN Services, and OHA aims to maintain consistent processes for all Members and HRSN Service Providers to the extent possible.

Closed Loop Referrals

1. Definitions

- a. “Closed Loop Referral” means the process of exchanging information between and among CCO, FFS Program, OHA, a Member, HRSN Service Providers, and other similar organizations, to make referrals and communicate about the status of referrals for a Member.
 - This definition is scoped to be about the communication of information and not about the method of communication (like technology). Various methods could be used to meet this requirement such as, but not exclusively, community information exchange (CIE).
 - There are two required stages of a Closed Loop Referral.
 1. The HRSN Service Provider must notify the CCO if they can provide the service or not.
 2. Starting in 2025, a referral loop is considered closed once the referring organization is notified of the service status (e.g., service delivered/not delivered).
- b. “Community Information Exchange” and “CIE” each means a technology system used by a network of collaborative partners to exchange information for the purpose of connecting individuals to the services and supports they need. CIE functionality must include Closed Loop Referrals, a shared resource directory, and documentation of consent to the use of technology by the Member or other individual being connected to services.
 - OHA has proposed a phased in approach to technology for Closed Loop Referral requirements.
 - Members can always opt out of CIE.
 - There will be an exception process for HRSN Service Providers who are unable to participate in CIE.

2. Requirement of Closed Loop Referrals

- a. OHA expects CCOs to develop a plan of how they will conduct Closed Loop Referral processes. This means CCOs have a plan of how they will conduct referrals through various methods like email, fax, mail, and/or CIE. OHA does not expect CCOs to report to OHA on these methods. However, these methods must be clearly outlined on the public facing webpage for current and prospective HRSN Service Providers.

- b. HRSN Service Providers must have the ability to fulfill all obligations related to participating in the Closed Loop Referrals process (e.g., referral and service status).
- c. Upon authorization of HRSN Services, CCOs shall refer the HRSN Authorized Member to the HRSN Service Provider for the approved HRSN Service through a Closed Loop Referral.
- d. CCO must require HRSN Service Providers to notify CCOs of their acceptance or declination of each HRSN Service Referral sent to them for an Authorized Member (i.e., Closed Loop Referrals). HRSN Service Providers must provide CCO with the required notice within a reasonable period of time in light of the circumstances giving rise to the HRSN Services need.
- e. CCOs must require all HRSN Service Providers to notify the CCO when HRSN Services were provided to an HRSN Authorized Member or when the HRSN Service Provider determined HRSN Services could not be provided and the reason (Closed Loop Referral).

3. Technology for Closed Loop Referrals

- a. There are no requirements of CCOs and HRSN Service Providers to use technology for Closed Loop Referrals, like CIE, in 2024-2025. CCOs and HRSN Service Providers may elect to use technology for Closed Loop Referrals like CIE. HRSN Service Providers should be incentivized rather than required to participate in technology, like CIE, in 2024-2025 which is why CCOs cannot require that technology, like CIE, be the sole referral method in 2024-2025 contracts with HRSN Service Providers.
- b. OHA expects CCOs to develop a plan for 2024-2026 to support and incentivize HRSN Service Providers to adopt and use technology for Closed Loop Referrals, like CIE, during Contract Years 2024-2026. Support would include things like promoting community capacity building funds to support adoption, providing technical assistance, conducting outreach and education, and engaging HRSN Service Providers in forums for feedback (e.g., governance). This plan and progress made would be reported in the CCO's annual HIT Roadmaps as required by Exh. J, Sec. 2, Para. (d), Sub. Para. (6) in the CCO Contract.
- c. Technology for Closed Loop Referrals, like CIE, may be used for processes such as identifying potentially eligible Members for HRSN Services, receiving HRSN Requests, social needs screening, sharing HRSN Eligibility Screening, service authorization, referring Members to services, and indicating the status of services.

4. Member Right to Opt Out of Technology for Closed Loop Referrals

- a. OHA wants to support privacy and security and individuals' rights to make decisions about their data. Not all Members may want their data shared through technology.
- b. Members must be notified that referrals for HRSN Services will be sent using Closed Loop Referrals and include that HRSN Authorized Members have the option to opt out of their data being included in technology, like CIE, and use other Closed Loop Referral processes and still receive HRSN Services.
- c. In the event a CCO or HRSN Service Provider uses technology (e.g., CIE) for Closed Loop Referrals (i.e., refer an HRSN Authorized Member to an HRSN Service Provider), the CCO and HRSN Service Provider must notify Members during the consent process that they have the right to opt out of their data being included in technology for Closed Loop Referrals, like CIE, and still receive HRSN Services. OHA does not need documentation that the Member was told they have the option to opt out of technology, like CIE.
- d. A Member must consent to participate in their data being included in technology, like CIE, and the consent is documented. This information does not need to be reported to OHA.
- e. If a Member opts out of their data being included in technology, like CIE, the HRSN Authorized Member's election to opt out must be documented and the CCO must also notify the applicable HRSN Service Providers of such Member's election to opt out of technology. This information does not need to be reported to OHA.

5. Proposed Approach to Technology for Closed Loop Referrals

OHA understands that increase in use of technology like CIE for Closed Loop Referrals should happen over the five-year waiver demonstration period, and we need to allow time and provide support for HRSN Service Providers to participate.

See Table 2 below for details on the proposed phased approach. The requirements in the table have yet to be determined and OHA welcomes CCO, community-based organization, community, and Member input.

Table 2: Proposed Phased Approach to Technology for Closed Loop Referrals

CCO Contract Year	Closed Loop Referral Requirements	CCO Support & Incentives
2024	Defined Closed Loop Referrals and CIE CCOs and HRSN Service Providers are not required to use technology like CIE CCOs cannot require technology for Closed Loop Referrals, like CIE, to be used as the sole referral method in HRSN Service Provider subcontracts but can elect to use technology like CIE	CCOs to develop a plan for years 2024-2026 in how they will support and incentivize technology for Closed Loop Referrals, like CIE, adoption and use by HRSN Service Providers, including grants, technical assistance, outreach, and forums for feedback. This was reported in the HIT Roadmaps.
2025	HRSN Service Providers are not required to use technology like CIE CCOs cannot require technology for Closed Loop Referrals, like CIE, to be used as the sole referral method in HRSN Service Provider subcontracts but can elect to use technology like CIE CCOs submit in 2025 annual Health IT Roadmap: 1. All information collected as part of CCO's 2024 Social Determinants of Health: Social Needs Screening and Referral Measure, Component 1 (elements 3,6,7,13).	CCOs report on progress of 2024 and any adjustments to their plan for 2025-2026 in how they will support and incentivize technology for Closed Loop Referrals, like CIE, adoption and use by HRSN Service Providers as well as any challenges or lessons learned.
2026	While CCOs may require technology for Closed Loop Referrals, like CIE, in contracts with HRSN Service Providers, they must allow for exceptions for HRSN Service Providers unable to use CIE, in alignment with OHA guidance. CCOs are required to submit HRSN CIE referrals data. See Social Needs Service Coordination Report requirements.	CCOs report on progress of 2025, their plans for 2026, and any challenges or lessons learned.

CCO Contract Year	Closed Loop Referral Requirements	CCO Support & Incentives
2027	Possibilities for 2027, either: A. CCOs may require technology for Closed Loop Referrals, like CIE, in contracts with HRSN Service Providers OR B. OHA is considering requiring CIE for HRSN Services. Any CIE requirements must allow for exceptions for HRSN Service Providers unable to use CIE, in alignment with OHA guidance.	CCOs report on progress of 2026 and any challenges or lessons learned.

HRSN Service Provider Qualifications

1. Provider Qualifications Applicable to All HRSN Service Providers

CCOs must contract with private or public social service organizations, community organizations, or other similar individuals or entity to provide HRSN Services.

- a. CCOs must ensure that contracted HRSN Service Providers meet the Provider Qualifications defined in [OAR 410-120-2030](#). These qualifications promote increasing health equity in both access and outcome of the HRSN benefit. CCOs are not required to ensure vendors supporting the provision of HRSN Services (e.g., for Home Changes for Health) meet HRSN Service Provider Qualifications so long as the vendors can support service delivery in accordance with service definitions as defined in [OAR 410-120-2005](#) and related service delivery requirements in the CCO Contract.
- b. CCOs have discretion to determine what constitutes sufficient demonstration of meeting the HRSN Service Provider Qualifications based on their knowledge of effectiveness of local organizations. The expectation is that CCOs will increase the diversity of organizations that they contract with and that HRSN Priority Populations (RHEC definition per ORS 413.256) will be well served.
- c. CCOs are expected to help HRSN Service Providers meet qualifications if needed; for example, to provide access to language interpretation and translation services to those Members who have limited English proficiency, and American

Sign Language (ASL) services for to those Members who require ASL in order to communicate.

- i. OHA expects that some HRSN Service Providers may require additional assistance to participate in the HRSN initiative. Accordingly, CCOs may contract with HRSN Service Providers that require supports to meet one or more of the HRSN Service Provider Qualifications; for example:
 - ii. An investment of community capacity building funds to build necessary systems, capabilities, and functionalities.
 - iii. Training and technical assistance
- d. CCO may use operational testing, readiness reviews or other mechanisms to assess HRSN Service Provider capabilities and readiness/ability to participate.
- e. CCOs will have to determine expectations for HRSN Service Providers regarding compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - i. OHA has notified CCOs of our understanding of how we have interpreted HIPAA for HRSN Service Providers. To the extent possible, it is important and preferable that OHA and CCOs have a uniform approach to sharing protected health information (PHI). OHA developed the [Information Sharing Authorization Form](#) as the authorization named in the HHS Office of Civil Rights guidance on how Covered Entities may share PHI with HRSN Service Providers for specified purposes.
 - ii. CCOs must support all HRSN Service Providers in implementing best practices to safeguard Member health information, including:
 - a. Only share information that is needed to provide HRSN services. It is not always appropriate to share all health information.
 - b. Have policies about how you store and use health information. Only staff who need to see it should be able to see it.
 - c. Limit what information you share electronically and always encrypt messages and documents that include health information.
 - d. Document health information on paper and discuss it over the phone or in meetings, when possible, instead of sharing it electronically. Lock any paper records. Sharing information electronically is the less secure method.
 - e. Only document health information that is needed for providing the HRSN service. Even if you learn about additional information, you should only document the information necessary for the HRSN service you are providing.

2. Domain-Specific Provider Qualifications

- a. **Home Changes for Health.** HRSN Service Providers and Vendors must meet the following qualifications:

HRSN Service Providers and Vendors of Home Changes for Health must have the ability to appropriately deliver devices during extreme weather, and when applicable, install devices in Members' homes in a reasonable timeframe. In the event a vendor does not also provide installation, Contractor shall coordinate other vendor(s) to address this need as necessary.

- b. **Housing.** In addition to provider qualifications that apply to all HRSN Service Providers in OAR 410-120-2030, those providing HRSN Housing-Related Supports must:

- i. Have knowledge of principles, methods, and procedures of the Housing-Related Supports covered under the waiver, or comparable services meant to support individuals in obtaining and maintaining stable housing.
- ii. Be trained and credentialed, as needed, to provide the specific service. CCOs may use discretion in determining the appropriate level of training or licensure required for each contracted provider.
- iii. Have the ability to directly meet Member's needs for the activities listed in the housing service descriptions or the ability to connect Members to the appropriate service provider or vendor. CCOs are expected to develop a broad network of providers to ensure service providers can meet the personal and cultural needs of their communities as appropriate.
- iv. Housing Service-Specific Provider Qualifications are listed in [OAR 410-120-2030](#) Table 1.

- c. **Nutrition.** In addition to provider qualifications that apply to all HRSN Service Providers, those providing HRSN Nutrition-Related Supports must:

- i. Have knowledge of principles, methods and procedures of the Nutrition-Related Supports covered under the waiver, or comparable services meant to support an individual in meeting their nutritional needs.
- ii. Comply with best practice guidelines, industry standards, and all applicable federal, state, and local laws governing food safety standards.
- iii. Be trained and accredited, to the extent appropriate based on nutrition industry standards, to provide the specific service. CCOs may use discretion in determining the appropriate level of training or licensure required for each contracted provider of a HRSN Nutrition-Related Support, as long as they ensure providers will act in accordance with nutrition-related national guidelines, such as the Dietary Guidelines for Americans, or evidence-based practice guidelines for specific chronic diseases and conditions. For more

information, visit: <https://www.eatrightstore.org/product-type/nutrition-care-manuals>

- iv. The Medically Tailored Meals (MTM) Assessment must follow the Academy of Nutrition and Dietetics Nutrition Care Process. MTM Assessment is a systematic method that dietetics and nutrition professionals use to provide nutrition care. It is comprised of four steps: nutrition assessment and reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation. For more information, visit: <https://www.eatrightpro.org/practice/nutrition-care-process>
 - v. Depending on the specific service being provided, appropriate training and credentialing may entail:
 - 1. Relevant training(s) (e.g., webinar courses provided by SNAP-Ed, CDC-approved training for the National Diabetes Prevention Program Lifestyle Coach position, or other trainings from accredited nutrition organizations) or
 - 2. Certification (e.g., Certified Nutrition & Wellness Educator by the American Association of Family & Consumer Sciences) or
 - 3. Licensure (e.g., Registered Dietitian Nutritionist).
 - vi. Have the ability to meet the needs of Member's personal and cultural dietary preferences. CCOs are expected to develop a network of HRSN nutrition providers and vendors that, together, are able to serve the personal and cultural needs of their communities, though no one provider must be able to meet all Members' personal and cultural dietary preferences.
 - vii. Have the capacity to provide services on a one-time, daily, weekly, or monthly basis, depending on the specific service's permitted frequency and Member's preference.
 - viii. Nutrition Service-Specific Provider Qualifications are listed in [OAR 410-120-2030](#) Table 2.
- d. **Outreach and Engagement.** In addition to provider qualifications that apply to all HRSN Service Providers, HRSN Outreach and Engagement Service Providers must:
- i. Have knowledge of principles, methods, and procedures of these services or comparable services meant to outreach to and engage the populations covered under the waiver and connect them to benefits and services to meet their needs. and capacity to carry out the responsibilities outlined in the Outreach and Engagement service definition. CCOs may use discretion in determining whether a provider can sufficiently provide this service.
 - ii. Have knowledge of the following:

1. Cultural specificity and responsiveness approaches
2. Community outreach and engagement best practices
3. Basic eligibility and enrollment policies and practices for OHP, the HRSN program, and Federal and state entitlements and benefits including Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Temporary Assistance for Needy Families (TANF), Social Security, Social Security Disability, and Veterans Affairs benefits, and other federal and state housing programs.
4. Local community resources for supporting basic needs such as access to shower, laundry, shelter, and food.
5. Excellent oral communication skills with the ability to explain complex information to individuals—including those in the OHA HRSN Priority Populations (defined in ORS 413.256) — in an understandable, trauma-informed, and culturally responsive way.
6. Ability to maintain strict confidentiality and handle sensitive information appropriately.

Contractor Payment to HRSN Service Providers

The CCO Contract outlines requirements for CCO payments to providers for HRSN authorized services and OHA payments to CCOs, including the process for reviewing and paying non-risk invoices, administrative payments, and requirements for encounter data submission and validation.

1. HRSN Fee Schedule

The CCO must reimburse HRSN Service Providers for currently available HRSN Services. OHA will reimburse CCO for the cost of the other HRSN Services furnished to HRSN Authorized Members up to the amounts described within the Oregon HRSN Fee Schedule and Methodology Documents, which are located at <https://www.oregon.gov/oha/FOD/Pages/OHP-Rates.aspx>

A simplified visual version of the fee schedules can be located at <https://www.oregon.gov/oha/hsd/ohp/pages/fee-schedule.aspx>

See Table 3 below for a definition of a unit for each service as well as limitations for how many units can be billed, the maximum duration for each service, and the service authorization limit.

