# HRSN CCO FAQ Document

This document is a compilation of questions received by the Oregon Housing Authority (OHA) from Coordinated Care Organizations (CCOs) to aid in the implementation of HRSN Supports. The is a living document that will be updated on an ongoing basis.

*Current as of: January 31, 2025*

## Contents

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| *Cross-Cutting: Eligibility* | | | | | |
| 1. | Cross-Cutting | Eligibility | 12/6/24 | Do CCOs need proof of address to change a Member's address in MMIS? | CCOs can update a Member address through the portal and no evidence is required. |
| 2. | Cross-Cutting | Eligibility | 12/6/24 | Are HRSN Services covered for OHP Bridge Members? | No. At this time, HRSN Services are not covered for OHP Bridge Members. Any Members denied HRSN Services must receive a Notice of Adverse Benefit Determination (NOABD). |
| 3. | Cross-Cutting | Eligibility | 12/13/24 | If a Member is terminated from OHP coverage before a requested service is authorized, or before an authorized service is delivered, are they eligible to receive the service? | No. If a Member's OHP service is terminated before service authorization or before a service is delivered, they are no longer eligible for that service regardless of |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | their eligibility at the time the service request was submitted or authorized. |
| 4. | Cross-Cutting | Eligibility | 1/10/25 | Are CCOs responsible for confirming OHP eligibility? When and how frequently should OHP eligibility be checked while a Member is receiving HRSN services? | CCOs are responsible for confirming OHP eligibility. They may also set expectations for HRSN Providers to check Member eligibility (and if so, ensure HRSN Providers have access to MMIS so they are able to check eligibility). The frequency and timing of when eligibility is verified should be determined by the CCO and communicated to providers. |
| 5. | Cross-Cutting | Eligibility | 1/24/25 | Are CCOs able to accept self-attestation from a Member who attests to a complex behavioral health need but has not seen a provider in two years? | A diagnosis from a clinician and engagement in care is not a required component of the HRSN Clinical Risk Factor. The only exception is that a diagnosis is required to establish the medical necessity and medical appropriateness of HRSN Medically Tailored Meals (MTM). The Member must self-attest or provide corroborating information support that the behavioral health condition is persistent, disabling, progressive or life-threatening and that without treatment or supports the condition is expected to be unstable or interfere with the Member's health goals. |
| 6. | Cross-Cutting | Eligibility | 1/24/25 | How should CCOs handle self-attestation of diagnoses that would typically be substantiated by | It may be reasonable to deny a self-attested clinical risk factor if there are no data to verify that health condition if: |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | clinical records, such as prescription of an inhaler for an asthma diagnosis, but are not substantiated? | a) It would be reasonably expected that the attested health condition would require some type of health care service (prescription, clinic visit, acute care, etc.) and a sufficiently long period of time has been reviewed; and<br>b) The member has been enrolled in the same CCO long enough to ensure that the CCO would be able to see sufficient claims.<br><br>Some conditions, however, particularly mental health conditions and substance use disorders, may not be substantiated by available data due to barriers in accessing care. |
| 7. | Cross-Cutting | Eligibility | 1/10/25 | If a Member loses OHP eligibility in the midst of receiving HRSN services (e.g., partway through a home modification project), how should payment be handled for work completed to-date? | CCOs should check OHP eligibility on the start date of a HRSN service (e.g., a home modification project) to ensure that the Member is eligible on the date-of-service that will appear on the claim/encounter. As long as the Member is eligible on the date-of-service (the start date for the project), payment can be issued for completion of the project. OHA recommends that CCOs develop their own processes to determine eligibility on that date-of-service. |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| 8. | Cross-Cutting | Eligibility | 1/10/25 | CCOs are experiencing retro-terminations where they authorize a service for a Member but the Member is no longer eligible when payment is provided for the service. What happens to the covered service when a retro-disenrollment happens? | If a Member's OHP service is terminated before service authorization or before a service is delivered, they are no longer eligible for that service regardless of their eligibility at the time the service request was submitted or authorized. If a Member is authorized for a service but is no longer enrolled in OHP on the date service is provided and payment was provided, CCOs should make reasonable attempts to recoup the money. |
| 9. | Cross-Cutting | Eligibility | 1/10/25 | How should CCOs transmit documentation of eligibility criteria to OHA? | While CCOs must document the results of HRSN Eligibility Screening per OAR 410-120-2015, OHA will only request individual eligibility documentation in the case of an audit. OHA will collect information on eligibility through required reporting such as claims, Exhibit I, Exhibit L, and the new Social Needs Coordination Report.

For Exhibit I, the prior authorization (PA) log should include all services which have been approved and denied for members. The NOABD log will list all denials found on the PA log and provide a "sub category" denials code that details the reason for the denial. Current accepted HRSN denial codes are 1 – Member is not in a covered population, 14 – Member does not meet |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | clinical risk criteria, 16 – Member does not meet social risk criteria. |
| 10. | Cross-Cutting | Eligibility | 1/10/25 | Do Members need to be retroactively enrolled in OHP in order for HRSN services to be covered in the retroactive period? | No. CCOs must have received a capitation payment and enrollment record covering the date of service of the encounter claim in order for MMIS to trigger a HRSN Service Based Payment. OHA has issued new guidance on date of service to accommodate payment for retroactive services such as arrears. This information can be found in the HRSN Guidance Document. |
| *Cross-Cutting: HRSN Requests* | | | | | |
| 11. | Cross-Cutting | HRSN Requests | 12/6/24 Updated 1/31/25 | If we receive an HRSN request form for items that are not included in HRSN benefits (e.g. winter coats), does this require a denial and a NOABD? | No; per OAR 410-120-2010, the HRSN Request is used for the purpose of performing an HRSN Service Eligibility Screening, and the following components must be included in an HRSN Request:<br>1. Name of Member and Contact information<br>2. Identification of the anticipated HRSN Service need (HRSN Services include Climate-Related Supports, Housing-Related Supports, Nutrition-Related Supports, and HRSN Outreach and Engagement services detailed in OAR 410-120-2005)<br>3. A Statement that the individual wants to participate in the HRSN Eligibility Screening |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | Per OAR 410-120-2010, with the exception of HRSN Medically Tailored Meals, which include additional requirements, MCEs and the Authority shall accept any HRSN Request used by an HRSN Connector (including the HRSN Request Form made available by the Authority) that complies with the requirements in this rule (i.e., the components listed above in 1-3). If the above requirements for an HRSN Request are not met, then it does not qualify as an HRSN Request, does not result in an HRSN eligibility screening, and an NOABD does not need to be issued if the CCO cannot provide what is being requested. The more appropriate route would be to educate the individual of what can be requested through HRSN and redirect them to another program for the non-HRSN request, if applicable. |
| 12. | Cross-Cutting | HRSN Requests | 12/6/24 | If an HRSN Request comes in without all of the necessary documentation (e.g. no scope of work for Home Modifications), would that be an invalid request for those HRSN services? Could that be voided rather than denied? | Please refer to OAR 410-120-2010 for HRSN Request requirements. An incomplete HRSN Request does not result in a denial. A denial should be issued if it is determined by the CCO from an HRSN Eligibility Screening that the Member does not qualify for the service. |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | Per OAR 410-120-2015, if the HRSN Connector does not include all the information in the HRSN Request that is necessary for determining whether the Member is eligible to receive an HRSN Service, the CCO shall obtain all the information necessary in order to conduct the HRSN Eligibility Screening and HRSN service authorization. This would include developing the written scope of work for Home Modifications. |