Table 3: HRSN Services Utilization Control

HRSN Services Utilization Control

Service	Unit	Unit Limit	Duration	Authorization Limit
Outreach and Engagement	Per 15-minute increment	Daily: up to 24 units (6 hours) Annually: up to 120 units	N/A	Annual Limit
Air Conditioner	Per item	Up to one per Member, except in circumstances where a replacement or additional device is allowed.	N/A	Once per Member every 36-months
Air filtration device	Per item	Up to one per Member, except in circumstances where a replacement or additional device is allowed.	N/A	Once per Member every 36-months
Air filter replacement	Per item	Up to three per Member. CCOs have discretion to allow for exceptions that are deemed appropriate or justified based on available information (see HRSN Guidance Document for more information).	N/A	Once per Member every 12-months
Portable power supply	Per item	Up to one per Member, except in circumstances where a replacement device is allowed.	N/A	Once per Member every 36-months
Heater	Per item	Up to one per Member, except in circumstances where a replacement or additional device is allowed.	N/A	Once per Member every 36-months
Mini refrigerator	Per item	Up to one per Member, except in circumstances where	N/A	Once per Member every 36-months

		a replacement device is allowed.		
Home Changes for Health device installation	Per 15-minute increment	Up to 8 units for installations within 35 miles of the nearest available vendor. Up to 12 units for installations greater than 35 miles from the nearest available vendor.	N/A	Per Home Changes for Health during extreme weather device service
Rent and Utility Costs	Per month or per diem	Up to one per month or one per diem when billing for rent and utilities bundled with rent subject to the max UPL; No limit when billing for prospective utilities unbundled from rent	<i>Recurring Rent Payment:</i> Presumption of, and no longer than, six months. Payment may be for past due rent up to six months, or forward rent for up to six months, or some combination of past due and forward rent. <i>Recurring Utility Payment:</i> No longer than the duration of any forward rent related to the Rent service that the Member is receiving. The six-month limit on Rent and Utility Costs must be considered in combination with the six-month limits on Hotel/Motel Stays and Utilities Arrears. Any combination of Rent and Hotel/Motel Stays may not add up to	Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by “Family Size” in OAR 410-200-0015.

			more than six months of coverage. Any combination of Utility Costs and Utility Arrears may not add up to more than six months of utility payments for each unique utility.	
Hotel/Motel Stays	Per diem	Up to one per diem	Up to three months at which time a Member may be reassessed for an additional three months. No longer than a total of six months. Any combination of Rent and Hotel/Motel Stays may not add up to more than six months of coverage.	Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by "Family Size" in OAR 410-200-0015.
Utilities Arrears	Per month	No limit	Any combination of payment for utilities under "Utilities Arrears" and "Rent and Utility Costs" may not add up to more than six months of utility payments.	Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by "Family Size" in OAR 410-200-0015.
Utilities Set Up	Per instance	No limit	Up to one month per utility	Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by "Family Size" in OAR 410-200-0015.
Storage Fees	Per month	Up to one per month	Any combination of forward or arrears	Once per household with one or more

			payments may not add up to more than six months of storage fees payments.	eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by “Family Size” in OAR 410-200-0015.
Tenancy Service (paid via 15-minute increments)	Per 15-minute increment	Daily: up to 24 units (6 hours)	CCOs must authorize this service for a minimum of six months. CCOs may authorize this service for up to 18 months, at which time the Member must be reassessed for eligibility and, if determined eligible, may continue to receive the service.	18 months
Tenancy Service (per member per month)	Per member, per month	No more than once per month	CCOs must authorize this service for a minimum of six months. CCOs may authorize this service for up to 18 months, at which time the Member must be reassessed for eligibility and, if determined eligible, may continue to receive the service.	18 months
Home Modifications	Per instance	Subject to max UPL	No limit	Benefit is limited to a max UPL on a per Member basis over the lifetime of the demonstration (September 2022 through August 2027).
Home Remediations	Per instance	Subject to max UPL	No limit	Benefit is limited to a max UPL on a per Member basis over

				the lifetime of the demonstration (September 2022 through August 2027).
Medically Tailored Meals	Per meal	Up to 3 meals per day	Up to six months	Once per eligible Member over the lifetime of the demonstration (September 2022 through August 2027).
Assessment for Medically Tailored Meals	Per 15-minute increment	Up to 4 units per assessment and reassessment	Service may persist until the Member is no longer receiving the Medically Tailored Meal service.	No limit
Nutrition Education	Per 30-minute increment	Up to 6 units per week Service will typically be billed in increments of 2, 4, or 6 units.	Service persists until services are no longer needed.	Providers cannot bill HRSN to exceed the actual cost of the class in total.
Fruit and Vegetable	Per day	Up to 1 per day, up to 7 per week, up to the number of days in a month or on a weekly basis for up to 26 consecutive weeks.	Up to six months	Once per eligible Member over the lifetime of the demonstration (September 2022 through August 2027).

2. Payment Process and HRSN Required Reporting Data

- a. **Tenancy** Services are new supports authorized through the waiver. OHA wants to ensure implementation of this service aligns with existing practices. A monthly payment (PMPM) option has been developed in collaboration with housing partners with the understanding CCOs will implement similar standards. The monthly payment option for Tenancy Services will pay HRSN Service Providers a set amount each month for Tenancy Services provided to an eligible OHP Member.

OHP Members receiving monthly Tenancy Services may only receive HRSN Tenancy Services through that one provider. For Members who require Tenancy Services through multiple providers, there is a 15-minute billing practice option.

- b. **Monthly Tenancy Service Payment (PMPM) Option:** Fixed amount paid each month for each Member assigned to the provider, which reflects the average cost of care for assigned Members based on the Member's complexity and housing stage as of the first day of the month or assignment to the provider, pro-rated for mid-month assignment. Timing of payment is intended to be prospective or concurrent and may involve a retroactive recoupment or claw-back process to reconcile actual work with payment. This payment option is available at the discretion of the CCO and is only intended for HRSN Service Providers who have agreements with the CCO and the member to use the per month rate.

- Additional information can be found in the HRSN Monthly (PMPM) Tenancy Support Services Methodology document, found here:
<https://www.oregon.gov/oha/FOD/FODOHPRates/OHA%20HRSN%20Monthly%20Tenancy%20Support%20Services%20-%20Final.pdf>

c. **Staff Minimum Requirements:**

- Must offer all Tenancy Services outlined in [OAR 410-120-2005](#) Table 4, including coordination and overseeing the delivery of all HRSN Housing Services the Member may need.
 - Subcontracting with another entity to provide some Tenancy Services or other HRSN Housing Services is allowed.
 - The expectation is that under the PMPM model, if a Member needs and is receiving multiple HRSN Housing Services, only one provider is coordinating the delivery of those services and supporting the Member.
- Maximum caseload per case manager each month (one of the following):
 - Post housing:
 - 30 Low Complexity households; or
 - 25 High Complexity households; or
 - Combination that aligns with guidelines above. (i.e., 15 Low Complexity/12 High Complexity)

d. **Definitions of Tiers:**

- Housing Stage:
 - Post-housing: Member needs support staying in current housing (e.g., landlord is willing to work with Member to address any issues or Member needs ongoing monitoring and support to remain compliant with terms of rental agreement)

e. **Service Minimums:**

- Complete initial Member Intake and Assessment/Screening of needs
- Detailed documentation of services provided to Member each month, including time meeting with Member, time working on behalf of specific Member, development of care plan, etc.

- Minimum hours working with Member and/or on Member's behalf:
 - Post-housing Low: 3.5 hours per Member each month
 - Post-housing High: 4 hours per Member each month
- Providers must keep records detailing services provided to each OHP Member. These records will be made available to the Member's CCO upon request.
- The CCO is responsible for providing claims level information to OHA. This should include unit detail demonstrating time spent by the provider supporting the OHP Member.
 - There are expected service hour minimums based on complexity of Member need. CCOs are encouraged to monitor this level of engagement with Members through documentation. If it is observed that expected service hour minimums are not being met with a Member, the monthly service payment option should be reevaluated. It may be appropriate if minimums are not met to use the alternative per 15-minute billing option.

3. Payment Process and Encounter Data

OHA is using an automatic payment process through MMIS to reimburse CCOs for the HRSN Services they and their HRSN Service Providers have provided, which started with the Housing-Related Supports launch on 11/1/24. [Appendix E](#) includes a workflow depicting the automatic payment process.

HRSN Service Providers will submit invoices and documentation to the CCO for payment for all HRSN Services furnished to HRSN Authorized Members. Such invoices and documentation must be submitted to OHA in accordance with state defined rules. OHA will pay the CCO based on HRSN Services provided and submitted either through invoices or the CCO's Encounter Data. CCOs are required to process invoices from and pay claims to HRSN Service Providers within 90 days of receipt. Any payment disputes made by HRSN Service Providers must be addressed and resolved within 180 days.

4. Administrative Payments

- a. **Administrative services.** OHA will pay CCOs for administrative services, including Case Management Services, Care Coordination, HRSN Outreach and Engagement, HRSN Eligibility Screening, Provider Network management, Community Capacity Building Funding administration, HRSN Service Provider payment and claims processing, and Member services.

Note: The administrative payment CCOs will receive is intended to support the HRSN O&E activities CCOs may engage in. CCOs and their subcontractors cannot receive separate payment for the provision of HRSN O&E Services; payment for this service is reserved for HRSN Service Providers.

b. **Administrative payments.** OHA will pay for these administrative services in two ways, including:

- i. A fixed administrative fee for administering HRSN Services for Members in CCO A and CCO B Plan Types; and,
- ii. A variable administrative fee as established in the fee schedules.

c. **Submitting supporting documentation.** CCOs will submit supporting documentation for their direct administrative spending on HRSN in a manner/format specified by OHA (“HRSN Administrative Settlement Template”) posted on the [CCO Contract Forms Website](#).

HRSN direct administrative expenses will exclude general administrative costs and overhead.

The 2024 settlement submission will be made on April 30, 2025, after the close of the rating period, March 1, 2024 through December 31, 2024. The 2025 settlement submission will be made on April 30, 2026 after the close of the rating period, January 1, 2025 through December 31, 2025.

d. **Administrative Expenses itemized for reporting purposes:**

Itemized lists of Administrative activities that CCOs may undertake while administering the HRSN benefit are listed below, per the contract, to help with reporting expenses incurred through those activities.

- i. From the 2024 Exhibit L Guidance V4:

Health Related Social Needs - DIRECT ADMIN	Non-allocable expenses related directly to HRSN activities. (a)(3)(b) Contractor shall submit direct HRSN administrative supporting documentation in a manner and format specified by OHA in the HRSN Guidance Document in a specified template posted on the CCO contract forms website by April 30, 2025. Administrative expenses will be itemized in guidance for reporting purposes and in a format defined by OHA, and HRSN direct administrative expenses will exclude general administrative costs and overhead.
CCO-Specific Outreach and Engagement	HRSN non-allocable expenses related directly to HRSN CCO-Specific Outreach and Engagement. This is not the amounts from Provider Billings, which are reported on Report L6, Line 16a
Provider and Vendor Management	HRSN non-allocable expenses related directly to HRSN Service Provider and Vendor Management
IT and Payment Processing	HRSN non-allocable expenses related directly to HRSN IT and Payment Processing
Other Indirect HRSN -	HRSN expense allocations are not to be reported on Lines 1 - 14. OAFa will request methodology to review allocations in Year

Administrative Overhead Allocation	1 of HRSN contracts and requests additional narrative of allocation methodology in subsequent years when methodology for allocations change
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Other Indirect HRSN Administrative Overhead Allocation includes the categories below -- from the L6.1HRSN Guidance tab of the HRSN Admin Settlement Template

1	Management Compensation	Enter allowable amount incurred for all salary, benefit packages, and bonuses for any management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees. Allowable compensation is (i) reasonable for the actual services rendered, (ii) conforms to the established, written policies of CCO, and (iii) is not in excess of the benchmark compensation amount determined applicable for the fiscal year by the Office of Federal Procurement Policy.
2	Non-Management Compensation	Enter amount incurred for all salary, benefit packages, and bonuses for any non-management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees.
3	Temporary Staff Compensation	Enter amount incurred for all salary, wages, premiums, benefit packages, and bonuses for all temporary staff of the CCO. Include any temporary staff whether part-time and full-time, non-employee staff paid as independent contractors or leased staff.
4	Operations Expenses	Enter operational costs, within the requirements for Financial Responsibility; Allowable Expenses and Costs, CCO Contract Exhibit L Part 2 for:
		• Rent/Lease/Mortgage Interest/Utilities for local office.
		• Maintenance/Repairs/Custodial/Security expenses for local office.
		• Information Systems: Communication and information systems costs.
		• Computer/Equipment lease, rental, or purchases for local office.
5	Corporate Services	Enter amount paid to the corporate entity/parent corporation/or other related organization for any corporate services provided. Please review expenses to ensure that they are allowable under CCO Contract Exhibit L, Part 2(b)(1).

6	Paid to Corporate Parent	Enter amount paid to the corporate entity/parent corporation/or other related organization for any corporate services provided, please include only amounts incurred by related party to provide services to the CCO. Please review expenses to ensure that they are allowable under CCO Contract Exhibit L, Part 2(b)(1).
7	General Administration Costs	Enter costs for office supplies, postage/mail-outs, printing and copier, marketing materials, training and education, recruiting, travel, depreciation and amortization, and other miscellaneous administrative costs within the requirements for Financial Responsibility; Allowable Expenses and Costs; CCO Contract, Exhibit L Part 2.
8	Pharmacy Administrative Costs (Spread Pricing)	Enter costs for Administrative Costs related to Pharmacy/PBM Spread pricing.
9	Claims Processing	Enter direct or vendor related costs related to the processing of provider claims, sub-capitated payments or other distributions to providers within the requirements for Financial Responsibility; Allowable Expenses and Costs; CCO Contract, Exhibit L Part 2. Exclude any amounts included on Lines 1. - 3. above.
10	Provider Network Development	Enter provider contracting, provider credentialing, provider education, and provider relations costs within the requirements for Financial Responsibility; Allowable Expenses and Costs; CCO Contract Exhibit L Part 2. Exclude amounts for consultant fees (Line 12. Professional Services), directory/mail-outs (Line 8. General Admin) and any compensation amounts (Lines 1. - 3.) included elsewhere.
11	Member Services	Enter amount incurred for customer service/support and grievance and appeals costs within the requirements for Financial Responsibility; Allowable Expenses and Costs; CCO Contract Exhibit L Part 2. Exclude amounts for consultant fees (Line 12. Professional Services), directory/mail-outs (Line 8. General Admin) and any compensation amounts (Lines 1. - 3.) included elsewhere.
12	Professional Services	Enter amount incurred for professional or consulting services provided by individuals or organizations that are Members of a particular profession or possess a particular skill. Include costs such as legal, auditing, tax, or other consulting services within the requirements for Financial

		Responsibility; Allowable Expenses and Costs; CCO Contract, Exhibit L Part 2. Exclude any amounts included on Lines 1. - 3. above.
13	Other Administrative Expenses	Enter all other administrative costs not included elsewhere. This should allow for all uncategorized expenses to be accounted for, and for the report to tie to the NAIC Page 4, Line 21. Amounts that require their own line for reporting include: Depreciation Fees, such as bank service charges Insurance Interest Expense Office supplies and equipment Repairs and Maintenance Travel

- e. **OHA review.** OHA will review the report on HRSN administrative expenses and will notify CCOs of any errors or concerns. OHA has the discretion to recoup or adjust administrative payments as a result of its review. Recoupment would only apply in instances of an error or dispute regarding variable administrative payments.
- f. **Limits on total direct administrative expenses.** 42 CFR § 447.362(b) establishes limits as to how much HRSN direct administrative expenses can be paid to CCOs.

5. Encounter Data Submission and Validation

- a. All encounter data will be submitted through MMIS starting with the 11/1/24 Housing amendment. CCOs will submit encounter data to OHA based on timelines specified in the Contract. This will include all HRSN housing services regardless of date of service and all HRSN Home Changes for Health services for dates of service from 8/1/24 forward.
- b. Quarterly, and as reasonably requested from OHA from time to time and as requested by CMS, CCOs must submit to OHA HRSN specific tabs on Exhibit L, detailing Member and Provider level reporting data.
- c. Additionally, on a quarterly basis, CCOs must report HRSN Service denials on the Grievance and Appeals Log.

HRSN Data Collection and Reporting

OHA is requiring CCOs gather information from providers and Members and to document and report this information as specified in Contract. This includes information

related to HRSN Member identification; HRSN Services, HRSN Requests; HRSN authorizations; denials, grievances and appeals; HRSN financial information; HRSN Outreach and Engagement; HRSN Closed Loop Referrals and care coordination; and HRSN Service Provider network.

In order to minimize administrative burden, OHA has worked to incorporate HRSN-related data elements into existing deliverables wherever possible. Data elements that do not currently align with other existing reporting are submitted in the **HRSN report deliverable, the Social Needs Service Coordination Report**, as detailed in the table below. All applicable reporting forms and deliverable-specific guidance are posted to the [CCO Contract Forms Website](#). CCOs should use the guidance specific to each deliverable for more detail on the format of data to submit.

The intent of Table 4 (next page) is to provide a reference for CCOs of what data elements will need to be collected and reported to OHA and in which deliverable CCOs will need to report. This table provides a crosswalk of required data elements for CCOs to collect and document along with the designated existing deliverable in which CCOs will report the information. Categories follow the domains specified in the 11/1/2024 Contract Amendment. Note that reporting deliverables related to Community Capacity Building Funds are included under separate contract and guidance.

Table 4: Crosswalk of Data Elements

Process	Data element	Variable definition	Deliverable	Cadence
HRSN Member Identification	Member's OHP Medicaid Number	Member's OHP Medicaid number	Social Needs Service Coordination Report (NEW)	Quarterly, 45 days after the end of the quarter
	Member's Date of Birth	DOB MM/DD/YYYY		
	Method of identifying potential HRSN recipient	1. Member self-referral/caregiver referral; 2. HRSN Connector; 3. HRSN Service Provider; 4. Direct outreach from Contractor; 5. Referral from Open Card or another CCO; or 6. Other		
	Request date	Date the HRSN request was received by the CCO		
	The HRSN Covered Population(s)	List of all covered populations to which Member belongs		
	Service type	Home Changes for Health, Housing, Nutrition, O&E		
HRSN denial	The Member's OHP Medicaid Number	Member's OHP Medicaid number	Exhibit I: Grievances and Appeals Log	Quarterly, 45 days after the end of the quarter
	The Member's Date of Birth	DOB MM/DD/YYYY		
	Procedure code	5-character procedure code from fee schedule		
	Modifier code(s) *New data element. Will be required 90 days after updated	2-character modifier code from fee schedule		

Process	Data element	Variable definition	Deliverable	Cadence
	guidance is posted to the CCO Contract Forms website			
	Date of denial	Date at which: the Member was denied services		
	Reason for denial	1 - Not a member of a covered population; 14 - does not meet clinical risk criteria; 16 - does not meet social risk criteria;		
HRSN authorization	The Member's OHP Medicaid Number	Member's OHP Medicaid number	Exhibit I: Grievances and Appeals Log	Quarterly, 45 days after the end of the quarter
	Procedure code	5-character procedure code from fee schedule		
	Modifier code(s) *New data element. Will be required 90 days after updated guidance is posted to the CCO Contract Forms website	2-character modifier code from fee schedule		
	Prior authorization outcome status	Pending, denied, authorized		
	Date of request	Date at which HRSN services were requested		

Process	Data element	Variable definition	Deliverable	Cadence
HRSN-related grievances	As defined in guidance specific to the existing deliverable	As defined in guidance specific to the existing deliverable	Exhibit I Grievances and Appeals Log	Quarterly, 45 days after the end
HRSN-related appeals	As defined in guidance specific to the existing deliverable	As defined in guidance specific to the existing deliverable	Exhibit I Grievances and Appeals Log	Quarterly, 45 days after the end
HRSN referrals and care coordination	Member's OHP Medicaid Number	Member's OHP Medicaid number	Social Needs Service Coordination Report (NEW)	Quarterly, 45 days after the end of the quarter
	Member's Date of Birth	DOB MM/DD/YYYY		
	Procedure code	5-character procedure code from fee schedule		
	Modifier code(s)	2-character modifier code from fee schedule		
	Does the Member have a Person-Centered Service Plan	Y/N		
	The date of the referral	Date at which: the Member was referred to an HRSN Service Provider to receive services		
	Provider name/ organization name to which Member is referred	Name of enrolled HRSN Service Provider (each referral documented)		
	DMAP ID	The Individual Provider's Group, Clinic, or Organization's ID issued upon enrollment as an Oregon Medicaid provider		

Process	Data element	Variable definition	Deliverable	Cadence
	Referral status (accepted or declined by provider)	Options: Yes; No; or Pending		
	Date of Outreach	The first date at which an HRSN Service Provider first attempted to contact the Member or contact someone on the Member's behalf after referral		
	Service status	Indicate whether the service has been provided: Yes/No/Pending		
	Service status reason	Select or enter the appropriate reason to detail service status. Dropdown options from manual entry form and open-text field on CIE form		
HRSN service delivery	Member's OHP Medicaid Number	Member's OHP Medicaid number	Exhibit L6.12.1 *note that OHA intends to modify Exhibit L reporting to minimize duplication once encounter data is available	Quarterly, and as aligned with encounter data submission
	Member's Date of Birth	DOB MM/DD/YYYY		
	Diagnosis code(s)	ICD-10 codes, including Z-codes		
	Procedure code	5-character procedure code from fee schedule		
	Modifier code(s)	2-character modifier code from fee schedule		
	Date(s) of service delivery	First date of service, last date of service		
	HRSN Service Providers delivering HRSN	Name of enrolled HRSN Service Provider		
	Provider tax identification number	Provider EIN/Tax ID		
Provider Network	The HRSN Service Providers in a CCO's	As defined in guidance specific to the existing deliverable	Delivery System	Bi-annual, 45 days

Process	Data element	Variable definition	Deliverable	Cadence
	contracted provider network by individual provider and by facility		Network (DSN) reporting	after the first and third quarters
	Basic information (name, tax ID, etc.) for other (non-HRSN) providers that provide health-related social needs to members	See guidance for Social Needs Service Coordination Report(NEW)	Social Needs Service Coordination Report (NEW)	Bi-annually, beginning for Q12025 as a part of HRSN Report
HRSN Financial Information (provider payments)	As defined in guidance specific to the existing deliverable	As defined in guidance specific to the existing deliverable	Exhibit L6.12	Quarterly

Coordination with Other Programs

1. HRSN and Health-Related Services (HRS)

a. HRSN and HRS for Home Changes for Health Devices

- i. Home Changes for Health devices and related services that are not covered as HRSN Services could be Health-Related Services (HRS). CCOs should only report HRS spending on devices that were not provided to Members who are eligible for HRSN devices. Additionally, when reporting in Report L6.21 of Exhibit L, CCOs should explicitly state in the spending description (Column C) that the HRS spending was not used to provide devices for Members eligible for the HRSN device benefit.
- ii. If CCOs bulk purchase devices, but do not distribute all devices within the HRS reporting period, the CCO may still report the devices as HRS flexible services. The CCO can only do this for the devices that will be stored until they are provided to members who are not eligible for the HRSN device benefit. When reporting this in Report L6.21 of Exhibit L, the CCO must attest to this in the spending description (Column C).
- iii. In addition to using HRS for devices, CCOs may also use HRS to address the Member's increased utility costs associated with using a device. Similar to reporting for the devices, the CCO will need to attest to the utility costs not being covered HRSN benefits for those Members in the spending description (Column C).

b. HRSN and HRS for Housing Related Supports

- i. Housing-Related Supports that are not covered as HRSN services could be HRS. CCOs should only report HRS spending on housing services that were not provide to Members who were eligible for those specific HRSN Housing-Related Supports. Additionally, when reporting in Report L6.21 of Exhibit L, CCOs should explicitly state in the spending description (Column C) that the HRS spending was not used to provide housing services for Members eligible for the HRSN housing benefit.
- ii. Many of HRSN Housing-Related Supports are payments to HRSN Service Vendors for services or goods by a bill's due date. Examples include rent and utilities. If the CCO is unable to assess HRSN Eligibility, authorize the service, refer to an HRSN Service Provider and confirm the service is completed by the bill's due date, the CCO may elect to pay for the bill with the intent to report that spending as HRS. If the Member is later found to be HRSN Eligible, the CCO should report the expense as HRSN. This option is particularly important for Members with an eviction notice in hand, given how quickly the payment must be processed to avoid a court record.

- iii. In addition to using HRS for non-covered housing services, CCOs may also use HRS to address the Member's other non-covered health-related social needs. If the services are similar to HRSN covered services, the CCO will need to attest to the services not being covered HRSN benefits for those Members in the spending description (Column C) for Report L6.21 of Exhibit L.

c. HRSN and HRS for Nutrition Related Supports

- i. Nutrition-Related Supports that are not covered as HRSN Services could be HRS. Once Members become eligible for covered HRSN Nutrition-Related Supports, CCOs should only report HRS spending on nutrition supports that were not provided to members who were eligible for those specific HRSN Nutrition-Related Supports. Additionally, when reporting in Report L6.21 of Exhibit L, CCOs should explicitly state in the spending description (Column C) that the HRS spending was not used to provide nutrition supports for members eligible for the HRSN nutrition benefit.
- ii. HRS can be used to address immediate food needs while an HRSN Request is being reviewed. If the Member is later found to be HRSN Eligible, the CCO should report the expense as HRSN. HRS can also be used to purchase supporting items such as pots, pans, coolers, refrigerator, or other basic essentials.
- iii. In addition to using HRS for non-covered nutrition supports, CCOs may also use HRS to address the member's other non-covered health-related social needs. If the services are similar to HRSN covered services, the CCO will need to attest to the services not being covered HRSN benefits for those members in the spending description (Column C) for Report L6.21 of Exhibit L.

d. HRSN Service Denials and HRS Referrals

Currently, a CCO can provide a service through HRS, if the Member is not eligible for the service as a covered service. If CCOs want to provide an equivalent service to a Member who is ineligible for HRSN Services, the CCO, at their discretion, may use HRS to provide the service to the Member immediately upon the denial of the HRSN service. This does not exempt the CCO from its obligation to send a NOABD for the denied HRSN Service, and it does not exclude the Member from appeal and grievance rights for HRSN Services. To avoid confusion in this situation, in the NOABD, if applicable, the CCO should include language on the Member's ability to receive the equivalent service through HRS, even though the HRSN Service was denied.

e. Using HRS to address Members' urgent situations

- i. OHA recognizes there may be situations that arise where a Member's health is imminently at-risk and it's not possible for the CCO to complete HRSN

- Eligibility Screening quickly enough to meet the Member's urgent need for a service. In these types of situations, if a CCO authorizes and provides a service under HRS to address a Member's urgent situation, and an equivalent service is also offered under HRSN, the CCO may conduct a retroactive HRSN Eligibility Screening. For the retroactive screening, the CCO must document the original request date, and that the Member did not have/was not receiving the service at the time of the initial request. If it is determined from the retroactive HRSN Eligibility Screening that the Member is eligible for the HRSN Service, documentation should also include that the Member was approved for an equivalent service under HRS and later found to be HRSN eligible. Please see the HRSN Eligibility Screening Template on the CCO Contract Forms Website for how to capture eligibility criteria in this situation
- ii. The practice outlined above should only be employed during urgent situations where a Member's health is imminently at-risk and it is not possible to gather all HRSN Eligibility criteria as quickly as needed to authorize HRSN Services (e.g., Member needs an air filter due to unhealthy air quality due to wildfire). CCOs must also be willing to accept the risk of using HRS flex services during this situation and not expect Members to be retroactively eligible for HRSN Services.
 - iii. In the event a Member is determined to be eligible after a retroactive HRSN Eligibility Screening, the service would no longer be eligible as HRS, because it is now a covered service. The CCO would then need to remove the service and any related expenses from their HRS reportable services and would need to instead report them as HRSN – completing the appropriate financial reports to reflect this as HRSN and not HRS. The device should not appear on Exhibit L Report L6.21 or L6.22 and instead be included on Reports L6.12, L6.12.1 and/or L6.12.2.
 - f. Members covered by the Temporary Medicaid Expansion, OHP Bridge - Basic Health Program, or OHP Bridge - Basic Medicaid are not eligible for HRSN benefits, but may receive HRS.
 - g. Additional information about HRS and CCO HRS guidance is available on [OHA's HRS website](#). For HRS specific questions, please contact [the HRS team at Health.RelatedServices@oha.oregon.gov](mailto:Health.RelatedServices@oha.oregon.gov).

2. HRSN and Supporting Health for All through Reinvestment Initiative (SHARE)

- a. CCOs are not allowed to use SHARE funds for any covered services, including HRSN benefits for eligible Members. CCOs may only use SHARE funds on HRSN-related supports and services 1) prior to them becoming covered benefits, or 2) for populations not eligible for the HRSN benefit. In addition, SHARE funds may not be used for extreme weather devices for any population.

- b. However, CCOs could likely use SHARE funds to support capacity building or capital expenses for an organization providing a variety of health-related social needs services including Home Changes for Health. The CCO would need to describe how the activities fit into one of the SDOH-E domains or is part of permanent supportive housing.
- c. Additional information about SHARE is available on [OHA's SHARE Initiative webpage](#). For SHARE-specific questions, please contact Transformation.Center@odhsoha.oregon.gov.

3. Other Resources

Braided funding can support coordination with other programs as it combines two or more funding streams to support a single purpose, all while tracking and reporting on those streams individually. There are two helpful scenarios that start on page 12 of the SDOH Learning Collaborative Playbook document linked below. Each scenario takes a member in need and aligns potential programs to help them get the resources they need to stay healthy. <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/SDOH-Screening-LC-Playbook-2024.pdf>

HRSN Program Resources

Please refer to the list below for available resources that provide information on HRSN Services. This list is subject to change as additional resources are developed.

- [1115 Waiver HRSN Webpage](#)
- [Community Capacity Building Funds \(CCBF\)](#)
- HRSN [Home Changes for Health During Extreme Weather](#), [Housing](#), and [Nutrition](#) webpages including:
 - Benefit overviews
 - Eligibility frameworks
 - CCO and OHA request forms
 - Other resources as applicable
- [CCO Contract Forms webpage](#)
 - HRSN Clinical Risk Factors Code Crosswalk, 09-2024
 - HRSN Readiness Review Templates
 - CCO HRSN Frequently Asked Questions (FAQs)
 - Guidance for Social Needs Service Coordination Report
 - CCO HRSN Billing Guide (August 2025)
- [HRSN Service Provider Webpage](#)

- [HRSN Information Sharing Authorization Form](#)
- [Frequently Asked Questions for OHA's Third-Party Contractor and Coordinated Care Organizations](#)
- [Health Insurance Portability and Accountability Act \(HIPAA\) Guidance](#)
- Fee Schedules
 - [HRSN Fee Schedules, Effective Jan. 1, 2025](#)
 - [HRSN Fee Schedules, Effective Nov. 1, 2024](#)
 - [HRSN Fee Schedule, Effective July 1, 2024](#)
 - [HRSN Fee Schedule, Effective March 1, 2024](#)

Housing

- [Housing Benefit Factsheet](#)
- [Housing Eligibility Framework](#)
- [Housing Provider Frequently Asked Questions \(FAQs\)](#)
- [HUD 2024 qualifying income limits for at-risk of homelessness](#)
- [Verification of Landlord/Tenant Relationship and Rent Owed](#)
- [Household Income Verification and Documentation Guide](#)
- [Home Changes for Health During Extreme Weather Frequently Asked Questions \(FAQs\)](#)

Nutrition

- [Nutrition Factsheet](#)

Outreach & Engagement

- [Outreach and Engagement Factsheet](#)
- [Outreach & Engagement versus Tenancy Supports](#)

- [HRSN Service Provider Trainings](#)

Appendices

Appendix A: HRSN Payment Responsibility⁶

Plan Type	HRSN	Physical Health	Behavioral Health	Dental
CCO-A	CCO	CCO	CCO	CCO
CCO-B	CCO	CCO	CCO	FFS OHA
CCO-E	FFS OHA	FFS OHA	CCO	FFS OHA
CCO-F	FFS OHA	FFS OHA	FFS OHA	CCO
CCO-G	FFS OHA	FFS OHA	CCO	CCO
None	FFS OHA	FFS OHA	FFS OHA	FFS OHA

⁶ Refer to OAR [410-141-3826\(1\)\(c\)](#).

Appendix B: HRSN Covered Populations

Covered Population	Population Definition
Adults and youth discharged from an HRSN Eligible Behavioral Health Facility	Members who have been discharged from an Institution for Mental Diseases (IMD), a mental health and substance use disorder residential facility, or inpatient psychiatric unit within the last 365 days. Subject to Ex. B, Part 2, Sec. 15 of the Contract, eligibility for the HRSN Services shall expire on the 366 th calendar day after discharge.
Adults and youths released from incarceration	Members released from incarceration within the past 365 calendar days, including those released from state and federal prisons, local correctional facilities, juvenile detention facilities, Oregon Youth Authority closed custody corrections, or tribal correctional facilities. Subject to Ex. B, Part 2, Sec. 15 of the Contract, eligibility for HRSN Services shall expire on the 366th calendar day after release from a carceral facility.
Individuals involved with child welfare	Members who are currently or have previously been involved in Oregon's Child Welfare system including members who are currently or have previously been: In foster/substitute care; or The recipient of adoption of guardianship assistance; or Served on an in-home plan; or Alleged victim of an open child welfare case.
Individuals transitioning to Dual Eligible Status	Members enrolled in Medicaid who are transitioning to dual eligible status with Medicare and Medicaid coverage. Members shall be included in HRSN Covered Population for the ninety (90) calendar days preceding the date Medicare coverage is to take effect and 270 calendar days after it takes effect.
Individuals who are homeless	Individuals who meet the definition of "HUD Homeless" as defined by defined by the U.S.