| 13. | Cross-Cutting | HRSN Requests | 12/6/24 | If a Member requests, and is denied, an HRSN coverable service, through HRS/Flex, does a NOABD need to be sent? | NOABDs do not need to be issued for denied HRS/Flex requests. However, if the Member requests an HRSN covered service and is requesting to be screened for eligibility for that service, then they should be screening for HRSN eligibility, and an NOABD would be required if they are determined to be ineligible, even if the CCO is planning to provide the service through HRS/Flex. Within the NOABD, the CCO should indicate that the Member will receive the service through HRS/Flex, if applicable. |
| 14. | Cross-Cutting | HRSN Requests | 12/6/24 | If a Member calls requesting information on HRSN services and their eligibility, does that qualify as an HRSN Request? | Requests for information about the HRSN benefits and eligibility would not qualify as an HRSN Request. An HRSN Request is done for the purposes of performing an HRSN Service Eligibility Screening. Refer to |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | the OAR 410-120-2010 for HRSN Request requirements. |
| 15. | Cross-Cutting | HRSN Requests | 1/10/25 | If a Member is screened by 211 and determined to not be part of a covered population, should they receive an NOABD? | If ineligibility is determined through an HRSN Eligibility Screening (further described in OAR 410-120-2015) which occurs after a complete HRSN Request has been received, then an NOABD would need to be issued to the Member if they are determined to be ineligible for the requested HRSN Service. However, if the Member provides information that confirms they are not part of an HRSN Covered Population as part of an informational inquiry where an HRSN Request has not been completed and an HRSN Eligibility Screening is not being conducted, then an NOABD is not required. |
| 16. | Cross-Cutting | HRSN Requests | 1/10/25 | How should Members identify which CCO they belong to? | Members should call OHP Client Services at 1-800-273-0557 to find out if they belong to a CCO and if so, which one. |
| 17. | Cross-Cutting | HRSN Requests | 1/10/25 | Is the Member signature required on the HRSN Request Form? | The HRSN Request Form must include either the Member's signature or a confirmation from a representative (i.e., the HRSN Connector or Service Provider who is helping the Member fill out the form). |
| 18. | Cross-Cutting | HRSN Requests | 1/17/25 | For HRSN requests that do not qualify as a complete request (e.g., | An incomplete HRSN Request would need to be sent back to the provider and/or |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | do not follow the parameters of the HRSN benefit or do not include necessary information to process the request), can the HRSN Provider withdraw the request from the health plan? | Member. For example, if the HRSN Request identifies utilities but not rent, this would be considered an incomplete request. An NOABD does not need to be issued. |
| Cross-Cutting: Service Authorization | | | | | |
| 19. | Cross-Cutting | Service Authorization | 12/6/24 1/31/25 Update | Does the 14-day timeline for authorization begin from the date of receipt of the HRSN request? Is there any flexibility in this timeline? | Yes, the timeline begins upon receipt of the HRSN Request, per OAR 410-120-2020 and 410-141-3935. OHA understands that 14 days for service authorization may not always be feasible, which is why there is a 14 day extension option. |
| 20. | Cross-Cutting | Service Authorization | 1/10/25 | Do CCOs need to send a letter to OHA when requesting 14 day extension to the service authorization timeline? | No; per OAR 410-141-3835 (12)(g)(B), "If the MCE needs to extend the timeframe, the MCE shall give the member written notice of the reason for the extension." |
| 21. | Cross-Cutting | Service Authorization | 12/6/24 | Are approval letters necessary? | HRSN Service Authorization requirements align with other covered service requirements. Please refer to OAR 410-141-3835 for service authorization and notification requirements. |
| 22. | Cross-Cutting | Service Authorization | 1/10/25 | If a Member is unable to be reached during the service authorization process (i.e., for screening after a HRSN Request Form has been submitted), what | As described in OAR 410-141-3835, CCOs must make 3 reasonable attempts using 2 mixed modalities (e.g., paper, digital, or verbal) to outreach to the Member during the service authorization process. CCOs |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | steps should CCOs take to attempt outreach to the Member? If unable to reach the Member, should the CCO send an "unable to reach" notice or a full authorization denial/NOABD? | that have contracted with HRSN Service Providers to provide outreach and engagement (O&E) services may also coordinate this responsibility with those providers. CCOs may also coordinate with the HRSN Service Provider or HRSN Connector who worked with the Member to submit the HRSN Request.

If unable to reach the Member after going through the process outlined above, CCOs may deny the request and use the denial code pertaining to the Member's record missing information necessary to approve the requested service (sub-category 6 in the Grievance and Appeal System Code Tables 2025.

Please refer to OAR 410-141-3835 for more information on service authorization requirements. A reminder that CCOs may request a 14-day extension to the service authorization timeline; CCOs should use this extended timeframe to attempt to contact the Member before issuing a denial. |
| 23. | Cross-Cutting | Service Authorization | 1/10/25 | Are there time limits on the clinical risk factors for housing and | OHA has decided to not place a time limit on the housing/nutrition/O&E clinical risk |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | nutrition? For climate, the clinical risk factor must have been present for the last 12 months. | factors because condition-relevant durations are already included in each clinical risk definition.<br><br>Per OAR 410-120-2005, the climate device-specific clinical risk factors require that a health condition be active in the previous 12 months with the intent that a climate device would be reasonably expected to stabilize or improve the status of that clinical condition.<br><br>The housing and nutrition clinical risk factors have condition-specific durations. Please see Table 2 for specifics for each condition. For example: the complex health needs must be persistent, disabling, progressive or life-threatening; a member must be currently pregnant or up to 12 months postpartum; repeated emergency department visits or crisis encounters must have occurred in the past 12 months. |
| 24. | Cross-Cutting | Service Authorization | 1/10/25 | How would requiring only clinically-related social risk factors or clinical risk factors to undergo clinician review during the service authorization process intersect with an external quality review | See HRSN guidance document section: HRSN Service Delivery: Member Identification, Screening, Authorization, and HRSN PCSP, section 5.<br>42 CFR § 438.210 (b) requires that an individual with appropriate expertise make |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | (EQR) or federal audit, particularly considering the comorbidity rule that may identify a Member as qualifying for HRSN services after clinician determination? | decisions to deny or authorize a reduced amount, duration or scope of a Medicaid service.<br><br>As eligibility for HRSN services uniquely includes non-clinical based criteria, only for HRSN services, CCOs may use discretion in permitting non-clinicians to make determinations that are not based on clinical status.<br><br>OAR 410-120-2020(5) and CCO HRSN guidance specify when a clinician review is required for HRSN covered services. In the absence of more stringent federal regulations, audits should align with Oregon rule and policy.<br><br>The comorbidity rule (OAR 410-141-3820(11)) is related to treatments and health services in the unfunded region of the Prioritized List of Health Services. HRSN services are not on the Prioritized List. |
| *Cross-Cutting: Payment* | | | | | |
| 25. | Cross-Cutting | Payment | 12/20/24 | The HRSN Fee Schedules note that "A 2% MCO tax load will be added to all payments included in the fee schedule." Is this 2% going to CCOs or providers? | The MCO tax load only applies to the payments that OHA makes to CCOs to cover the 2% MCO tax that will be collected on CCOs' HRSN revenue. In other words, OHA must inflate payments to CCOs |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | so that, after tax, they are still reimbursed at 100% of costs (up to UPL). Presently, MMIS is not set up to for HRSN service-based payments to include the 2% MCO tax load. OHA will be creating a process to reimburse CCOs manually. More information is forthcoming on this process. |