Covered Population	Population Definition
	Department of Housing and Urban Development (HUD) in 24 CFR 91.5.
Individuals who are at risk of homelessness	a. Has an income that is 30% or less than the area median income where the individual resides according to the most recent available data from the U.S. Department of Housing and Urban Development; and, b. Lacks sufficient resources or support networks to prevent homelessness; and, c. Meets any HRSN Housing and Nutrition Clinical Risk Factor.
Young Adults with Special Health Care Needs (YSHCN) – Effective 1/1/25	Individuals aged 19 and 20 with individual or family income up to 205% of the Federal Poverty Level (FPL), meeting at least one of the following criteria. Please note that individuals are not considered YSHCN Members (and therefore do not receive YSHCN benefits) until OHA identifies via the 834 report that the member is enrolled in the YSHCN program. See YSHCN guidance document for YSHCN PERCs and additional information. a. Identified in the Pediatric Medical Complexity Algorithm (PMCA) as someone with a complex chronic disease (PMCA score = 3); b. Serious emotional disturbance or serious mental health issue indicated by qualifying behavioral health diagnosis; c. Be found eligible for services by a Community Developmental Disabilities Program (CDDP) due to an intellectual or developmental disability at age 16 or older; d. “Elevated Service Need” or functional limitations as determined by two or more affirmative responses to a screener

Appendix C: HRSN Eligible Behavioral Health Facilities

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
ADAPT, Inc. DBA Compass Behavioral Health - CMHP	ADAPT - Deer Creek Adolescent Trmt Cntr	2064 S.E. Douglas Avenue	Roseburg	OR	97470	Douglas	500789828	1720010549
ADAPT, Inc. DBA Compass Behavioral Health - CMHP	ADAPT - The Crossroads	3099 NE Diamond Lake Blvd.	Roseburg	OR	97470	Douglas	500791533	1720010549
ADAPT, Inc. DBA Compass Behavioral Health - CMHP	ADAPT - Detox	3099 NE Diamond Lake Blvd.	Roseburg	OR	97470	Douglas	500791533	1720010549
Addictions Recovery Center, Inc.	Addictions Recovery Center	16 South Peach	Medford	OR	97501	Jackson	500764215	1346282035
Addictions Recovery Center, Inc.	Reddy House	960 Reddy Avenue	Medford	OR	97504	Jackson	500764073	1346282035
Addictions Recovery Center, Inc.	Fresh Start Detox	338 N. Front Street	Medford	OR	97501	Jackson	134150	1346282035
Albertina Kerr Centers	Albertina Kerr Centers - ITS	832 NE 162nd Avenue	Portland	OR	97230	Multnomah	313163	1477618353

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Asante Health System	Asante Rogue Regional Medical Center	2825 E Barnett Road	Medford	OR	97504	Jackson	500604342	1114002128
Bay Area Hospital	Bay Area Hospital	1775 Thompson Road	Coos Bay	OR	97420	Coos	047709	1225016561
BestCare Treatment Services	Dean K. Brooks Respite & Recovery Center	1470 N.W. 4th Street	Redmond	OR	97756	Deschutes	500736980	1558877407
BestCare Treatment Services	BestCare - Programa de Recuperacion de Madras	236 S.E. D Street	Madras	OR	97741	Jefferson	500737995	1083763239
BestCare Treatment Services	BestCare Recovery Center	676 NE Maple Avenue	Redmond	OR	97756	Deschutes	210831	1588726236
BestCare Treatment Services	Klamath Basin Recovery Services	2555 Main Street	Klamath Falls	OR	97601	Klamath	500738089	1073750048
BestCare Treatment Services	Brooks Respite & Recovery Center-Detoxification 2	1470 NW 4th Street	Redmond	OR	97756	Deschutes	500736974	1992211858
BestCare Treatment Services	Brooks Respite and Recovery Center Detox 1	676 NE Maple Avenue	Redmond	OR	97756	Deschutes	500736974	1992211858

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
BestCare Treatment Services	Klamath Basin Recovery Center-Detoxification	2555 Main Street	Klamath Falls	OR	97601	Klamath	500738089	1073750048
BH-OR Opco OC, LLC	Jackson House	901 Main Street	Oregon City	OR	97045	Clackamas	500831683	1285318493
Bridgeway Recovery Services, Inc.	Bridgeway Magnolia House	211 Boone Rd SE	Salem	OR	97302	Marion	500609571	1083844401
Bridgeway Recovery Services, Inc.	Bridgeway Pioneer House	215 Boone Rd SE	Salem	OR	97302	Marion	500609571	1083844401
Bridgeway Recovery Services, Inc.	Bridgeway Recovery Services - Freedom House	5061 Liberty Road South	Salem	OR	97306	Marion	500609571	1083844401
Bridgeway Recovery Services, Inc.	Bridgeway Recovery Services - Sandra Bloom	380 E. Jefferson Street	Stayton	OR	97383	Marion	500609571	1083844401
Bridgeway Recovery Services, Inc.	Bridgeway Santiam House - Gambling	799 Winter Street N.E.	Salem	OR	97301	Marion	500609571	1083844401
Bridgeway Recovery Services, Inc.	Bridgeway Recovery Services, Inc. Detox	3321 Harold Drive NE	Salem	OR	97305	Marion	500609956	1083844401

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Cameron Care, LLC	Cameron Care Boise RTF	12667 SE Boise Street	Portland	OR	97236	Multnomah	511278	1740425628
Cameron Care, LLC	Cameron Care Garfield RTF	3626 NE Garfield Avenue	Portland	OR	97212	Multnomah	511306	1922243815
Cameron Care, LLC	Cameron Care Powell RTF	14309 SE Powell Blvd.	Portland	OR	97236	Multnomah	511421	1841435518
Carroll's Group Care Home, Inc.	Carroll's Group Care Home, Inc.	293 14th Street S.E.	Salem	OR	97301	Marion	508201	1417221375
Carroll's Group Care Home, Inc.	Royvonne House	1240 Royvonne Street S.E.	Salem	OR	97302	Marion	507684	1255605101
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Cascadia Rockwood Respite	18766 SE Stark	Portland	OR	97233	Multnomah		
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Tigard Adult Respite	14127 S.W. 114th Avenue	Tigard	OR	97224	Washington		
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Andrea Place	7621 N. Portsmouth Avenue	Portland	OR	97203	Multnomah	505777	1447337753
Cascadia Health DBA Cascadia	Leland House	18980 S. Leland Road	Oregon City	OR	97045	Clackamas	507789	1922245109

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Behavioral Healthcare Inc.								
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	McCarthy Place	945-949 N.E. 165th	Portland	OR	97230	Multnomah	511937	1215006606
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Nadine's Place	2270 S.E. Cesar E. Chavez Blvd.	Portland	OR	97214	Multnomah	506877	1710064035
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Pearl House	304 Pearl Street	Oregon City	OR	97045	Clackamas	500646805	1972878031
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Pisgah	7511 S.E. Henry Street	Portland	OR	97206	Multnomah	507653	1003993270
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Rita May Manor	13541 S.E. Market Street	Portland	OR	97233	Multnomah	507010	1922185255
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	23rd Avenue	1232 N.W. 23rd Avenue	Portland	OR	97210	Multnomah	514164	1225115595

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	75th Home	4729 S.E. 75th	Portland	OR	97206	Multnomah	514774	1528145794
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Buena Vista Home	326 S.E. 76th Avenue	Portland	OR	97215	Multnomah	515439	1669541058
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	El Dorado	7405 S.E. 84th Avenue	Portland	OR	97266	Multnomah	500677536	1447654504
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Firefly RTH	13942 N.E. Glisan	Portland	OR	97230	Multnomah	500661403	1295174126
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Orchid House 2	9125 SW 55th Ave	Portland	OR	97219	Multnomah	500680333	1003217761
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Overton House	2270 N.W. Overton Street	Portland	OR	97210	Multnomah	511628	1629155825
Cascadia Health DBA Cascadia	Portland Avenue	1035 Portland Avenue	Gladstone	OR	97027	Clackamas	500646792	1073888137

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

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Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Behavioral Healthcare Inc.								
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Faulkner Place	13317 S.E. Powell Blvd.	Portland	OR	97236	Multnomah	514779	1568531952
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Arbor Place	2330 N.E. Siskiyou Street	Portland	OR	97212	Multnomah	514777	1043397219
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Barbara Roberts House-East	5023 N.E. Killingsworth Street	Portland	OR	97218	Multnomah	515063	1841360161
Cascadia Health DBA Cascadia Behavioral Healthcare Inc.	Barbara Roberts House-West	5009 N.E. Killingsworth Street	Portland	OR	97218	Multnomah	515065	1073690251
Center for Human Development, Inc.	Rising Stars Day Treatment Program	2300 N Spruce	La Grande	OR	97850	Union	240305	1497889695
Central City Concern	Central City Concern - Letty Owings Center	2545 NE Flanders Street	Portland	OR	97232	Multnomah	500668658	1679832315
Central City Concern	Central City Concern- Hooper	1535 North Williams Avenue	Portland	OR	97227	Multnomah	500708116	1578926531

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	Detoxification Center							
Clatsop Behavioral Healthcare CMHP	North Coast Crisis Respite Center	326 S.E. Marlin Avenue	Warrenton	OR	97146	Clatsop	500716573	1760833313
Clementine West Linn	Clementine West Linn	1148 Rosemont Road	West Linn	OR	97068	Clackamas	500735046	1023562147
Coastal Breeze Recovery	Coastal Breeze Recovery dba Awakenings by the Sea	1325 N Holladay Drive	Seaside	OR	97138	Clatsop	500677032	1528316577
Coastal Breeze Recovery	Coastal Breeze Recovery - Detox	1325 N Holladay Drive	Seaside	OR	97138	Clatsop	500677032	1528316577
CODA, Inc.	8041 Recovery House RTF	8041 E. Burnside	Portland	OR	97215	Multnomah	517398	1437213865
CODA, Inc.	Rolfson House	15602 S.E. Division	Portland	OR	97236	Multnomah	500737332	1437213865
CODA, Inc.	CODA - Gresham Recovery Center	1427 SE 182nd Avenue	Portland	OR	97233	Multnomah	5008083101	1437213865
CODA, Inc.	CODA - Tigard Recovery Center	10362 SW McDonald Street	Tigard	OR	97224	Washington	500648292	1437213865

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Columbia Community Mental Health, Inc. CMHP	Alternative PSRB RTF	105 South 3rd Street	St. Helens	OR	97051	Columbia	516254	1922066463
Columbia Community Mental Health, Inc. CMHP	Cornerstone RTF	271 Columbia Boulevard	St. Helens	OR	97051	Columbia	507654	1922066463
Columbia Community Mental Health, Inc. CMHP	Pathways	185 N. 4th Street	St. Helens	OR	97051	Columbia	500685642	1043607526
ColumbiaCare Services, Inc.	Clear Vue RTH	2211 Clear Vue Lane	Springfield	OR	97477	Lane		
ColumbiaCare Services, Inc.	Heeran Center dba River Bridge	2222 Coburg Road Suite 100	Eugene	OR	97401	Lane	500693734	1013383140
ColumbiaCare Services, Inc.	Alder Creek RTF	11458 S.E. McEachron Avenue	Milwaukie	OR	97222	Clackamas	500643829	1538434675
ColumbiaCare Services, Inc.	Columbia Rose RTF	12511 S.E. Raymond Street	Portland	OR	97236	Multnomah	516051	1275620411
ColumbiaCare Services, Inc.	Coos Crisis Resolution Center	1885 Thompson Road	Coos Bay	OR	97420	Coos	312033	1356438592

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ColumbiaCare Services, Inc.	Kellogg Creek RTF	4199 S.E. King Road	Milwaukie	OR	97222	Clackamas	500636994	1477832947
ColumbiaCare Services, Inc.	The Beckett Center	3200 Juanipero Way	Medford	OR	97504	Jackson	500758915	1902374531
ColumbiaCare Services, Inc.	The Guest House Crisis Stabilization Center	1057 Patterson Street	Eugene	OR	97401	Lane	500787352	1619582996
ColumbiaCare Services, Inc.	Twin Pines	524 Manzanita Street	Central Point	OR	97502	Jackson	500820068	1992404438
ColumbiaCare Services, Inc.	Willamette Rose RTF	12505 S.E. Raymond Street	Portland	OR	97236	Multnomah	516052	1386720142
ColumbiaCare Services, Inc.	Autumn Ridge RTH	13850 S.E. Autumn Ridge Terrace	Milwaukie	OR	97267	Clackamas	500649344	1306108691
ColumbiaCare Services, Inc.	Bell Cove RTH	210 Cove Road	Brookings	OR	97415	Curry	500652109	1518201151
ColumbiaCare Services, Inc.	Cedar Bay RTH	1592 Monroe Street	North Bend	OR	97459	Coos	516824	1386787596
ColumbiaCare Services, Inc.	Fieldstone RTH	29120 S.W. San Remo Court	Wilsonville	OR	97070	Clackamas	500606689	1609011964

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ColumbiaCare Services, Inc.	Hearthstone RTH dba Bridgestone RTH	29549 S.W. Villebois Drive	Wilsonville	OR	97070	Clackamas	500642935	1073885141
ColumbiaCare Services, Inc.	Rockwood RTH	17640 N.E. Halsey Street	Portland	OR	97230	Multnomah	500688502	1588069801
ColumbiaCare Services, Inc.	Fairview Firs SRTF	1945 N.E. 205th Avenue	Fairview	OR	97024	Multnomah	517872	1043410962
ColumbiaCare Services, Inc.	Johnson Creek	2808 S.E. Balfour Street	Milwaukie	OR	97222	Clackamas	500615590	1467685750
ColumbiaCare Services, Inc.	Madrone Ridge SRTF	29398 Recovery Way, Suite 2	Junction City	OR	97448	Lane	500810725	1124780184
ColumbiaCare Services, Inc.	Manzanita Ridge SRTF	29398 Recovery Way, Suite 1	Junction City	OR	97448	Lane	500815540	1447997549
ColumbiaCare Services, Inc.	McKenzie Ridge SRTF	29398 Recovery Way, Suite 3	Junction City	OR	97448	Lane	500763099	1942762547
Community Counseling Solutions CMHP	Lakeview Heights	68982 Willow Creek Road	Heppner	OR	97836	Morrow		
Community Counseling Solutions CMHP	Columbia River Ranch 2	70362 Kunze Lane	Boardman	OR	97818	Morrow	500811654	1629603196

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Community Counseling Solutions CMHP	New Roads 2	2583 Westgate	Pendleton	OR	97801	Umatilla	500667865	1568883254
Community Counseling Solutions CMHP	Salmon Run 2	2525 Westgate, Building 1	Pendleton	OR	97801	Umatilla	500667863	1477974293
Community Counseling Solutions CMHP	Westgate	2575 Westgate Bldg 2	Pendleton	OR	97801	Umatilla	500805168	1578223475
Community Counseling Solutions CMHP	River's Edge Acute Center for Healing (REACH)	1212 W Linda Ave	Hermiston	OR	97838	Umatilla	500606753	1578501771
Community Counseling Solutions CMHP	Juniper Ridge SRTF	194 Ford Road	John Day	OR	97845	Grant	500653645	1720323835
Community Counseling Solutions CMHP	Community Counseling Solutions - REACH	1212 W. Linda Ave	Hermiston	OR	97838	Umatilla	500606753	1578501771
Crestview Recovery Services LLC	Crestview Recovery Services LLC - RES 1	65 NE 30th Avenue	Portland	OR	97232	Multnomah	500716836	1447605258
Crestview Recovery Services LLC	Crestview Recovery Services LLC - RES 3	1514 SE Salmon St	Portland	OR	97214	Multnomah	500716836	1447605258

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Crestview Recovery Services LLC	Crestview Recovery Services, LLC - RES 2	2954 NE Couch Street	Portland	OR	97232	Multnomah	500716836	1447605258
D & K Harbick Five, L.L.C.	Ark77	91804 Mill Creek Road	Rainbow	OR	97413	Lane	500761881	1235646266
E.O.R.C.	Eastern Oregon Alcoholism Foundation- E.O.R.C.	216 SW Hailey Avenue	Pendleton	OR	97801	Umatilla	500695723	1740324953
E.O.R.C.	Eastern Oregon Alcoholism Foundation- EODC	4708 NW Pioneer Place	Pendleton	OR	97801	Umatilla	500695704	1740324953
Elderly and Disabled Services	Restoration Home RTH	248 Mace Road	Medford	OR	97501	Jackson	500788139	1932714581
Elderly and Disabled Services	Restoration Home Stacey RTH	19536 SW Stacey Street	Beaverton	OR	97003	Washington	500824249	1831878776
Elderly and Disabled Services	Restoration Center SRTF	4439 Hamrick Rd.	Central Point	OR	97502	Jackson	500791695	1447845763
Family Recovery, Inc.	Milestones Women's Program	306 SW 8th Street	Corvallis	OR	97333	Benton	133327	1073653168
Family Recovery, Inc.	Recovery Wellness Center 1	404 N.W. 23rd Street	Corvallis	OR	97330	Benton	500655335	1952441271

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Family Solutions	Family Solutions - Grants Pass	402 N.W. F Street	Grants Pass	OR	97526	Josephine	209981	1437236445
Fir Hill Group Home, L.L.C.	Fir Hill Group Home, L.L.C.	1487 Main Street	Dallas	OR	97338	Polk	508233	1003061987
Fora Health	Fora Health Adult Treatment Program	10230 SE Cherry Blossom Drive	Portland	OR	97216	Multnomah	208991	1245378546
Fora Health	Fora Health - Withdrawal Management	10230 SE Cherry Blossom Drive	Portland	OR	97216	Multnomah	500812005	1245378546
Halfway House Services, Inc.	Alder Street Residence	1774 Alder Street	Eugene	OR	97401	Lane	506939	1487809844
Halfway House Services, Inc.	William Ware Residence RTF	910 Jefferson Street	Eugene	OR	97402	Lane	507027	1477804078
Hazelden Betty Ford Foundation	Hazelden Betty Ford Foundation	1901 Esther Street	Newberg	OR	97132	Yamhill	500724136	1063738185
Hazelden Betty Ford Foundation	Hazelden Betty Ford Foundation - Detox	1901 Esther Street	Newberg	OR	97132	Yamhill	500724136	1063738185
Jasper Mountain	Jasper Mountain Center	37875 Jasper-Lowell Road	Jasper	OR	97438	Lane	312447	1497821680

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Jasper Mountain	SAFE Center	89124 Marcola Road	Springfield	OR	97478	Lane	178087	1497821680
Kairos Northwest	Cadenza	4385 Sunnyview Road N.E.	Salem	OR	97305	Marion	500688844	1487782900
Kairos Northwest	Momentum	1920 Kurtz Lane	Grants Pass	OR	97526	Josephine	500635298	1487782900
Kairos Northwest	Tempo Young Adult Services	348 Ruby Avenue	Eugene	OR	97404	Lane	500656317	1487782900
Kaiser Foundation Hospitals	Brookside Center	10180 SE Sunnyside Road	Clackamas	OR	97015	Clackamas	500682895	1659528693
Klamath Basin Behavioral Health	Klamath Basin Behavioral Health - ITS Day	2210 Eldorado Avenue	Klamath Falls	OR	97601	Klamath	500603125	1073750048
Klamath Basin Behavioral Health	Phoenix Place - I	725 Washburn Way	Klamath Falls	OR	97603	Klamath	500603125	1073750048
Klamath Basin Behavioral Health	Wood River House RTH	3417 Bisbee Street	Klamath Falls	OR	97603	Klamath	500804313	1992949796
Klamath Basin Behavioral Health	KBBH - Link Access Center	1501 Foster Avenue	Klamath Falls	OR	97601	Klamath	500804329	1992949796
Legacy Health	Legacy Emanuel Hospital & Health Center - Unity Center	1225 NE 2nd Avenue	Portland	OR	97232	Multnomah	500708766	1003822487