| 26. | Cross-Cutting | Payment | 1/10/25 | Do CCOs need to inflate payments by 2% in order to account for the 2% MCO Tax Load? | No. The MCO tax load only applies to the payments that OHA makes to CCOs to cover the 2% MCO tax that will be collected on CCOs' HRSN revenue. In other words, OHA must inflate payments to CCOs so that, after tax, they are still reimbursed at 100% of costs (up to UPL). Presently, MMIS is not set up to for HRSN service-based payments to include the 2% MCO tax load. OHA will be creating a process to reimburse CCOs manually. More information is forthcoming on this process. |
| 27. | Cross-Cutting | Payment | 1/10/25 | Does FFS pay providers above the fee schedule rate for administrative fees? | No. The CCO and FFS HRSN fee schedules are the same. The administrative load is embedded in the 15 min/$20 and PMPM rates for outreach and engagement/tenancy services. |
| 28. | Cross-Cutting | Payment | 1/17/25 | Why aren't administrative rates built into the fee schedule? | Administrative load is embedded in the fee schedule rates for outreach & engagement and tenancy services. OHA welcomes specific feedback from providers and CCOs regarding fee schedule inadequacies. OHA |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | encourages CCOs to be innovative in how they collect and track administrative fees. CCOs should consider how to build contracts with providers to ensure the sustainability of service provision for the future when CCOs will take on risk. |
| 29. | Cross-Cutting | Payment | 1/10/25 | If a member has OHP during the time of the HRSN service but is no longer eligible once billing occurs, will HRSN providers be reimbursed? | Yes. If a member was eligible for the service and enrolled in OHP at the time of service delivery, OHA will still pay the claim. OHA will not be able to pay for claims where a member's eligibility does not overlap with the date(s) of service delivery. In such cases, CCOs may explore covering services through HRS, Flex Funds, or other local, state, and federal programs. |
| *Cross-Cutting: Billing* | | | | | |
| 30. | Cross-Cutting | Billing | 12/6/24 | Would a claim be denied if the service provider uses a date of service other than the 1st or 2nd of the month? | No; claims would not be denied based on date of service alone; however, date of service should follow guidance included in the HRSN Billing Guide. The date of service could be up to the 6th of the month. |
| 31. | Cross-Cutting | Billing | 12/6/24 | Can we add the service month somewhere on the claim? | Currently, we cannot pull service date anywhere else on the claim. If CCOs have a Loop/Segment they would propose to use, we are open to the future possibility, but it would require a MMIS change request to implement. We weren't able to identify a usable Loop/Segment. |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| 32. | Cross-Cutting | Billing | 1/31/25 | Do CCOs need to ask Members for exact dates of service? | CCOs should reference the HRSN Billing Guide for information on the date of service to be submitted with claims. |
| 33. | Cross-Cutting | Billing | 1/10/25 | What does "a loop" mean in relation to encounters? | CCOs submit an X12 / 837P claims transaction when encounter data is submitted. An 837 is made of loops and segments. A loop is the part of the 837 where data is sent. |
| 34. | Cross-Cutting | Billing | 1/10/25 | How are the processes for claims submission similar or different for Open Card/FFS Members vs. CCO Members? | The general process is similar for claims submission for Open Card/FFS and CCOs. HRSN providers contracted with CCOs should submit claims invoices to CCOs and confirm claim submission processes with CCOs. HRSN providers contracted with the state FFS entity should submit claims to the state FFS entity and confirm claim submission processes with the state FFS entity. HRSN service providers should reach out to the CCO (or FFS entity) they are contracted with questions regarding their specific payment processes. |
| 35. | Cross-Cutting | Billing | 1/31/25 | For services billed in 15-minute increments, do these services need to be billed by day? | HRSN providers should coordinate with CCOs to confirm invoicing requirements for these services. When CCOs bill OHA for 15-minute increment services for HRSN, they must be billed by day (i.e., one encounter for each day that the service was delivered to a member.) However, if services are delivered on consecutive days (e.g., the |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | 10th, 11th, and 12th, of the month), one encounter can be used to bill for the entire service period. |
| 36. | Cross-Cutting | Billing | 1/31/25 | At what point does a bill become an arrears payment? | If a bill is not yet due, it will be considered forward utilities. If a bill is past due, it is considered utility arrears. |
| 37. | Cross-Cutting | Billing | 1/24/25 | What is the process for CCOs submitting claims and encounters for Members who are self-attesting but for who CCOs are unable to substantiate the diagnosis? | From a newly revised HRSN Clinical Risk Factor Crosswalk: "Z-codes may be the most appropriate diagnosis code when there is self-attestation of a clinical risk factor and no corroborating claims data or clinical report of a current medical condition. Z codes may be used as the primary and single diagnosis code. 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." Please refer to the HRSN Clinical Risk Factors Code Crosswalk on the CCO Contract Forms webpage for additional information. |
| 38. | Cross-Cutting | Billing | 1/24/25 | Are certain CPT, place of service, or revenue codes a required component of the complex behavioral health and physical health need clinical risk factor? | The HRSN Clinical risk factors crosswalk is a non-inclusive list of diagnostic, procedure, place of service, and revenue codes that may be used to support outreach to presumed HRSN eligible members, to authorize HRSN services, and for claims |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | coding purposes. Engagement in health care services is not a required component of the Complex Health Needs risk factor. Members may meet the Complex Health Needs Risk Factor without having claims for place of service, procedures, and facility revenue costs. Only the most specific and relevant ICD-10 code(s) for the qualifying HRSN Clinical Risk Factor(s) must be documented in the claims submission. |
| 39. | Cross-Cutting | Billing | 1/17/25 | Does YSHCN use the same Z code (Z59.6) as the population transitioning to dual Medicaid/Medicare status? | Z codes do not differ by program or population. Z59.6 can be used for the YSHCN population, if indicated. |
| *Cross-Cutting: PCSP* | | | | | |
| 40. | Cross-Cutting | PCSP | 12/6/24 | How frequently should the HRSN Person Centered Service Plan (PCSP) be updated? | As defined in OAR 410-120-0000, the HRSN PCSP must be reviewed and revised upon reassessment of need at least very six months, or more frequently if the Member's circumstance requires. |
| *Cross-Cutting: Service Provider* | | | | | |
| 41. | Cross-Cutting | Service Provider | 12/6/24 | How do we manage vendor contracts in terms of encounter data? For CCOs without CBOs to provide services, they will likely contract with vendors who will not be enrolled as HRSN Service Providers. | OHA understands that the CCO will likely be the provider in a lot of areas for encounter data, especially at the beginning. |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| 42. | Cross-Cutting | Service Provider | 12/6/24 | Do HRSN Service Providers need to carry professional liability insurance? If so, what are the coverage limits? | Yes; HRSN Service Providers need to carry professional liability insurance. OHA does not dictate coverage limits; that is up to the CCO. |
| 43. | Cross-Cutting | Service Provider | 1/24/25 update | Can the HRSN Service Provider requirement to maintain an active business registration in the State be changed in OARs? Alternatively, can CCBF applicant criteria be adjusted to require a business registry number? Can entities without business registry numbers (e.g., a governmental agency) apply for CCBF? | **Update**: A temporary, emergency rule filing is in process to update this requirement. This rule should be in effect by mid-February and will exempt HRSN Service Providers who are governmental entities from the requirement to maintain an active business registration with the Oregon Secretary of State.<br><br>In order to be an HRSN Service Provider, organizations must maintain an active business registration with the State. Because CCBF is available to organizations that may serve in a network manager or 'hub' capacity (and these entities may not have business registry numbers), CCBF applicant criteria will not require a business registry number. |
| 44. | Cross-Cutting | Service Provider | 1/10/25 | Can organizations, including state programs, participate as HRSN providers or vendors if they receive funding from federal or other sources (e.g., donations)? | Organizations, including state programs, receiving funding from other sources can participate as HRSN providers and vendors. However, HRSN funding cannot supplant or duplicate existing funding sources, and the HRSN services provided cannot supplant or |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | duplicate existing services the organization already provides to clients. |
| 45. | Cross-Cutting | Service Provider | 12/20/24 | Can HRSN Service Providers attest that the vendors they procure meet state licensing and CCBF requirements? Or, do CCOs need to collect documentation of vendor qualifications? | As noted in OAR 410-120-1260, all vendors must meet applicable national and state licensure/certification requirements. CCOs have discretion in how they determine that vendors procured by HRSN Providers meet these requirements. CCBF does not outline any requirements for HRSN vendors—rather, it outlines eligibility criteria for organizations that wish to apply for CCBF funding. Self-attestation is accepted for certain CCBF eligibility criteria (e.g., intent to contract with a CCO or OHA Open Card (fee-for-service) Administrator to provide HRSN), while others require documentation (e.g., confirmation of financial stability). |
| 46. | Cross-Cutting | Service Provider | 1/10/25 | Can HRSN Provider reporting requirements be clarified? | DSN-The Delivery System Network(DSN) is an inventory of each individual, facility/clinic, or business/healthcare service provider, whether employed by or under subcontract with a CCO, or paid fee-for-service, who agrees to provide the described services to members. HRSN providers will be noted as such on the Facility section of the report using the "HRSN_Ind" variable. Individual Providers found in the Individual Provider section |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | must complete the "GrpDMAP_ID" variable with their organization's ID issued upon enrollment as an Oregon Medicaid Provider.<br><br>In-depth explanations of the variables requested can be found in the DSN guidance document.<br><br>SNSC-The Social Needs Service Coordination Report (SNSC) has two tabs on HRSN Provider Reporting - HRSN Closed Loop Referrals and Care Coordination – Manual and HRSN Closed Loop Referrals and Care Coordination – CIE. The HRSN Manual Referrals tab is to be used when the CCO receives closed-loop referral reports from HRSN providers through any system that is not Community Information Exchange (CIE). If a CCO receives all their closed-loop referral data through CIE, then the HRSN Manual Referrals tab can be left blank.<br><br>Each row in both of the HRSN Closed Loop Referrals tabs (Manual and CIE) is a unique referral attempt to a single organization for a single service. If a member is receiving multiple services and/or if a single referral |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | covers multiple services, there should be multiple rows with unique service IDs that correspond respectively. A separate line should also be used for every referral attempt for the same service (e.g., first attempt to Organization A is declined and member is subsequently referred to Organization B). Data elements 'Referral Status' and 'Service Status' could change for a single referral attempt over the course of a quarter; CCOs should report the final status of each referral attempt as of the end of the reporting period.<br><br>In-depth explanations of the variables requested can be found in the SNSC guidance document.<br><br>Further guidance and templates for Exhibit I, DSN, and SNSC can be found here. |
| 47. | Cross-Cutting | Service Provider | 1/17/25 | Can community action centers (CACs) access data on denials for HRSN services? | OHA collects information on service denials, including HRSN service denials, at the end of each quarter from CCOs. In the future, OHA plans to summarize the data on HRSN authorizations and denials and share this through a public dashboard or other report. Until then, if groups are interested in getting summary data specific to their regions, they can submit a data |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | | request through the OHA Health Analytics webpage. |
| 48. | Cross-Cutting | Service Provider | 1/31/25 | Why is Acentra reaching out to HRSN Service Providers on behalf of OHA Open Card? | HRSN Service Providers are encouraged to serve Members enrolled with a CCO as well as those receiving care through Open Card (fee-for-service). Acentra is reaching out to HRSN Service Providers to determine if they would also like to participate as an Open Card HRSN Service Provider and to walk them through next steps to bill accordingly for Open Card Members. |
| *Cross-Cutting: General* | | | | | |
| 49. | Cross-Cutting | General | 12/6/24 | Are there guidelines on fraud, waste and abuse as it relates to HRSN? | OHA will look at creating audits and working with staff in OPAR. This will also be discussed in All Plans Systems Technical meetings. OHA will be looking at auditing across CCOs and feedback can be provided to Mary Durrant (mary.durrant@oha.oregon.gov) |
| 50. | Cross-Cutting | General | 12/20/24 | Are Behavioral Health Resource Network facilities an OHA funded program? Are there restrictions to providing HRSN rent assistance to BHRN facilities? | CCOs should check this Measure 110 tool to determine if the BHR facility is receiving Measure 110 funding. If so, CCOs should reach out to OHA for more information on the grant the facility has received, including restrictions. |
| 51. | Cross-Cutting | General | 1/10/25 | If a Member has been authorized and referred for services but the HRSN Provider is unable to reach them, what standards are there for | Payment authorization is valid for the time period specified on the authorization notice, but not to exceed twelve (12) months, unless the Client's benefit package |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | how many times and using what methods should the HRSN service provider attempt to contact them? How should the CCO track that the Member has not yet received services, and does the authorization become void or turn into an NOABD after a certain amount of time? | no longer covers the service, in which case the authorization will terminate on the date coverage ends.<br><br>See OAR 410-120-1320: Authorization for Payment for more information. |
| 52. | Cross-Cutting | General | 1/10/25 | Can HRS flex be used after a Member has exhausted their HRSN benefit? | Yes, at the CCO's discretion. For example, if a Member receives 6 months of HRSN rent assistance and they need additional support beyond the 6-month limit, CCOs can direct them to HRS to see if they meet HRS criteria for additional support. |
| 53. | Cross-Cutting | General | 1/10/25 | How will the changes in YSHCN income affect the PERC codes CCOs add to their systems? | The PERC codes will not change due to the change in YSHCN income eligibility standard. YSHCN PERC Codes can be found attached to the YSHCN CCO Guidance, Appendix 3. |
| 54. | Cross-Cutting | General | 1/17/25 | Where will the information on PointClickCare be available? | At this moment, OHA has temporarily suspended progress on that initiative. OHA needs deeper engagement with health care system partners to understand workflows and determine the added benefit of sharing this information via PointClickCare. |
| 55. | Cross-Cutting | General | 1/17/25 | Would CCOs be able to tell which HRSN covered population a | At this moment, OHA has temporarily suspended progress on that initiative. OHA |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | Member belongs to using PointClickCare, or would it just be a Y/N indication of whether they belong to a covered population? | is prioritizing the privacy and protection of OHP member data and therefore has decided on a one flag option that will be shared with CCOs via a flat file. This option will still enable CCOs to do outreach and then find out whether the person needs HRSN services without having to re-ask questions that might be retraumatizing. |
| 56. | Cross-Cutting | General | 1/17/25 | What is the risk of missing HRSN-eligible Members given PointClickCare only captures about 90% of the eligible population? What is the likelihood that less than 90% of HRSN-eligible Members are represented in PointClickCare? | At this moment, OHA has temporarily suspended progress on that initiative. If data is shared via PointClickCare in the future, the same data would continue to be shared with CCOs separately via a flat file, capturing all members that otherwise may not appear in PointClickCare. |