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Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
LifePoint Health	Willamette Valley Medical Center - Senior BH Services	2700 Stratus Avenue	McMinnville	OR	97128	Yamhill	278554	
Lifeways, Inc. CMHP	McNary Place	290 Willamette Avenue	Umatilla	OR	97882	Umatilla	517921	1417183906
Lifeways, Inc. CMHP	Lifeways, Inc. - Recovery Center	686 NW 9th Street	Ontario	OR	97914	Malheur	500649011	1568558955
LifeWorks NW	Lifeworks ADTP	8770 SW Scoffins Street	Tigard	OR	97223	Washington	500657566	1689011595
LifeWorks NW	Lifeworks CDTP	8770 SW Scoffins Street	Tigard	OR	97223	Washington	500657566	1689011595
LifeWorks NW	Lifeworks NW - Mountaindale Recovery Center	25561 N.W. Dairy Creek Road	Cornelius	OR	97113	Washington	063123	
LifeWorks NW	Hazelwood House	10714 N.E. Glisan Street	Portland	OR	97220	Multnomah	512881	1508090994
LifeWorks NW	Horizon House RTH	10638 N.E. Glisan Street	Portland	OR	97220	Multnomah	504853	1962636357
LifeWorks NW	Zenith House	8303 S.W. Locust Street	Tigard	OR	97223	Washington	500657566	1689011595
LifeWorks NW	Lifeworks NW - Project Network	3655 NE Garfield Avenue	Portland	OR	97212	Multnomah	500812321	1689812166

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Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Looking Glass Community Services	Looking Glass Community Services	550 River Road	Eugene	OR	97401	Lane	500664201	1538180716
Looking Glass Community Services	Looking Glass Community Services	550 River Road	Eugene	OR	97401	Lane	500664201	1538180716
Madrona Recovery	Madrona Recovery Center	7000 SW Varns Street	Portland	OR	97223	Washington	500742917	1992238091
Madrona Recovery	Madrona Recovery - Detox	7000 SW Varns Street	Tigard	OR	97223	Washington	500742917	1992238091
Marion County Health Department CMHP	Horizon House RTF	2435 Greenway Drive NE	Salem	OR	97301	Marion	514449	1487881959
Mental Health Association of Benton County	Janus House	606 S.W. 5th Street	Corvallis	OR	97333	Benton	507784	1134374390
Mental Health For Children, Inc.	Riverview Center for Growth-Springfield High School	875 7th Street	Springfield	OR	97477	Lane	033142	
Mental Health For Children, Inc.	Riverview Center for Growth-Marcola Road Campus	3995 Marcola Road	Springfield	OR	97477	Lane	033142	1053343558

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Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Native American Rehabilitation Association of the N.W.	Native American Rehab Assoc. of the NW-Youth	620 NE 2nd Street	Gresham	OR	97030	Multnomah	209106	
Native American Rehabilitation Association of the N.W.	Native American Rehabilitation Assoc. of the NW	17645 NW St. Helens Highway	Portland	OR	97213	Multnomah	500834438; 500743636	1023007093; 1053343558
New Directions Northwest, Inc.	NDNW Baker House - Women's Program	3610 Midway Drive	Baker City	OR	97814	Baker	014886	
New Directions Northwest, Inc.	NDNW Baker House- Men's Program	3700 Midway Drive	Baker City	OR	97814	Baker	014886	
New Directions Northwest, Inc.	NDNW Baker House - Men's Program Detox	3700 Midway Drive	Baker City	OR	97814	Baker	500631919	1235124462
New Directions Northwest, Inc.	NDNW Baker House - Women's Program - Detox	3610 Midway Drive	Baker City	OR	97814	Baker	500631919	1235124462
New Directions Northwest, Inc.	NDNW - Recovery Village Crisis Respite	3680 Midway Drive	Baker City	OR	97814	Baker	500631919	1235124462
New Directions Northwest, Inc.	NDNW - Recovery Village Detox Center	3680 Midway Drive	Baker City	OR	97814	Baker	500631919	1235124462

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New Foundations, L.L.C.	Birch RTH	1357 SW 8th St	Dallas	OR	97338	Polk	500837961	1508000654
New Foundations, L.L.C.	Linden Lane RTH	1085 Linden Lane	Dallas	OR	97338	Polk	500604156	1508000654
New Narrative	Connell House RTF	117 N. 29th Ave	Cornelius	OR	97113	Washington	517470	1265595664
New Narrative	Glynn Terrace	360 S.W. 6th Street	Gresham	OR	97080	Multnomah	512674	1265595664
New Narrative	Jade House	11535 NE Pacific St	Portland	OR	97220	Multnomah	500835842	1265595664
New Narrative	Sandvig House	10313 S.W. 69th Avenue	Tigard	OR	97223	Washington	507281	1265595664
New Narrative	Wallula Place	801 NW Wallula	Gresham	OR	97030	Multnomah	513225	1265595664
New Narrative	Alta House	233 SW Wallula Ave	Gresham	OR	97080	Multnomah	500806383	1265595664
New Narrative	Christopher House RTH	11990 S.W. 121st Ave	Tigard	OR	97223	Washington	512920	1265595664
New Narrative	Estuesta House	6449 S.E. 128th Avenue	Portland	OR	97236	Multnomah	515120	1265595664
New Narrative	Matthews House	10120 S.W. Cynthia Street	Beaverton	OR	97008	Washington	504051	1265595664

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New Narrative	Meusch House	10335 S.W. View Terrace	Tigard	OR	97224	Washington	511080	1265595664
New Narrative	Sisters' Home	10726 N.E. Glisan Street	Portland	OR	97220	Multnomah	500656301	1265595664
New Narrative	Valeo RTH	15308 S.E. Division Street	Portland	OR	97236	Multnomah	516076	1265595664
New Sunrise Valley Properties LLC	Pathlight Agency LLC	526 SE 128th Ave	Portland	OR	97233	Multnomah		
Nexus Family Healing	Nexus Family Healing	722 NE 162nd Ave	Portland	OR	97230	Multnomah	500831539	1356117931
Nibbus Combined Care LLC	Brycen's House RTH	805 Amerman Dr	Phoenix	OR	97535	Jackson	500834403	1962288829
Northwest Premier LLC	Kinder Place	1206 Old Oak Pl SE	Albany	OR	97322	Linn	500813109	1770101545
Northwest Premier LLC	Lighthouse on Hill	2924 Hill St SE	Albany	OR	97322	Linn	500813823	1770101545
Northwest Premier LLC	Sophia's Home RTH	3460 Hill Street SE	Albany	OR	97322	Linn	500805406	1770101545
Northwest Treatment	Northwest Addictions Treatment-Medical Detox	61667 Somerset Drive	Bend	OR	97702	Deschutes	500826212	1912658790
Northwest Treatment	Northwest Addiction	61667 Somerset Drive	Bend	OR	97702	Deschutes	500826212	1912658790

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	Treatment - SUD Residential							
Ohana Ventures New Wave RTH	Ohana Ventures New Wave RTH	2240 Terrel Drive	Medford	OR	97501	Jackson	500810330	1093448078
Olalla Center for Children & Families	Olalla Center for Children & Families	321 SE 3rd	Toledo	OR	97391	Lincoln	297880	1013952829
Old Mill Center for Children & Families- Outpatient	Old Mill Center for Children and Families	1650 S.W. 45th Place	Corvallis	OR	97333	Benton	500639344	1285719195
OnTrack, Inc.	OnTrack Rogue Valley Mountain View Recovery Center	900 Hitching Post Road	Grants Pass	OR	97526	Josephine	500676528	1881685097
OnTrack, Inc.	OnTrack, Inc - Rogue Valley Dad's Program	3512 Lone Pine Road	Medford	OR	97504	Jackson	500812010	1881685097
OnTrack, Inc.	OnTrack, Inc. - HOME/Mom's Program	3397 Delta Waters Road	Medford	OR	97501	Jackson	500759909	1881685097
Options for Southern Oregon, Inc.	Carnahan Court	1644 Carnahan Court	Grants Pass	OR	97527	Josephine	516358	1083859979
Options for Southern Oregon, Inc.	Crisis Resolution Center SRTF	320 SW Ramsey Avenue	Grants Pass	OR	97527	Josephine	500650051	1245584572

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Options for Southern Oregon, Inc.	Hazel Center SRTF	1911 Hazel Street	Medford	OR	97501	Jackson	500648288	1548511694
Options for Southern Oregon, Inc.	Ramsey Place	324 S.W. Ramsey Avenue	Grants Pass	OR	97527	Josephine	500762442	
Options for Southern Oregon, Inc.	Crisis Resolution Center	320 SW Ramsey Avenue	Grants Pass	OR	97527	Josephine	500650051	1245584572
Oregon State Hospital - Salem Campus	Bridges Unit, Oregon State Hospital	2600 Center Street	Salem	OR	97301	Marion	192989	
Oregon State Hospital - Salem Campus	Forest Unit, Oregon State Hospital	29398 Recovery Way	Junction City	OR	97448	Lane	192989	
Pacific Crest Trail Detox, L.L.C.	Pacific Crest Trail Detox, L.L.C.	13240 S.E. Rusk Road	Milwaukie	OR	97267	Clackamas	500835027	1043760838
Pacific Ridge Residential Alcohol & Drug Treatment Center	Recovery Road, Inc., dba Pacific Ridge Residential	1587 Pacific Ridge Lane S.E.	Jefferson	OR	97352	Marion		
Parkside Living, Inc.	Parkside Living Center	1525 S.W. Shirley Ann Drive	McMinnville	OR	97128	Yamhill	515152	1447405147
PeaceHealth	PeaceHealth Sacred Heart Medical Center	1255 Hillyard	Eugene	OR	97440	Lane	192500	1346237971

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Pelton Project, L.L.C.	Chinook House	714 Lost Lane	Keizer	OR	97303	Marion	500602082	1053559765
Pelton Project, L.L.C.	Sequoia House RTH	4474 Oregon Trail Ct NE	Salem	OR	97305	Marion	500794451	1053559765
Polk Adolescent Day Treatment Center	Polk Adolescent Day Treatment Center	2200 East Ellendale	Dallas	OR	97338	Polk	297982	1922175496
Providence Health & Services	Providence Milwaukie Hospital	10150 SE 32nd Avenue	Milwaukie	OR	97222	Clackamas	175620	1366536963
Providence Health & Services	Providence Portland Medical Center	4805 NE Glisan Street	Portland	OR	97213	Multnomah	023981	1023194271
Providence Health & Services	Providence St. Vincent Medical Center	9205 SW Barnes Road	Portland	OR	97225	Washington	193805	1114015971
Rainrock Treatment Center, L.L.C.	Monte Nido Portland	2990 Brandywine Dr	West Linn	OR	97068	Clackamas	500790052	1255932059
Rainrock Treatment Center, L.L.C.	Rainrock Treatment Center, L.L.C.	41496 McKenzie Highway	Springfield	OR	97478	Lane	500655372	1629119086
Recovery Works NW, L.L.C.	Recovery Works NW Detox	12122 S.E. Foster Road	Portland	OR	97266	Washington	500694901	1083010094
Renew Consulting, Inc.	Freestone RTH	1282 - 1284 S.E.	Dallas	OR	97338	Polk	500673874	1508283631

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
		Greening Drive						
Renew Consulting, Inc.	Lewisburg RTH	7161 N.W. Ramona	Corvallis	OR	97330	Benton	500631972	1396080123
Renew Consulting, Inc.	Oceanside RTH	1531 S.E. Oar Avenue	Lincoln City	OR	97367	Lincoln	500636055	1427354844
Rimrock Trails Treatment Services	Rimrock Trails Treatment Services	1333 NW 9th Street	Prineville	OR	97754	Crook	136460	1194873406
Salem Health	Salem Hospital	1127 Oak Street SE	Salem	OR	97301	Marion	194001	1265431829
Samaritan Health Services	Samaritan Regional MH Inpatient Program	3509 N.W. Samaritan Drive	Corvallis	OR	97330	Benton	500009959	1649327008
Samaritan Treatment and Recovery Services	Samaritan Treatment & Recovery Services	111 N Main Street, Suite B	Lebanon	OR	97355	Linn	500715738	1003362922
Sequoia Mental Health Services, Inc.	Cypress RTH	1775 SW 87th Ave	Portland	OR	97225	Washington	500607788	1730167982
Sequoia Mental Health Services, Inc.	Juniper House RTH	426 SE 6th Ave	Hillsboro	OR	97123	Washington	500817251	1730167982
Sequoia Mental Health Services, Inc.	Edwards House	4180 S.W. 185th Avenue	Aloha	OR	97078	Washington	514933	1730167982

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Sequoia Mental Health Services, Inc.	Myrtlewood House	20695 S.W. Kinnaman Road	Aloha	OR	97078	Washington	513970	1730167982
Sequoia Mental Health Services, Inc.	Rosewood	1615 22nd Avenue	Forest Grove	OR	97116	Washington	500698664	1730167982
Serenity Lane	Serenity Lane - Coburg	1 Serenity Lane	Coburg	OR	97408	Lane	195172	1104934892
Serenity Lane	Serenity Lane Detox	1 Serenity Lane	Coburg	OR	97408	Lane	195172	1104934892
Shangri-La	Adams Lane RTH	2614 Adams Lane S.E.	Jefferson	OR	97352	Marion	515045	1366796823
Shangri-La	Casa Rio	4472 Del Rio Place S.E.	Albany	OR	97322	Linn	519075	1922352368
Shangri-La	Danebo	2140 N. Danebo	Eugene	OR	97402	Lane	500604510	1568617694
Shangri-La	Harlow House	246 Regal Ct	Eugene	OR	97401	Lane	500814488	1568617694
Shangri-La	Myers Road	2015 Myers Road	Eugene	OR	97401	Lane	500613643	1568617694
Shangri-La	Sequoia Creek RTH	884 N.W. Chipmunk Place	Corvallis	OR	97330	Benton	500614250	1568617694
Shangri-La	Via Verde	545 24th Place N.E.	Salem	OR	97301	Marion	516845	1922352376
Sistere, Inc.	Hoodview RTF	1610 W. Powell Boulevard	Gresham	OR	97030	Multnomah	518468	

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Sistere, Inc.	Court House	1555 S.W. 1st Court	Gresham	OR	97030	Multnomah	500616878	1023243508
St. Charles Health System	St. Charles Health System, Inc. - Sage View Center	1885 NE Purcell Boulevard	Bend	OR	97701	Deschutes	500400231	1154506814
State of Oregon	Pendleton Cottage	2585 Westgate Drive	Pendleton	OR	97801	Umatilla	500634164	
Symmetry Care, Inc.	Independence Place	120 S. Roanoke Street	Hines	OR	97738	Harney	514429	1902956006
Telecare Mental Health Services of Oregon, Inc.	Telecare 12th Street House	1058 N.E. 12th Street	Bend	OR	97701	Deschutes	500626258	1972814028
Telecare Mental Health Services of Oregon, Inc.	Telecare Edgecliff House	1646 Edgecliff Circle	Bend	OR	97701	Deschutes	500626509	1770804635
Telecare Mental Health Services of Oregon, Inc.	Telecare Rhone Street RTH	14725 SE Rhone Street	Portland	OR	97236	Multnomah	500824215	1184318065
Telecare Mental Health Services of Oregon, Inc.	Telecare Stults House	805 S.E. 151st Avenue	Portland	OR	97233	Multnomah	500687713	1245624253
Telecare Mental Health Services of Oregon, Inc.	Deschutes Recovery Center	20370 Poe Sholes Drive	Bend	OR	97703	Deschutes	500632287	1871801704

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Telecare Mental Health Services of Oregon, Inc.	Telecare Multnomah CATC	30 N.E. Martin Luther King Jr. Blvd	Portland	OR	97232	Multnomah	500635141	1124310305
Telecare Mental Health Services of Oregon, Inc.	Telecare Recovery Center @ Gresham	4101 N.E. Division Street	Gresham	OR	97030	Multnomah	510860	1740378371
Telecare Mental Health Services of Oregon, Inc.	Telecare 72nd Avenue Recovery Center	7759 S.E. 72nd Avenue	Portland	OR	97206	Multnomah	515089	1659453686
Telecare Mental Health Services of Oregon, Inc.	Telecare Recovery Center @ Woodburn	1605 E. Lincoln Road	Woodburn	OR	97071	Marion	516050	1073601647
The Next Door, Inc.	The Next Door-Chenowith Elementary School	922 Chenowith Loop Rd	The Dalles	OR	97058	Hood River	500764580	1053368100
The Next Door, Inc.	The Next Door, Inc	965 Tucker Road	Hood River	OR	97031	Wasco	025663	1053368100
The Power House	The Power House Extension	32773 West Walls Road	Hermiston	OR	97838	Umatilla	500719987	1669893673
The Power House	The Power House Residential Drug Treatment Center	32405 Diagonal Road	Hermiston	OR	97838	Umatilla	500667339	1669893673
The Power House	Power House Detox	3955 Salmon River Highway	Otis	OR	97368	Lincoln	500808058	1982197182

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Transformations Wellness Center	Transformation Wellness Center	3647 Highway 39	Klamath Falls	OR	97603	Klamath	274254	1407065956
Trillium Family Services	Trillium Family Services - Sagebrush	2480 NE Twin Knolls Drive	Bend	OR	97701	Deschutes	500828835	1053926569
Trillium Family Services	Trillium Family Services - Larkspur	3601 W 10th Street	The Dalles	OR	97058	Multnomah	228960	1205037413
Trillium Family Services	Trillium Family Services - Meadowlark	10327 River Rd NE	Keizer	OR	97303	Marion	228960	1205037413
Trillium Family Services	Trillium Family Services - Northpoint	4455 N.E. Highway 20	Corvallis	OR	97330	Benton	228960	1205037413
Trillium Family Services	Trillium Family Services- Edwards -ITS Psy Day	1715 S.E. 32nd Place	Portland	OR	97211	Multnomah	228960	1205037413
Trillium Family Services	Trillium Family Services - Children's Farm Home	4455 N.E. Highway 20	Corvallis	OR	97330	Benton	228960	1205037413
Trillium Family Services	Trillium Family Services - Parry Center - ITS Res	3415 S.E. Powell Blvd	Portland	OR	97202	Multnomah	228960	1205037413
Trillium Family Services	Trillium Family Services -	4455 N.E. Highway 20	Corvallis	OR	97330	Benton	228960	1205037413

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
	Children's Farm Home							
Trillium Family Services	Trillium Family Services- Parry Center -ITS-SCIP	3415 S.E. Powell Blvd	Portland	OR	97202	Multnomah	022640	1821299033
Trillium Family Services	Trillium Family Services - Children's Farm Home	4455 N.E. Highway 20	Corvallis	OR	97330	Benton	228960	1205037413
Trillium Family Services	Trillium Family Services-Parry Center -Sub-acute	3415 S.E. Powell Blvd	Portland	OR	97202	Multnomah	312008	1093873382
Trillium Family Services	Sender House - Young Adult Program	729 S.W. 7th	Albany	OR	97321	Linn	517848	1750617189
Tuality Healthcare	Tuality Healthcare DBA Hillsboro Medical Center	335 SE 8th Ave	Hillsboro	OR	97123	Washington	198606	1275591984
Universal Health Services	Cedar Hills Hospital	10300 SW Eastridge Street	Portland	OR	97225	Washington	500615266	1528231826
Virtue at the Pointe Recovery Center	Virtue at the Pointe Recovery Center, LLC - RES	263 West Exchange Street	Astoria	OR	97103	Clatsop		1699371476

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

***All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.**

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Virtue at the Pointe Recovery Center	Virtue at the Pointe Recovery Center, LLC - DET	263 West Exchange Street	Astoria	OR	97103	Clatsop		
VOAOR - Volunteers of America Oregon	VOAOR - Men's Residential Center	2318 NE Martin Luther King Jr. Blvd	Portland	OR	97212	Multnomah	500677675	1376611418
VOAOR - Volunteers of America Oregon	VOAOR - Women's Residential Center	200 SE 7th Avenue	Portland	OR	97214	Multnomah	500661488	1376611418
Wallowa Valley Center for Wellness	Pioneer Guest Home III	101 E. Main Street	Enterprise	OR	97828	Wallowa	500788298	1043249907
Wallowa Valley Center for Wellness	Wallowa River House	601 Whiskey Creek Road	Wallowa	OR	97885	Wallowa	517796	1043249907
Wallowa Valley Center for Wellness	Joseph House	301 E. 7th Street	Joseph	OR	97828	Wallowa	514506	1043249907
Willamette Family, Inc.	Willamette Family, Inc. - Carlton House	1420 Green Acres Road	Eugene	OR	97408	Lane	008891	1376546291
Willamette Family, Inc.	Willamette Family, Inc. - Women's Program	687 Cheshire Avenue	Eugene	OR	97402	Lane	008891	1376546291

List of HRSN Eligible* Behavioral Health Facilities for HRSN Covered Population Identification

*All facilities that meet the criteria for one of the HRSN-eligible behavioral health facility types should be considered and CCOs have the discretion to make this determination.

Provider name	Facility Name	Address	City	State	Zip Code	County	MMIS	NPI
Willamette Family, Inc.	Willamette Family, Inc. - Buckley House	605 W 4th	Eugene	OR	97402	Lane	008891	1376546291

Appendix D: Qualifying Carceral Facilities

List of carceral facilities for health-related social needs (HRSN) covered population identification	
Facility	Facility Type
Tillamook Youth Correctional Facility (40 beds)	Oregon Youth Authority (OYA) Closed Custody Corrections
Camp Tillamook Youth Transitional Facility (20 beds)	Oregon Youth Authority (OYA) Closed Custody Corrections
MacLaren Youth Correctional Facility (236 beds)	Oregon Youth Authority (OYA) Closed Custody Corrections
Oak Creek Youth Correctional Facility (50 beds)	Oregon Youth Authority (OYA) Closed Custody Corrections
Jackie Winters Transition Program (40 beds)	Oregon Youth Authority (OYA) Closed Custody Corrections
Camp Florence Youth Transitional Facility (20 beds)	Oregon Youth Authority (OYA) Closed Custody Corrections
Rogue Valley Youth Correctional Facility (80 beds)	Oregon Youth Authority (OYA) Closed Custody Corrections
Camp Riverbend Youth Correctional Facility (25 beds)	Oregon Youth Authority (OYA) Closed Custody Corrections
Eastern Oregon Youth Correctional Facility (40 beds)	Oregon Youth Authority (OYA) Closed Custody Corrections
Deschutes County (16 beds)	Juvenile Detention Facility
Douglas County (32 beds)	Juvenile Detention Facility
Jackson County (24 beds)	Juvenile Detention Facility
Josephine County (14 beds)	Juvenile Detention Facility
Lane County (16 beds)	Juvenile Detention Facility
Linn – Benton (20 beds)	Juvenile Detention Facility
8. Marion County (32 beds)	Juvenile Detention Facility
Multnomah County (64 beds)	Juvenile Detention Facility

List of carceral facilities for health-related social needs (HRSN) covered population identification

Facility	Facility Type
NORCOR – The Dalles (32 beds)	Juvenile Detention Facility
Yamhill County (24 beds)	Juvenile Detention Facility
Klamath County (16 beds)	Juvenile Detention Facility
Coffee Creek Correctional Facility (CCCF)	State Prison
Columbia River Correctional Institute (CRCI)	State Prison
Deer Ridge Correctional Institution (DRCI)	State Prison
Eastern Oregon Correctional Institution (EOCI)	State Prison
Oregon State Correctional Institution (OSCI)	State Prison
Oregon State Penitentiary (OSP)	State Prison
Powder River Correctional Facility (PRCF)	State Prison
Santiam Correctional Institution (SCI)	State Prison
Snake River Correctional Institution (SRCI)	State Prison
South Fork Forest Camp (SFFC)	State Prison
Two Rivers Correctional Institution (TRCI)	State Prison
Warner Creek Correctional Facility (WCCF)	State Prison
FCI Sheridan Camp: Medium security prison for male inmates	Federal Prison
Baker	County jail
Benton	County jail

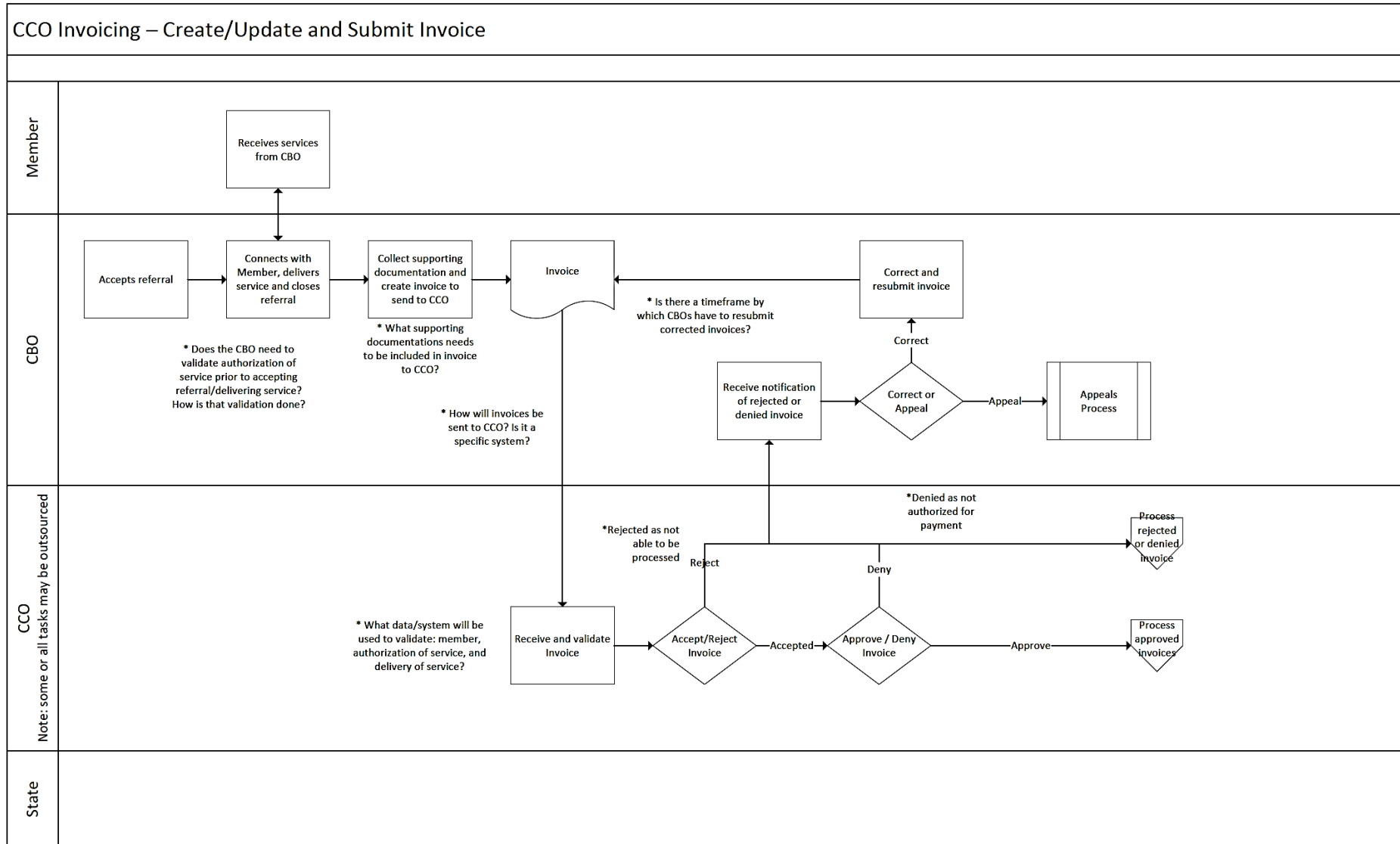
List of carceral facilities for health-related social needs (HRSN) covered population identification

Facility	Facility Type
Clackamas CCJ	County jail
Clatsop	County jail
Columbia	County jail
Coos	County jail
Crook	County jail
Curry	County jail
Deschutes	County jail
Douglas	County jail
Grant	County jail
Harney	County jail
Jackson	County jail
Jefferson	County jail
Josephine	County jail
Klamath	County jail
Lake	County jail
Lane	County jail
Lincoln	County jail
Linn	County jail
Malheur	County jail
Marion	County jail
Multnomah County Jail (2)	County jail
NORCOR	County jail

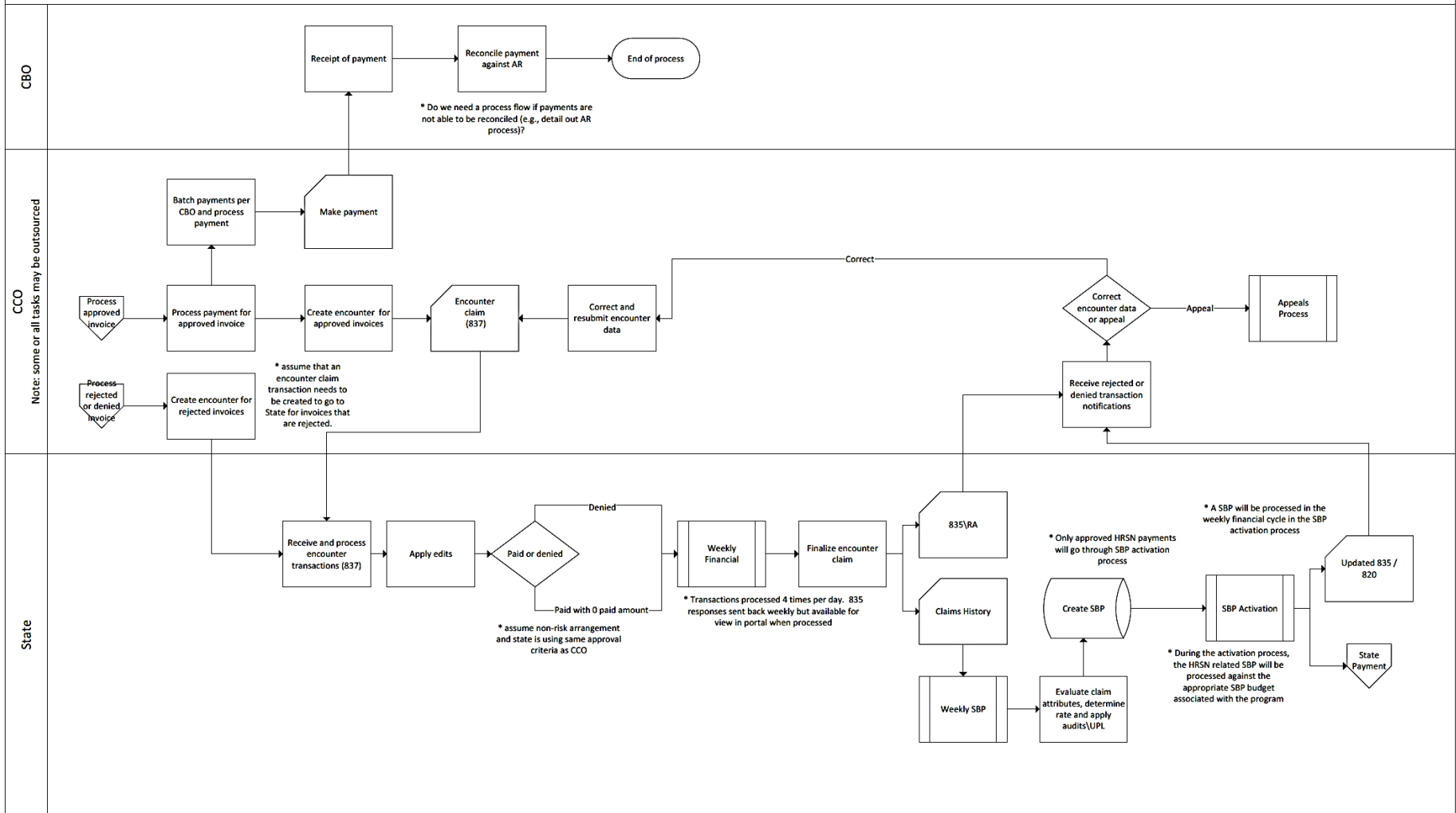
List of carceral facilities for health-related social needs (HRSN) covered population identification

Facility	Facility Type
Polk	County jail
Tillamook	County jail
Umatilla	County jail
Union	County jail
Washington County	County jail
Yamhill	County jail
Any municipal jail	Municipal jail

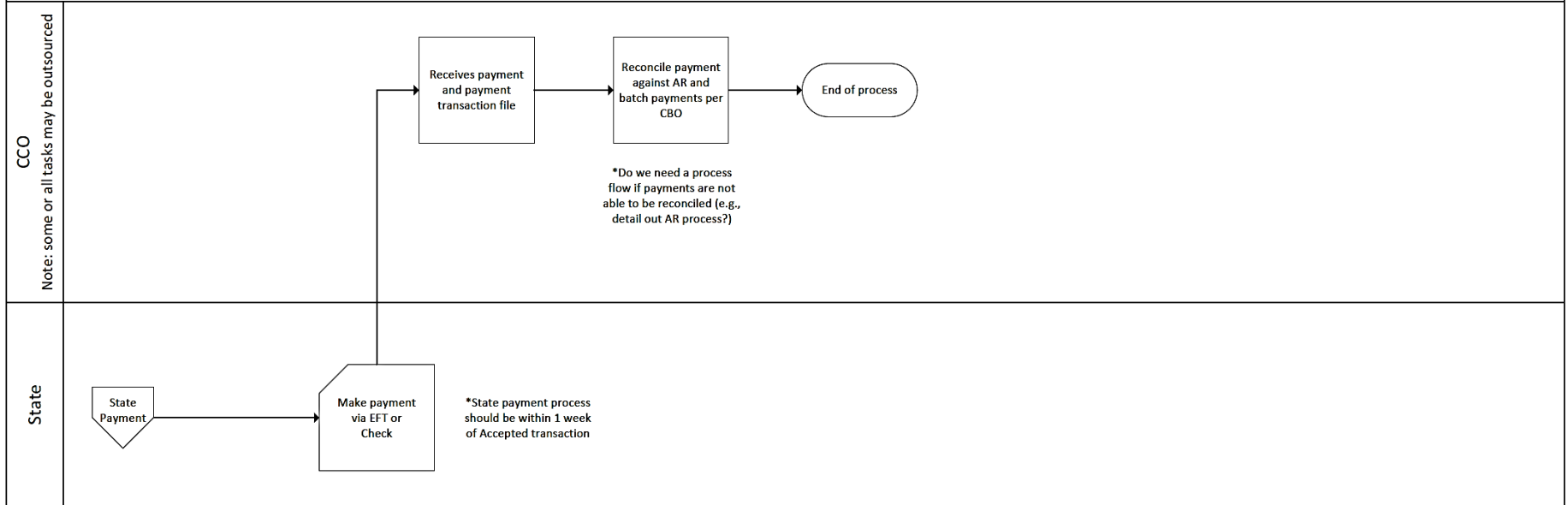
Appendix E: Automatic Payment Process



CCO Invoicing – Process Invoice, Render Payment, and Create Encounter



CCO Invoicing – State Reimbursement



Appendix F: List of qualifying behavioral health diagnosis codes for Young Adults with Special Health Care Needs (YSHCN)