| 57. | Cross-Cutting | General | 1/17/25 | Can CCOs receive from PointClickCare the number of Open Card (fee-for-service) Members in each CCO region? | CCOs can use the Medicaid Enrollment Report dashboard to view Oregon Health Plan fee-for-service members by county. Click on the "geography" tab in the dashboard and filter by "fee-for-service" |
| *Housing: Service Eligibility and Authorization* | | | | | |
| 58. | Housing | Service Eligibility and Authorization | 12/6/24 | How is the 30% AMI determined and what documentation is needed? | There must be a good faith effort to provide the annual income, but it is understood that income may change and it is acceptable to use the last two months to approximate Member's income.<br>The State anticipates most Members will not know their income as a % AMI, which |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | | is why OHA has provided a chart that helps Members identify their % AMI based on the number of people in their household, income level, and region. Housing providers have expertise in working with an individual to determine if they meet this criterion. Income is gross, and dependent on last two months.<br>For income verification, the options in the order of preference are:<br>1) Third party verification (such as a copy of most recent paystub(s), unemployment statement, worker's compensation, SSI, SSDI, most recent TANF payment statement, or records directly from the income source), OR<br>2) Written statements by a case manager, social worker, or other authorized staff that are documented and verified by an HRSN connector/intake worker, OR<br>3) Self-attestation.<br>OHA has included language in contract that indicates if CCOs cannot in good faith verify self-attestation within a reasonable period of time, they can authorize services if in their reasonable discretion they believe the attestation is truthful. |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | | If a minor is the one who needs the housing, the documentation can be for the parent/head of household. When receiving benefits, the rental agreement and income will be of the guardian(s) but the other criteria will be the child (covered population, social risk factor clinical risk factor). More information can be found in the At-Risk of Homelessness: Housing Income Verification and Documentation Guide on the HRSN Provider webpage. |
| 59. | Housing | Service Eligibility and Authorization | 1/10/25 | What if a Member has increased income during the 6 month period that they are receiving rent? Should the Member be re-evaluated for income eligibility? | OHA does not require re-verification of HRSN eligibility after each payment, only that the Member maintain OHP membership. |
| 60. | Housing | Service Eligibility and Authorization | 1/31/25 | Is there a resource to determine AMI for households larger than 8 members? | Per the HUD Exchange guidance on HOME income limits, family sizes in excess of 8 persons are calculated by adding 8% of the four-person income limit for each additional family member. That is, a 9-person limit should be 140% of the 4-person limit, the 10-person limit should be 148%. The HOME income limit values for large households (9-12 persons) must be rounded up to the nearest $50. |

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| 61. | Housing | Service Eligibility and Authorization | 12/6/24 | How is the eligibility criterion that a Member "lacks sufficient resources or support network to prevent them from becoming homeless" assessed? | The "lack of sufficient systems/support" is subjective, so the State is allowing for self-attestation (i.e., no additional documentation is needed). In the housing system, this is collected by a case manager talking with the Member about the systems and support they have in place. |
| 62. | Housing | Service Eligibility and Authorization | 12/6/24 | Does the Member need to provide all of the following or just one of the following for the rent services: 1. Written lease, 2. Written agreement, 3. HRSN Renter/Landlord verification form? | The Member only needs to provide one of the forms of verification. |
| 63. | Housing | Service Eligibility and Authorization | 1/10/25 | What documentation is needed for Members who are doubled up or listed as occupants on the lease agreement? | Members may provide a copy of their lease or the HRSN Verification of Landlord/Tenant Relationship form if their name is not listed on the official lease. |
| 64. | Housing | Service Eligibility and Authorization | 1/10/25 | What documentation is required to demonstrate the amount of the total rent that a Member pays (if the other individuals on the lease are not covered as part of the household)? | Members may attest to the amount of rent they pay if it is a portion of the overall rent and less than the total rent that is listed on the lease. |
| 65. | Housing | Service Eligibility and Authorization | 12/6/24 | Does the address on the lease need to match the physical address on the Member's OHP record? | Yes, the address on the lease must match the physical address on the Member's OHP records. If the address does not match, CCOs should take steps to update the Member's address with OHP (PHTech). |

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| 66. | Housing | Service Eligibility and Authorization | 1/10/25 | What happens in various scenarios where a Member leaves their home while they are receiving rent? | If the qualifying Member's lease is terminated (e.g. the Member moves), HRSN Rent Assistance cannot be transferred or reauthorized to a new physical address. If a Member loses OHP, the service cannot be delivered. HRSN Rent Assistance is available once per household over the duration of the waiver. |
| 67. | Housing | Service Eligibility and Authorization | 1/10/25 | If a Member requests rental assistance, and then requests utility assistance, does the utility request go on the same authorization? Does it need to be re-reviewed for the utility? | Rental assistance and utility assistance is authorized at the same time. There is no need to re-review separately for utilities once the rent/utility service has been approved. |
| 68. | Housing | Service Eligibility and Authorization | 1/17/25 | Do CCOs have to offer utility assistance when someone requests rental assistance? | CCOs should ask Members if they want utility assistance when they request housing assistance to ensure that Members are aware of all services for which they are eligible. Members can always refuse HRSN services if they do not want them. |
| 69. | Housing | Service Eligibility and Authorization | 1/31/25 | Do rent and utility arrears need to cover the same months? For example, can the Member receive rent arrears for June-August, and utility arrears for August – October? | Timelines for rent and utilities arrears do not need to match. |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| 70. | Housing | Service Eligibility and Authorization | 12/6/24 | If a Member is at risk of losing housing, can they get HRSN rent assistance for a new place to live? | HRSN can only be used for a new residence when there is already a rental/lease agreement in place, not for moving costs to a new residence. For moving/relocation costs they would need to go through another program, but once they are established in a new residence HRSN can provide rent assistance. |
| 71. | Housing | Service Eligibility and Authorization | 12/6/24 | Who is eligible for hotel/motel stays? | Hotel/motel stays are only available to Members who:<br>1. Are currently housed with a written agreement or lease signed by both the landlord and Member; and,<br>2. Need support maintaining current housing; and,<br>3. Meet the At-Risk of Homelessness definition in OAR 410-120- 0000; and,<br>4. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005; and,<br>5. Are receiving the Home Modifications or Home Remediations service, and cannot safely reside in their home while the Home Modification or Home Remediation Service is conducted.<br><br>**Note**: Hotel/motel stays are subject to the 6 month rent assistance maximum.  In other words, if someone is already |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | | receiving HRSN rent assistance, their hotel/motel stay for home modifications/remediations must be included in the total 6 months available for rent assistance. |
| 72. | Housing | Service Eligibility and Authorization | 12/6/24 | Are homeowners eligible for hotel/motel stays during home modifications/remediations? | While homeowners are potentially eligible for HRSN home modifications and remediations, they are not eligible for hotel/motel stays during the home modifications and remediations. |
| 73. | Housing | Service Eligibility and Authorization | 12/6/24 | A Member must be at-risk of homelessness to receive hotel/motel stays, but that is not required for home modifications/remediations. If a Member is not at-risk of homelessness, do they need to find an alternate place to stay? | Correct; home modifications/remediations are available for all HRSN covered populations, but hotel/motel stays are only available for those at-risk of homelessness. |
| 74. | Housing | Service Eligibility and Authorization | 12/6/24 | For home modification/remediations, if the Member is a homeowner, do they need to provide verification of home ownership? | Yes; homeowners will need to provide verification of home ownership. See OAR 410-120-2005 Table 4: If the Member owns their home, the Member must provide proof of homeownership (for example, Certificate of Title/Deed). |
| 75. | Housing | Service Eligibility and Authorization | 12/6/24 | What if the Member disenrolls from OHP while receiving rent assistance? | Member OHP enrollment should be checked each month before issuing a rent payment. The individual would no longer be eligible to receive forward HRSN rent assistance after they are disenrolled from |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | | OHP. For forward rent, OHA recommends using the date of service as the first day of the month to avoid enrollment issues mid-month after rent is paid. |
| 76. | Housing | Service Eligibility and Authorization | 1/31/25 | What if the household composition changes (e.g. two partners split up and are now two separate households)? Are both 'new households' eligible again, or are all individuals in the original household unable to reapply for rent? | If a Member has not received rental assistance based on their own eligibility and is part of a household that has not received rental assistance, that individual is eligible for rental assistance.<br><br>In this situation, the individual whose eligibility was used for the HRSN rent authorization at the previous household is not eligible for HRSN rent at their new household.<br><br>However, the individual who was a member of the previous household, whose eligibility was not used for HRSN rent authorization could be eligible for HRSN rent at new household. |
| 77. | Housing | Service Eligibility and Authorization | 12/6/24 | If a Member is receiving housing subsidies, can HRSN be used to cover the portion of rent the Member is responsible for? | It depends on the funding source. Some forms of assistance cannot be combined with others, but where allowed HRSN can supplement other forms of assistance. |
| 78. | Housing | Service Eligibility and Authorization | 12/6/24 | Are home modifications and home remediations available for owners and renters? | Yes, home modifications and home remediations are available for owners and |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | | renters. OHA will update the guidance document to reflect this. |
| 79. | Housing | Service Eligibility and Authorization | 1/10/25 | Is there an authorization limit for Home Modifications and Remediations? | There is no limit on the number of times each of these services may be authorized. However, for each service, a Member's total costs across all claims over the lifetime of the demonstration may not exceed the upper payment limit listed in the Fee Schedule for Home Modifications and Home Remediations. |
| 80. | Housing | Service Eligibility and Authorization | 12/6/24 | Could a Member request multiple home modifications at once or do they need to send a request for each modification? | A separate request is not necessary as long as eligibility can be confirmed for each item. |
| 81. | Housing | Service Eligibility and Authorization | 12/6/24 | What if a Member is authorized for 6-months of rent support and then displaced due to a need for home modifications/remediations? Can CCOs simultaneously pay for rent and hotel/motel stays? | The HRSN rent assistance limitation is by Member household, not by physical address. CCOs can simultaneously use HRSN for rent and hotel/motel stays, so long as the total duration is no longer than six months. |
| 82. | Housing | Service Eligibility and Authorization | 12/6/24 | Can HRSN tenancy services be provided for a homeowner who may need home modification/remediation? | This is not allowed within the 1115 Waiver Special Terms and Conditions eligibility framework. Providers can use HRSN Outreach and Engagement for this purpose. |
| 83. | Housing | Service Eligibility and Authorization | 12/6/24 | If a Member is receiving HRSN home modifications, can they | If a Member is only receiving a home modification, they cannot receive storage fees assistance. A Member must be |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | receive HRSN storage fees assistance? | receiving HRSN rent assistance to be eligible for HRSN storage fees. |
| 84. | Housing | Service Eligibility and Authorization | 12/6/24 | Who should consider using HRSN the storage fee service? | Storage fees are for circumstances where, for example, someone is in a doubled up situation and needs somewhere to store their belongings. |
| 85. | Housing | Service Eligibility and Authorization | 1/31/25 | Can Members only receive storage assistance for the same months that they are receiving rent assistance? For example, if a Member is receiving rent arrears for November-December and rent assistance for February-May, can the Member receive storage assistance for January-May? | Members may only receive storage fees during the corresponding months when they receive rent. For example, if a Member receives forward rent for May – August, they may receive storage fees during May – August. A Member may not receive storage fees for months when they receive rent arrears. |
| 86. | Housing | Service Eligibility and Authorization | 12/6/24 | How will CCOs know if the Member has already received HRSN rent assistance from another CCO? | CCOs should review the transition of care rules for any transfer and use self-attestation to see if the Member has previously received rent or other HRSN supports that have an authorization limit. OHA is looking into other ways to support visibility into this process. |
| 87. | Housing | Service Eligibility and Authorization | 12/13/24 | Would Oregon Paid Leave, unemployment, or disability income constitute income as it relates to their eligibility for HRSN housing services? | This could go under wages or unemployment/disability, but should still be captured as income. Please see the At Risk of Homelessness: Housing Income Verification and Documentation Guide on the HRSN Provider web page: |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | | https://www.oregon.gov/oha/HSD/OHP/Tools/HRSN-Income-Guide-EN.pdf |
| 88. | Housing | Service Eligibility and Authorization | 12/13/24 | A yearlong lease has expired, and been converted to a month to month lease. However, there is no documentation of the new month to month lease, only the expired lease. Is this documentation acceptable? | Expired leases that have converted to and are now serving as a Member's current month to month lease, as permitted under ORS 90.427, will suffice as acceptable documentation for the Rent/Utilities service. In the event the rent amount has changed, the Member will need to supply documentation demonstrating the current amount. |
| 89. | Housing | Service Eligibility and Authorization | 12/13/24 | How should CCOs handle instances where a lease agreement may not have all the required information on the landlord/tenant agreement? | If a Member has a lease, that is sufficient. OHA does not expect CCOs to renegotiate existing leases to include all required information on the landlord/tenant agreement. The "required components" noted in OAR for the landlord/tenant agreement are only required if the Member does not have a lease and is developing alternative documentation of their current living arrangement. Refer to OAR 410-120-2005 Table 4 for additional information. |
| 90. | Housing | Service Eligibility and Authorization | 12/13/24 | How can Members who have had a recent change in income that is not accurately reflected in their recent tax return or other income documentation show proof of income? | The Member may use self-attestation to document their income. Please see the At-Risk of Homelessness: Housing Income Verification and Documentation Guide for more information. |

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|---|---|---|---|---|---|
| 91. | Housing | Service Eligibility and Authorization | 12/20/24 | If a Member needs two months of rent, and then later they need rent assistance again, can they apply? | No. The 6 months of utilities and rent must be consecutive months. Per OAR 410-120-2005, HRSN rent assistance can be authorized once per household over the duration of the waiver. |
| 92. | Housing | Service Eligibility and Authorization | 1/10/25 | Do rent arrears need to be for consecutive months? | Rental arrears do not need to be consecutive months. |