ICD-10 Diagnosis Code The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.	ICD-10 Diagnosis Code Description	
F70		Mild intellectual disabilities
F71		Moderate intellectual disabilities
F72		Severe intellectual disabilities
F73		Profound intellectual disabilities
F78		Other intellectual disabilities
F78.A1		SYNGAP1-related intellectual disability
F78.A9		Other genetic related intellectual disability
F79		Unspecified intellectual disabilities
F80.1		Expressive language disorder
F80.2		Mixed receptive-expressive language disorder
F80.4		Speech and language development delay due to hearing loss
F80.81		Childhood onset fluency disorder (stuttering)
F81		Specific developmental disorders of scholastic skills
F81.0		Specific reading disorder
F81.2		Mathematics disorder
F81.8		Other developmental disorders of scholastic skills
F81.81		Disorder of written expression
F81.89		Other developmental disorders of scholastic skills
F81.9		Developmental disorder of scholastic skills, unspecified
F82		Specific developmental disorder of motor function
F84.0		Autistic disorder
F84.3		Other childhood disintegrative disorder
F84.5		Asperger's syndrome
F88		Global developmental delay
F90		Attention-deficit hyperactivity disorders
F90.0		Attention-deficit hyperactivity disorder, predominantly inattentive type

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type
F90.9	Attention-deficit hyperactivity disorder, unspecified type
F95.1	Chronic motor or vocal tic disorder
F95.2	Tourette's disorder
F06.0	Psychotic disorder due to another medical condition (Psychotic disorder with hallucinations due to known physiological condition)
F06.2	Psychotic disorder due to another medical condition (Psychotic disorder with delusions due to known physiological condition)
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.8	Other schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia
F21	Schizotypal disorder
F25	Schizoaffective disorders
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Other specified schizophrenia spectrum disorder
F29	Unspecified schizophrenia spectrum disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

F31	Bipolar disorder
F31.0	Bipolar disorder, current episode hypomanic
F31.1	Bipolar disorder, current episode manic without psychotic features
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate
F31.13	Bipolar disorder, current episode manic without psychotic features, severe
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F31.3	Bipolar disorder, current episode depressed, mild or moderate severity
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.6	Bipolar disorder, current episode mixed
F31.60	Bipolar disorder, current episode mixed, unspecified
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.7	Bipolar disorder, currently in remission
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic
F31.73	Bipolar disorder, in partial remission, most recent episode manic

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.8	Other bipolar disorders
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F34.0	Cyclothymic disorder
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.4	Major depressive disorder, recurrent, in remission
F33.41	Major depressive disorder, recurrent, in partial remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
F34.8	Disruptive mood dysregulation disorder
F06.4	Anxiety disorder due to another medical condition
F40.0	Agoraphobia
F41.0	Panic disorder
F41.1	Generalized anxiety disorder
F41.9	Unspecified anxiety disorder
F93	Separation anxiety disorder
F94	Selective mutism
F06.8	Obsessive-compulsive and related disorder or other specified mental disorder due to another medical condition
F42	Obsessive compulsive disorder, hoarding, and related disorders
F42.2	(Mixed obsessional thoughts and acts)
F42.3	(Hoarding disorder)
F42.4	(Excoriation [skin-picking] disorder)
F42.8	(Other obsessive-compulsive disorder)

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

F42.9	Obsessive-compulsive disorder, unspecified
F45.22	Body dysmorphic disorder
F63.3	Trichotillomania (hair pulling disorder)
F43	Acute stress disorder
F43.1	PTSD
F43.12	(PTSD, chronic)
F94.1	Reactive attachment disorder
F44.0	Dissociative amnesia
F44.81	Dissociative identity disorder
F44.89	(Other specified dissociative disorder)
F45.22	Body dysmorphic disorder
F45.8	(Other specified somatic symptom and related disorder)
F48.1	(Dissociative disorders. Depersonalization/Derealization disorder)
F44.4	Conversion disorder with motor symptom or deficit
F44.5	Conversion disorder with seizures or convulsions
F44.6	Conversion disorder with sensory symptom or deficit
F44.7	Conversion disorder with mixed symptom presentation
F45.21	Hypochondriasis / (Somatic symptom and related disorders. Illness anxiety disorder)
F50	Eating disorders
F50.0	Anorexia nervosa
F50.01	Anorexia nervosa, restricting type
F50.02	Anorexia nervosa, binge eating/purging type
F50.2	Bulimia nervosa
F50.8	(Feeding and eating disorders. In adults) / Other eating disorders
F50.81	Binge eating disorder
F50.89	(Other specified feeding or eating disorder)
F98.3	(Feeding and eating disorders. In children) [Pica]
F98.1	Encopresis not due to a substance or known physiological condition

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

F64	Gender dysphoria
F63	Impulse disorders
F63.1	Pyromania / (Disruptive, impulse control, and conduct disorders. Pyromania)
F63.2	Kleptomania
F63.81	Intermittent explosive disorder
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders
F91.9	Conduct disorder, unspecified
F10.2*	F10.22-.288 Now alcohol use disorder moderate, severe, alcohol intoxication with severe Sx, alcohol withdrawal with severe Sx, alcohol-induced disorders
F10.21	Alcohol dependence, in remission
F10.9*	Alcohol induced disorders; F10.96 Alcohol use, unspecified with alcohol-induced persisting amnesic disorder
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnesic disorder
F11.1*	Opioid use disorder and intoxication, mild
F11.2*	Opioid use disorder and intoxication, severe
F11.20	Opioid dependence, uncomplicated
F11.21	Opioid dependence, in remission
F11.9*	Opioid induced disorders
F12.2*	Cannabis dependence
F12.20	(Substance-related and addictive disorders. Moderate, severe)
F13.1*	Sedative, hypnotic, or anxiolytic-related abuse
F13.2*	Sedative, hypnotic, or anxiolytic-related dependence
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13.21	Sedative, hypnotic or anxiolytic dependence, in remission
F14.2*	Cocaine dependence

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

F14.20	Cocaine dependence, uncomplicated
F15.2*	Other stimulant dependence
F15.20	Other stimulant dependence, uncomplicated
F15.21	Other stimulant dependence, in remission
F16.2*	Hallucinogen dependence
F16.20	Hallucinogen dependence, uncomplicated
F16.21	Hallucinogen dependence, in remission
F18.2*	Inhalant dependence
F18.20	Inhalant dependence, uncomplicated
F18.21	Inhalant dependence, in remission
F19.2*	Other psychoactive substance dependence
F19.20	Other psychoactive substance dependence, uncomplicated
F19.21	Other psychoactive substance dependence, in remission
F63.0	Pathological gambling
F02.811	Dementia in other diseases classified elsewhere, unspecified severity, with agitation
F02.818	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance
F02.82	Dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance
F02.83	Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance
F02.84	Dementia in other diseases classified elsewhere, unspecified severity, with anxiety
F02.A0	Dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.A11	Dementia in other diseases classified elsewhere, mild, with agitation
F02.A18	Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance
F02.A2	Dementia in other diseases classified elsewhere, mild, with psychotic disturbance

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

F02.A3	Dementia in other diseases classified elsewhere, mild, with mood disturbance
F02.A4	Dementia in other diseases classified elsewhere, mild, with anxiety
F02.B0	Dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.B11	Dementia in other diseases classified elsewhere, moderate, with agitation
F02.B18	Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance
F02.B2	Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
F02.B3	Dementia in other diseases classified elsewhere, moderate, with mood disturbance
F02.B4	Dementia in other diseases classified elsewhere, moderate, with anxiety
F02.C0	Dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.C11	Dementia in other diseases classified elsewhere, severe, with agitation
F02.C18	Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance
F02.C2	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance
F02.C3	Dementia in other diseases classified elsewhere, severe, with mood disturbance
F02.C4	Dementia in other diseases classified elsewhere, severe, with anxiety
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A0	Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B0	Unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.B11	Unspecified dementia, moderate, with agitation
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C0	Unspecified dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety
G10	Huntington's disease
F60	Specific personality disorders
F60.0	Paranoid personality disorder
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.4	Histrionic personality disorder
F60.5	Obsessive-compulsive personality disorder
F60.6	Avoidant personality disorder
F60.7	Dependent personality disorder
F60.8	Other specific personality disorders

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

F60.81	Narcissistic personality disorder
F60.89	Other specific personality disorders
F60.9	Personality disorder, unspecified
F65*	Paraphilic disorder
G04	Encephalitis, myelitis and encephalomyelitis
G04.0	Acute disseminated encephalitis and encephalomyelitis (ADEM)
G04.3	Acute necrotizing hemorrhagic encephalopathy
G04.31	Postinfectious acute necrotizing hemorrhagic encephalopathy
G04.32	Postimmunization acute necrotizing hemorrhagic encephalopathy
G04.8	Other encephalitis, myelitis and encephalomyelitis
G04.81	Other encephalitis and encephalomyelitis
G04.9	Encephalitis, myelitis and encephalomyelitis, unspecified
G04.90	Encephalitis and encephalomyelitis, unspecified
G05	Encephalitis, myelitis and encephalomyelitis in disease classified elsewhere
G05.3	Encephalitis and encephalomyelitis in disease classified elsewhere
G09	Sequelae of inflammatory diseases of central nervous system
G11.0	Congenital nonprogressive ataxia
G11.1	Early-onset cerebellar ataxia
G11.10	Early-onset cerebellar ataxia, unspecified
G11.3	Cerebellar ataxia with defective DNA repair
G11.8	Other hereditary ataxias
G12	Spinal muscular atrophy and related syndromes
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.1	Other inherited spinal muscular atrophy
G12.2	Motor neuron disease
G12.21	Amyotrophic lateral sclerosis
G12.25	Progressive spinal muscle atrophy
G12.29	Other motor neuron disease

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G14	Postpolio syndrome
G23	Other degenerative diseases of basal ganglia
G23.0	Hallervorden-Spatz disease
G23.1	Progressive supranuclear ophthalmoplegia [Steele-Richardson-Olszewski]
G23.2	Striatonigral degeneration
G23.8	Other specified degenerative diseases of basal ganglia
G25.82	Stiff-man syndrome
G31.81	Alpers disease
G31.82	Leigh's disease
G31.9	Degenerative disease of nervous system, unspecified
G32.0	Subacute combined degeneration of spinal cord in diseases classified elsewhere
G35	Multiple sclerosis
G37.2	Central pontine myelinolysis
G37.5	Concentric sclerosis [Balo] of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G40.0	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset
G40.00	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable
G40.001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus
G40.009	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40.11	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable
G40.2	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40.21	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40.3	Generalized idiopathic epilepsy and epileptic syndromes
G40.30	Generalized idiopathic epilepsy and epileptic syndromes, not intractable
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.31	Generalized idiopathic epilepsy and epileptic syndromes, intractable
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.4	Other generalized epilepsy and epileptic syndromes
G40.40	Other generalized epilepsy and epileptic syndromes, not intractable

ICD-10 Diagnosis Code The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.		ICD-10 Diagnosis Code Description	
G40.401		Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus	
G40.409		Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus	
G40.41		Other generalized epilepsy and epileptic syndromes, intractable	
G40.411		Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus	
G40.419		Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus	
G40.42		Cyclin-Dependent Kinase-Like 5 Deficiency Disorder	
G40.5		Epileptic seizures related to external causes	
G40.50		Epileptic seizures related to external causes, not intractable	
G40.501		Epileptic seizures related to external causes, not intractable, with status epilepticus	
G40.509		Epileptic seizures related to external causes, not intractable, without status epilepticus	
G40.511		Special epileptic syndromes, intractable, with status epilepticus	
G40.80		Other epilepsy	
G40.801		Other epilepsy, not intractable, with status epilepticus	
G40.809		Other epilepsy, not intractable, without status epilepticus	
G40.811		Lennox-Gastaut syndrome, not intractable, with status epilepticus	
G40.812		Lennox-Gastaut syndrome, not intractable, without status epilepticus	
G40.813		Lennox-Gastaut syndrome, intractable, with status epilepticus	
G40.814		Lennox-Gastaut syndrome, intractable, without status epilepticus	
G40.819		Other epilepsy, intractable, without status epilepticus	
G40.82		Epileptic spasms	
G40.821		Epileptic spasms, not intractable, with status epilepticus	
G40.822		Epileptic spasms, not intractable, without status epilepticus	
G40.823		Epileptic spasms, intractable, with status epilepticus	
G40.824		Epileptic spasms, intractable, without status epilepticus	
G40.833		Dravet syndrome, intractable, with status epilepticus	

ICD-10 Diagnosis Code
The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

ICD-10 Diagnosis Code Description

G40.834	Dravet syndrome, intractable, without status epilepticus
G40.9	Epilepsy, unspecified
G40.90	Epilepsy, unspecified, not intractable
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
G40.91	Epilepsy, unspecified, intractable
I69.920	Aphasia following unspecified cerebrovascular disease
I69.921	Dysphasia following unspecified cerebrovascular disease
I69.922	Dysarthria following unspecified cerebrovascular disease
I69.923	Fluency disorder following unspecified cerebrovascular disease
B25.9	Cytomegaloviral disease, unspecified
Q90.2	Trisomy 21
Q90.9	Down syndrome, unspecified
Q99.2	Fragile X chromosome
I169.31	Cognitive deficits following cerebral infarction
* Indicates that all subcodes are included.	

Appendix G: Final YSCHN Screener for ONE Applicant Portal (May 2024)

The next questions will be used to screen for a program for young adults with ongoing health conditions. This program covers more services than other OHP programs for adults like extra dental and vision services and more types of specialty care. If you choose to answer these questions, [individual name/s] will be screened for this medical program.