| 93. | Housing | Service Eligibility and Authorization | 12/20/24 | Is student housing an appropriate setting for HRSN rent? | Yes, OHP members living in student housing may be eligible for HRSN rent, as long as they meet all components of the HRSN rent eligibility criteria, per OAR 410-120-2005. As part of determining the member's income, CCOs should review any aid from FAFSA and student loans and determine the amount of aid that is in excess of tuition. Per 24 CFR 5.609(b)(9), the excess amount will be considered income **except** in cases where the student is a minor or a full-time student that is not the head of household. Household assets should also be considered in determining income. In addition to being eligible based on income, the student would also need to self-attest to lacking resources or systems of care to prevent homelessness. |
| 94. | Housing | Service Eligibility and Authorization | 1/10/25 | Are Members living in recovery homes eligible for HRSN rent? | Yes. Members who reside in Recovery Housing who pay rent are eligible for HRSN Rent Assistance. OHA is updating the OARs |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| 95. | Housing | Service Eligibility and Authorization | 1/31/25 | If we request a 14-day extension, do we need to send the member a physical letter via US Mail, or can we inform the member by other means (e.g., text)? | CCOs should use the same process they use for other member noticing requirements subject to OAR 410-141-3835, which states "(B) If the MCE needs to extend the timeframe, the MCE shall give the member written notice of the reason for the extension;" |
| *Housing: Service Design – Rent/Utilities* | | | | | |
| 96. | Housing | Service Design: Rent/Utilities | 12/6/24 | Are arrears that were accrued prior to go live eligible to be covered under HRSN rent/utilities? Or arrears accrued when the Member was with a different CCO? | Yes; if a Member is currently eligible for HRSN rent assistance, the Member can receive up to 6 months of HRSN rent assistance, including arrears for months prior to the benefit go live. It is the responsibility of the current health plan authorizing HRSN rent assistance to cover the eligible arrears costs. |
| 97. | Housing | Service Design: Rent/Utilities | 12/6/24 | Are arrears covered if they were accrued when the Member was not on OHP? | Yes, if a Member is currently eligible for HRSN rent/utilities, the Member can receive up to 6 months of HRSN rent/utilities, including arrears for months prior to their OHP enrollment. The date of service should reflect the month that the Member receives the service, and the day after the 1st from most recent to least recent.  Please refer to the |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | | HRSN Billing Guide for additional information. |
| 98. | Housing | Service Design: Rent/Utilities | 12/6/24 | Can CCOs pay arrears if they have been sent to collections? | HRSN rent and utilities arrears should not be used to cover arrears that have been sent to collections. |
| 99. | Housing | Service Design: Rent/Utilities | 12/6/24 | How are HRSN rent and utility arrears combined with forward rent and utility payments? | Guidelines for combining Rent and Utilities:<br>• A Member may not receive more than 6 months of rent and 6 months of utilities.<br>• To receive HRSN utilities, a Member must be receiving HRSN rent.<br>• A Member may not receive more months of HRSN utilities than they receive of HRSN rent.<br>• A Member may not receive HRSN utilities going forward if they are not receiving HRSN rent going forward. |
| 100. | Housing | Service Design: Rent/Utilities | 12/6/24 | Are HRSN utility payments only allowed for those tied to the rent ledger? | No. Utilities that are separate from the rent payment are reimbursable through the HRSN program, as well as utilities that are bundled with rent. The Member must be receiving the HRSN rent payment to be eligible for utilities payments. A comprehensive list of eligible utility payments is available in the OAR 410-120-2005 Table 4. |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| 101. | Housing | Service Design: Rent/Utilities | 12/6/24 | How do CCOs distinguish between 1) utilities on a rent ledger and 2) standalone utilities directly from a vendor? | Please refer to the HRSN Billing Guide. |
| 102. | Housing | Service Design: Rent/Utilities | 12/13/24 | How are utilities set up and utilities arrears differentiated? | The procedure code for utilities set up is different than the procedure code for utilities arrears. Utilities set up has a modifier, but the utilities arrears do not. |
| 103. | Housing | Service Design: Rent/Utilities | 1/10/25 | Are CCOs able to cover utilities for Members whose utilities are: (a) not included in their rent, (b) in their landlord's name, and (c) paid for directly by the Member? | For situations where the Member pays for utilities that are not included in their rent and are in the landlord's name, the Member may self-attest; the HRSN Verification of Landlord/Tenant Relationship and Rent Owed form will be updated to be used for these situations in the future. |
| 104. | Housing | Service Design: Rent/Utilities | 1/31/25 | Are firewood, propane, oil, and other fuel considered "gas" utilities? | The State is exploring an addition to the OARs that would allow firewood, pellets, propane and oil to be covered utilities. Please note, the service definitions for utility costs are being revised in the OARs. CCOs may provide additional comments or questions on the suggested edits during OAR public comment period beginning February 1 through February 21. |
| 105. | Housing | Service Design: Rent/Utilities | 1/24/25 | How do HRSN service providers track when the payment for utility bills is above the UPL for the month? How do CCOs ensure they | CCOs are encouraged to work with service providers during authorization to understand typical past utility payments |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | are aware, rather than their claims being denied? | and process invoices in accordance with the fee schedule. |
| 106. | Housing | Service Design: Rent/Utilities | 12/6/24 | For manufactured homes and RV parks, a Member may have a rental agreement for the land, and a mortgage payment for the home/RV. Can the rental assistance and utilities be used for this? | HRSN rent payments may be used for the rental agreement, but they may not be used for the mortgage payment. The Member may receive HRSN utilities assistance if they are receiving HRSN rent assistance. |
| 107. | Housing | Service Design: Rent/Utilities | 12/13/24 | Does the address for the rental assistance need to be the same for the full 6 months? If they move, would they lose the benefit? | Yes; it needs to be the same address. |
| 108. | Housing | Service Design: Rent/Utilities | 12/13/24 | Does the phone utilities benefit cover just the Member, or other lines on their plan? If it does cover other lines, is it correct to assume this would not extend to a business line? Does the phone utilities benefit cover just the line costs, or does it also cover device costs (e.g. Phone, hotspots)? | Business lines, hotspots, insurance, and cost of the devices are not covered under HRSN. The benefit includes all lines included in the plan, provided that the address on the cell phone plan matches the Member's address, subject to the UPL. |
| 109. | Housing | Service Design: Rent/Utilities | 12/13/24 | Do utilities set up count against the 6 months? | Under the utilities set up service, the payment for the first month of the utility payment **does count** toward a Member's total allowable six months of utility payments. A Member may not receive more than six months of utility support through HRSN Housing Supports. |

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| 110. | Housing | Service Design: Rent/Utilities | 12/20/24 | Are late fees that were incurred as part of past-due rent covered as part of rent arrears? | Yes, as detailed in Table 4 of the attachment in OAR 410-120-2005, HRSN rent covers the cost of recurring rent, to include past-due rent and any associated late fees as a result of past-due rent. |
| 111. | Housing | Service Design: Rent/Utilities | 12/20/24 | Can rent be used to pay for the cost of breaking a lease? | No, as detailed in Table 4 of the attachment in OAR 410-120-2005, rent cannot cover the cost of breaking a lease. |
| 112. | Housing | Service Design: Rent/Utilities | 12/20/24 | Does OHA have a specific vision or guidance for authorizations that include variable utilities? | CCOs should authorize the UPL for utilities for up to six months and review the utility bills as they are submitted in claims. |
| 113. | Housing | Service Design: Rent/Utilities | 1/24/25 | Is collection of the W-9 the responsibility of the CCO or the HRSN Service Provider? | The responsibility should be held by the entity that is directly paying the rent to the property management company/landlord, which may be the CCO or the HRSN Service Provider, depending on the situation. |