1. Currently, do you take prescription medicine? (This excludes vitamins and birth control.)
 - a. Yes → Go to Question 1b
 - b. No → Go to Question 1a
- b. Do you need prescription medicine that you do not get? (This excludes vitamins and birth control.)
 - c. Yes → Go to Question 1b
 - d. No → Go to Question 2
- c. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.
 - e. Yes → Go to Question 1c
 - f. No → Go to Question 2
- d. Has this condition lasted for at least one year, or is it expected to last for at least one year?
 - g. Yes → Go to Question 1d
 - h. No → Go to Question 2
- e. Did this condition begin before you turned 19 years old?
 - i. Yes → Go to Question 2
 - j. No → Go to Question 2
- k. I am younger than 19 years old. → Go to Question 2

6. Do you often use medical care, mental health, or other health services?
- l. Yes → Go to Question 2b
 - m. Yes, when your condition is worse or exacerbated → Go to Question 2b
 - n. No → Go to Question 2a
 - a. Do you need medical care, mental health, or other health services that you do not get?
 - o. Yes → Go to Question 2b
 - p. No → Go to Question 3
 - b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.
 - q. Yes → Go to Question 2c
 - r. No → Go to Question 3
 - c. Has this condition lasted for at least one year, or is it expected to last for at least one year?
 - s. Yes → Go to Question 2d
 - t. No → Go to Question 3
 - d. Did this condition begin before you turned 19 years old?
 - u. Yes → Go to Question 3
 - v. No → Go to Question 3
 - w. I am younger than 19 years old → Go to Question 3

7. Do you need assistance to do your everyday activities? Examples of everyday activities include cooking, doing housework, completing paperwork or schoolwork, going to school or work or appointments, spending time with friends, and other activities. Assistance can include someone helping you or using a device or equipment to help you.
- x. Yes, all of the time → Go to Question 3a
 - y. Yes, some of the time → Go to Question 3a
 - z. No → Go to Question 4
 - a. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.
 - aa. Yes → Go to Question 3b
 - bb. No → Go to Question 4
 - b. Has this condition lasted for at least one year, or is it expected to last for at least one year?
 - cc. Yes → Go to Question 3c
 - dd. No → Go to Question 4
 - c. Did this condition begin before you turned 19 years old?
 - ee. Yes → Go to Question 4
 - ff. No → Go to Question 4
 - gg. I am younger than 19 years old → Go to Question 4

8. Do you get treatment or counseling for a mental health, substance use, or emotional condition? Treatment or counseling can include talk therapy, group therapy, hospitalization, inpatient or outpatient care, exposure therapy, Applied Behavior Analysis, and other treatments.

hh. Yes → Go to Question 4b

ii. Sometimes → Go to Question 4b

jj. No → Go to Question 4a

a. Do you need treatment or counseling for a mental health, substance use, or emotional condition that you do not get?

kk. Yes → Go to Question 4b

ll. No → Go to Question 5

b. Has this condition lasted for at least one year, or is it expected to last for at least one year?

mm. Yes → Go to Question 4c

nn. No → Go to Question 5

c. Did this condition begin before you turned 19 years old?

oo. Yes → Go to Question 5

pp. No → Go to Question 5

qq. I am younger than 19 years old → Go to Question 5

9. Do you often use medical therapies? Medical therapies can include acupuncture, dialysis, infusions, physical therapy, occupational therapy, speech therapy, respiratory therapy, therapy to manage or reduce pain, and others. Medical therapies do not include counseling or talk therapy.
- rr. Yes → Go to Question 5b
- ss. No → Go to Question 5a
- a. Do you often need medical therapies that you do not get?
- tt. Yes → Go to Question 5b
- uu. No → Go to Question 6
- b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.
- vv. Yes → Go to Question 5c
- ww. No → Go to Question 6
- c. Has this condition lasted for at least one year, or is it expected to last for at least one year?
- xx. Yes → Go to Question 5d
- yy. No → Go to Question 6
- d. Did this condition begin before you turned 19 years old?
- zz. Yes → Go to Question 6
- aaa. No → Go to Question 6
- bbb. I am younger than 19 years old → Go to Question 6

10. Do you often use medical equipment or assistive devices? Medical equipment and assistive devices include canes, communication devices, crutches, diabetes pumps, gastrointestinal tubes, hearing aids, nebulizers, note-taking systems, reminder systems, ventilators, vision aids, wheelchairs, and other equipment and devices.

ccc. Yes → Go to Question 6b

ddd. No → Go to Question 6a

a. Do you need medical equipment or assistive devices that you do not have?

eee. Yes → Go to Question 6b

fff. No → End YSHCN Questions

b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

ggg. Yes → Go to Question 6c

hhh. No → End YSHCN Questions

c. Has this condition lasted for at least one year, or is it expected to last for at least one year?

iii. Yes → Go to Question 6d

jjj. No → End YSHCN Questions

d. Did this condition begin before you turned 19 years old?

kkk. Yes → End YSHCN Questions

lll. No → End YSHCN Questions

mmm. I am younger than 19 years old → End YSHCN Questions

Appendix H: Example Scenarios of HRSN Rent and Utilities Supports

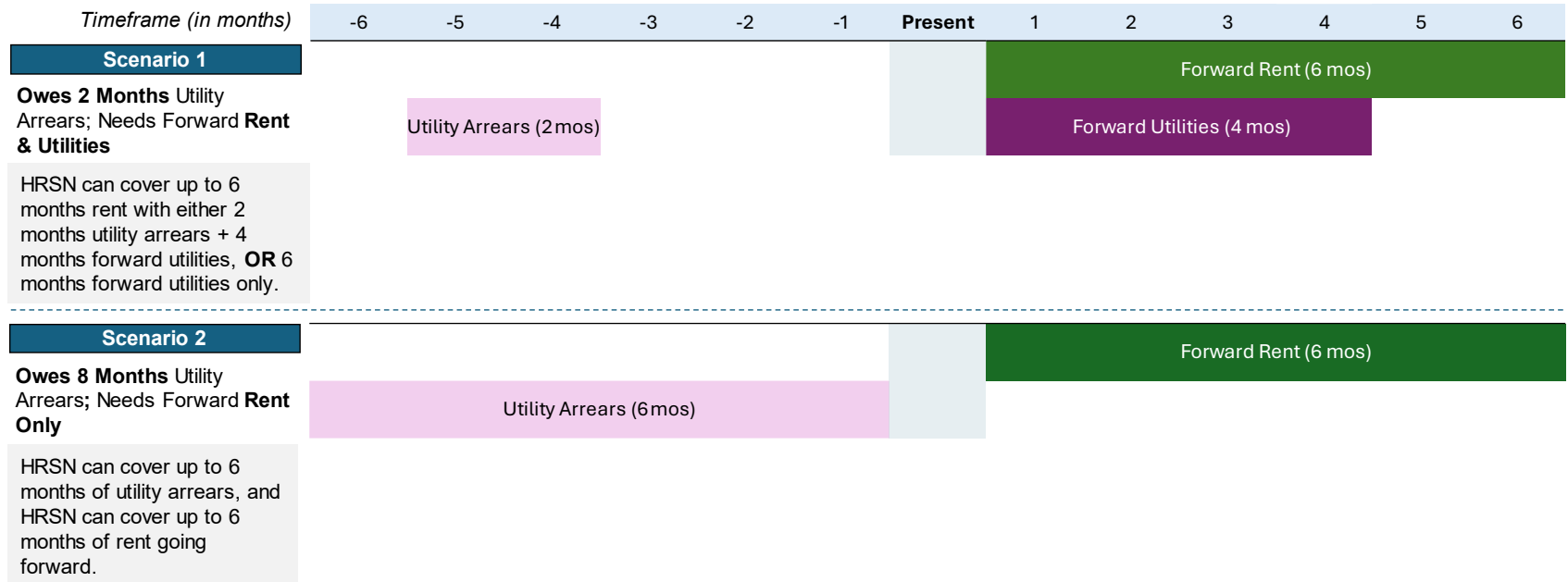
This document provides a sampling of scenarios where different combinations of rent, utilities, and storage fees could be provided under HRSN Housing-Related Supports. The scenarios assume a Member is eligible for the HRSN Services ([Housing Eligibility Guide](#) for additional detail). For additional details see OAR 410-120-2005:

- To receive HRSN Utility Assistance (including forward utilities, arrears, and set up fees), a Member must be receiving HRSN rent.
- Payment may be for past due rent up to six (6) months, or future rent for up to six (6) months, or some combination of past due and future rent not to exceed a total of six (6) months.
- The duration of forward utilities and storage fees cannot exceed forward rent. Forward rent can be authorized without utilities. In other words, forward (recurring) rent, utility and storage payments should have the same duration, or utilities and storage fees should have a shorter duration.
- Scenarios where the utilities and/or storage fees have a shorter duration include 1) utilities/storage arrears were paid; or 2) utilities support or storage fees are not needed.
- In the case that the rent payment includes utilities (in other words, utilities are not provided as a separate line item on the lease or rent bill), consider this payment as rent only.
- Utility and Storage Fees Assistance can cover payments for arrears accrued no earlier than May 1, 2024.

Member Scenario	HRSN Services for Consideration
• Owes 2 months of utilities in arrears, and • Needs support on rent and utilities going forward	HRSN can either cover: ◦ 2 months of utilities in arrears and 4 months of utilities going forward, and 6 months of rent going forward, or ◦ 6 months of utilities going forward and no utility arrears, and 6 months of rent going forward ✓ The HRSN Service Provider should work with the Member to determine what would be the best fit.
• Owes 8 months of utilities in arrears; and, • Need support on rent going forward.	✓ HRSN can cover up to 6 months of utility arrears payment, and ✓ HRSN can cover up to 6 months of rent going forward
• Owes 6 months of rent in arrears; and, • Needs support on utilities going forward.	✓ HRSN can cover up to 6 months of rent arrears payment ✗ HRSN cannot cover the utilities going forward because the Member is not concurrently receiving rent going forward.

• Owes 3 months of utilities that are paid for separately from rent (for example, internet) in arrears, and • Needs support on rent and utilities (paid together with rent as a bundled payment, such as sewage) going forward, and • Needs support on utilities (paid separately from rent, like internet) going forward.	✓ HRSN can cover up to 3 months of utilities (unbundled from rent) in arrears and up to 3 months of utilities (unbundled from rent) going forward, and ✓ HRSN can cover up to 6 months of rent and any bundled utilities (because it is a bundled payment) going forward
• Needs support setting up utilities and no additional supports	✗ If the Member is not receiving rent, the Member is not eligible for the HRSN Utility Set Up service
<i>Storage Fees</i>	
• Needs support paying for a storage locker and no additional supports	✗ If the Member is not receiving rent, the Member is not eligible for the HRSN Storage Fees service
• Needs support with 6 months of rent going forward; and, • Needs support with 6 months of utility payments going forward; and, • Needs support with 2 months of storage fees that are past due; and, • Needs support with 4 months of paying for a storage locker forward	✓ HRSN can cover up to 6 months of rent going forward ✓ HRSN can cover up to 6 months of utility payments going forward ✓ HRSN can cover 2 months of payment for the past due storage fees ✓ HRSN can cover 4 months of payment for the storage locker going forward for a total of 6 months of storage fees covered

HRSN Housing Supports: Rent and Utility Timeline Examples

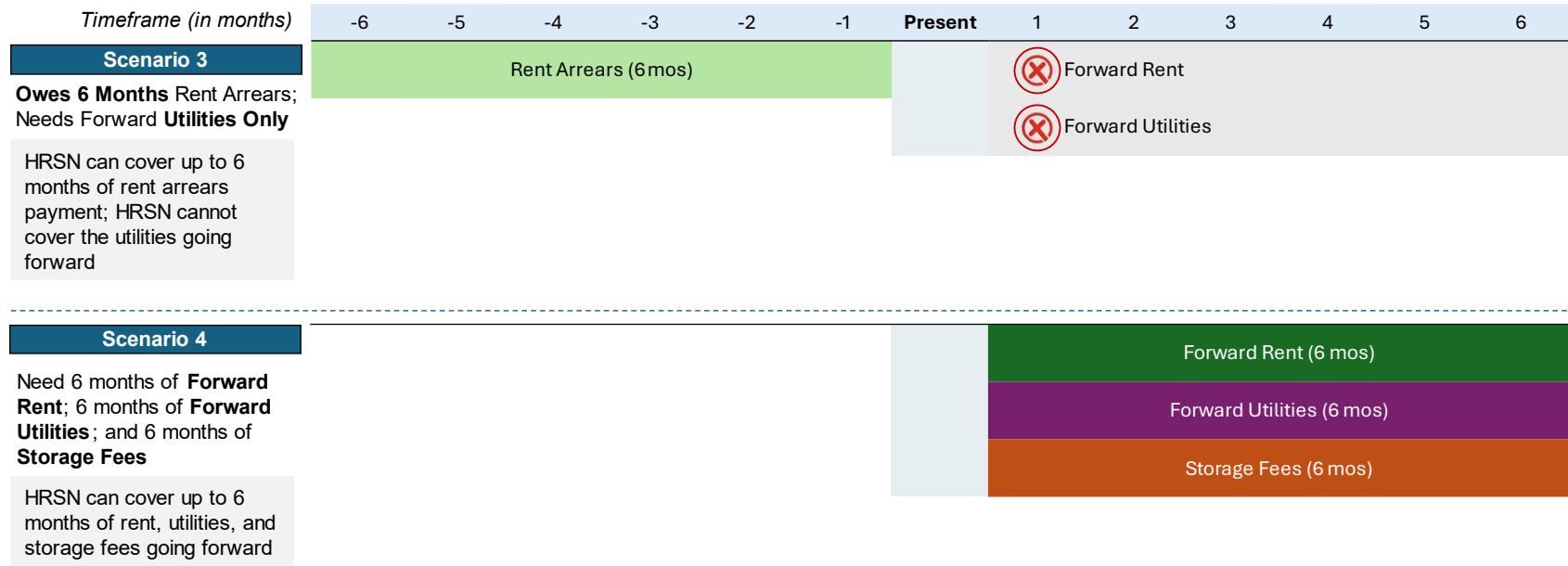


Arrears payments must have a date of service on or after May 1, 2024)

Examples based on Appendix H of the CCO Guidance (Nov 2024).

Utility Arrears Forward Utilities Forward Rent

HRSN Housing Supports: Rent Arrears and Storage Fee Examples



Arrears payments must have a date of service on or after May 1, 2024)



Examples based on Appendix H of the CCO Guidance (Nov 2024).

Appendix I: Resources for Landlord Tenant Law

These information sources could support in determining tenant rights:

Fair Housing Council of Oregon 1-800-424-3247

- [Report Housing Discrimination - Fair Housing Council of Oregon](#)

Housing and Urban Development 1-800-669-9777

- [Report Housing Discrimination | HUD.gov / U.S. Department of Housing and Urban Development \(HUD\)](#)

Oregon Law Center

- [Find Your Local Office - Oregon Law Center](#)

Source of Income is a protected class in Oregon. This means the law prohibits landlords from discriminating against tenants or applicants because of their source of income. Income includes Section 8 voucher or any other local, state, or federal housing assistance, including short term rent assistance. Learn more about Source of Income discrimination:

Oregon Revised Statute (ORS) 659.421

- [ORS 659A.421 – Discrimination in selling, renting or leasing real property prohibited](#)

Fair Housing Council of Oregon resource and pre-recorded courses

- [Fair Housing Council Of Oregon - Home - Fair Housing Council of Oregon](#)
- [Pre-Recorded Courses - Fair Housing Council of Oregon](#)

Oregon Housing and Community Services resource and pre-recorded training

- [Oregon Housing and Community Services: Training: Housing Compliance & Monitoring: State of Oregon](#)
- [Fair Housing Basics, 5-29-2024 on Vimeo](#)

Appendix J: HRSN Housing Sample Approval Letter

Letter Date

Member Name

Member Address

Member ID

About your request for health-related social needs (HRSN) housing benefits

We're sending you this letter to tell you that the HRSN housing benefits you asked for have been **approved**.

What was approved

- 6 months rental/utility payments
- 6 months storage unit fees
- Tenancy services

For your information, the rules we followed to make our decision are Oregon Administrative Rules [410-141-3835](#) and [410-120-2000](#).

BE SURE TO READ THIS WHOLE LETTER TO THE LAST PAGE.

It can take time to get these benefits

HRSN housing benefits aren't guaranteed to prevent eviction. Even though you've been approved, we still need to do a few more things before your rent and utility payments can get paid. We can't guarantee payment by a certain date.

It's a good idea to look for other ways to get housing support while we're processing your application. **Contact [health plan] customer service at [phone/email] for more information.**

How long will it take to get the benefits?

[Response option #1]

We approved your request on [date]. It can take up 28 days from that date for us to find a partner who can work with your landlord and utility companies to make the approved payments

We will contact you once we have a provider for you.

The provider will have # of days to contact you after that to get information they need to pay your landlord or utility companies.

After they contact you, it can take # of days for your landlord or utility companies to get paid.

You should plan for payments to take #-# days to be received.

[Response option #2 for when **the HRSN provider is already known**]

We've found a partner who can work with your landlord and utility companies to make the approved payments. We call these partners "providers."

Your HRSN housing provider is:

You can call them at:

Your provider will contact you by [date] to get information they need to pay your landlord or utility companies.

After they contact you, it can take # of days for your landlord or utility companies to get paid.

You should plan for payments to take #-# days to be received.

What you can do while you're waiting

Do your best to pay your rent on time. Here are some ways to find help:

- Connect with [211info](https://211info.org) by dialing 2-1-1, calling 866-698-6155, or emailing help@211info.org.
- Speak with a [community action agency](#) in your area.

Answer your phone and check for messages from your CCO and HRSN housing provider.

Call [health plan] at [XXX-XXX-XXXX] if you haven't heard from them in [specify amount of time] or if you get an eviction notice.

What happens if you move, lose your OHP coverage or cancel your request

We can't pay your rent or utilities if you move, lose Oregon Health Plan (OHP) coverage or cancel your request.

NOTE: If you cancel your request **before** we've made payments, you can apply again. If you cancel your request **after** we've made payments, you can't apply again.

What happens next

Your [health plan] will contact you to explain your care plan. Keep your phone with you or check messages often to avoid delays getting started.

IMPORTANT! Do you have an eviction case ongoing?

If you're behind on rent payments and have an eviction notice from your landlord:

Let your landlord know you applied for these benefits and any other rent assistance funds. It may help your case if they know you're working to pay back rent.

Be sure to tell your health care provider and your housing provider that you have an eviction notice and also any court dates.

Call the Oregon Law Center Eviction Defense Project at 888-585-9638 to see if you can get free legal help.

Know your rights: You have the right to pay overdue rent after an eviction case has started and get the case dismissed. This is called the "right to redemption". You can read more about your rights in this [factsheet](#).

If you get an eviction notice or your utilities are shut off after you get this approval, you can get guidance from:

- Oregon Health Authority (OHA) Ombuds, 877-642-0450 or OHA.OmbudsOffice@odhsoha.oregon.gov
- Oregon Health Plan Client Services, 1-800-273-0557 or Ask.OHP@odhsoha.oregon.gov

Questions?

Contact [Acentra/CCO] customer service at [phone/email].

CC: [HRSN Service Provider], [Contact Info] (if applicable)

Appendix K: HRSN Guidance Document Version Tracker

Published Versions	Date sent to CCOs
1. CCO HRSN Guidance Document for 3/1/24 Implementation	2/27/24
2. CCO HRSN Guidance Document for 3/1/24 Implementation (updated)	6/12/24
3. CCO HRSN Guidance Document for 11/1/24 and 1/1/25 Implementation	9/07/24
4. CCO HRSN Guidance Document for 11/1/24 and 1/1/25 Implementation (updated)	1/03/25
5. CCO HRSN Guidance Document Summer 2025 Update	8/08/25