| *Housing: Service Design – Storage Fees* | | | | | |
| 114. | Housing | Service Design: Storage Fees | 1/10/25 | If a Member does not have a storage unit prior to getting authorized for HRSN coverage, can the Member still be authorized for this service? | Yes, this service may cover a new or existing storage unit. As defined in Table 4 of the attachment to OAR 410-120-2005, only payment of the storage unit itself is covered by the HRSN service. All other fees associated with procuring the storage unit (e.g. set-up fees or deposits) would not be covered by this service. |
| 115. | Housing | Service Design: Storage Fees | 1/10/25 | Can storage fees be used to store an RV while it is not in use? | Storage of an RV is not an allowable cost under the Storage Fees service. |

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| 116. | Housing | Service Design: Storage Fees | 1/17/25 | Are storage arrears included in the Storage Unit Support? Or is it forward storage fees only? | Storage arrears are not included in the storage fee service. |
| *Housing: Service Design – Hotel/Motel* | | | | | |
| 117. | Housing | Service Design: Hotel/Motel | 12/6/24 | Are AirBnBs allowed for HRSN hotel/motel stays? | No; hotel/motel stays are limited commercially zoned hotels and motels. |
| *Housing: Service Design – Home Modifications and Remediations* | | | | | |
| 118. | Housing | Service Design: Home Remediation | 12/6/24 | Is mold remediation covered? | No, mold remediation is not covered under the HRSN program. |
| 119. | Housing | Service Design: Home Remediation | 1/10/25 | If a Member needs mold removal, would they need to request Tenancy Services or Outreach and Engagement Services? | HRSN does not cover mold removal; however, Members that are renters may be referred to legal assistance to address mold concerns through the Tenancy Services. Members that are homeowners may be referred to legal services through the Outreach and Engagement service. |
| 120. | Housing | Service Design: Home Modifications and Remediations | 1/31/25 | Is there guidance on hazardous waste removal for the home remediations benefits? What are vendors looking for and what are they assessing? | OHA would anticipate most home remediations are addressing issues that are hazardous to the Member's health, and likely not a biohazard, but to the extent that is a necessary remediation it would be covered under HRSN. The CCO would want to look for vendors that are qualified to execute that specific remediation. Please note, the service definition for home remediations is being revised in the OARs. CCOs may provide additional comments or questions on the suggested |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | | edits during OAR public comment period beginning February 1 through February 21. |
| 121. | Housing | Service Design: Home Modifications and Remediations | 12/6/24 | Are there recommended specifications for Home Modifications and Remediations? | The following specifications will be added in CCO Guidance for ramps:<br>• Must conform to ADA requirements (1:12) or if necessary due to space constraints and with consumer approval 1:10<br>• Must have non-slip surface<br>• Must have handrails, even if the consumer doesn't choose this<br>• Is preferred to be a metal ramp<br><br>Pest eradication may include sealing areas where pests can enter or hide, or other activities identified as best practices for pest control and eradication. |
| 122. | Housing | Service Design: Home Modifications and Remediations | 12/13/24 | How should we bill for the work to deliver home mods and remediations? | HRSN Tenancy Services may be used for Members who are eligible (note that eligibility for HRSN Tenancy Services is the same for HRSN Rent Assistance. See OAR 410-120-2005, Table 5).<br><br>O&E may be used to assist a Member in coordinating the delivery of home modifications and remediations for Members who are not eligible for Tenancy Services, including homeowners. |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| 123. | Housing | Service Design: Home Modifications and Remediations | 12/13/24 | Can a vendor charge for mileage within the bid for a home remediation or modification? | Vendors may include the cost of transport within their bid for a home modification or remediation. Oftentimes, the cost of transport is rolled into the overall cost of the project. The cost of the project may not exceed the UPL. |
| 124. | Housing | Service Design: Home Modifications and Remediations | 1/10/25 | What happens if a Member's initial authorized SOW for a home modification or remediation is no longer feasible (e.g. the contractor found rot so needs to replace the wall where the ramp adheres), and a new SOW is needed? | After authorizing the service and accompanying SOW, CCOs must accept any updates to the SOW that are within reason. The CCO should work with the contractor, landlord (if applicable), and Member to accommodate updates to the SOW to the greatest extent possible. |
| 125. | Housing | Service Design: Home Modifications and Remediations | 1/17/25 | For home modification and remediations, if something is not covered that would be the responsibility of the landlord, how does the CCO know? | It is the CCOs' responsibility to understand what state and local landlord obligations and tenant rights are. CCOs should review state and local laws that pertain to landlord and tenant responsibilities. For example, ORS 90.320 details the landlord's requirements to maintain premises in a habitable condition. CCOs should partner closely with HRSN Housing Service Providers who have expertise in these topics, and ensure that workflows are designed to leverage this expertise. These information sources could support in determining tenant rights: <br>• Fair Housing Council of Oregon 1-800-424-3247 Report Housing |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | | Discrimination - Fair Housing Council of Oregon |
| | | | | | • Oregon Bureau of Labor & Industries 971-245-3844 BOLI : Housing Discrimination Complaint : Civil Rights : State 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 |
| | | | | | Learn more about Source of Income discrimination: |
| | | | | | • Oregon Revised Statute ORS 659A.421 – Discrimination in selling, renting or leasing real property prohibited |
| | | | | | • Fair Housing Council Of Oregon - Home - Fair Housing Council of Oregon |
| | | | | | • Pre-Recorded Courses - Fair Housing Council of Oregon |
| | | | | | • Oregon Housing and Community Services : Training : Housing Compliance & Monitoring : State of Oregon |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | • [Fair Housing Basics, 5-29-2024 on Vimeo](#) |
| *Housing: Payment* | | | | | |
| 126. | Housing | Payment | 12/6/24 | Can HRSN service providers include the cost of credit card fees in their invoices to CCOs when paying for housing benefits through credit card (e.g., utilities storage)? | OHA leaves the form of payment to the discretion of the provider. Credit card fees cannot be included in the cost of the service. |
| 127. | Housing | Payment | 12/6/24 | Can CCOs pay the first month of rent under HRS flex and then authorize under HRSN for the remaining 5 months to another housing provider? Does it matter if the service is being provided by multiple service providers? | If the individual is eligible for HRSN rent assistance, HRS flex cannot be used to cover the rent; however, if HRS flex is used to pay for rent prior to the launch of the HRSN program/Member's eligibility, HRSN can be used moving forward once the Member is determined eligible. There should be no problem in changing the source of payment. The months where the Member received rent assistance through HRS flex (prior to becoming eligible/prior to program launch) do not count toward the 6 month HRSN rent assistance limit.<br><br>Housing providers do not need to provide all housing services, so either CCO or housing provider can provide rent payment, tenancy services, etc. |
| 128. | Housing | Payment | 12/6/24 | Is the variable administrative fee only for providing the Member the first month of rent, but not for | Yes; the housing variable admin. is payable associated with claims for the first month of rent and utility costs, once for home |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | providing the consecutive five months of rent? | modifications, and once for home remediations. |
| 129. | Housing | Payment | 1/10/25 | If for some reason the HRSN rent check is voided and rent doesn't get paid, does the CCO have to return the administrative fee for the work they did? | Yes. Variable administrative fees are only valid for clean claims and must also be voided when the claim that qualifies this payment is voided. |
| 130. | Housing | Payment | 1/10/25 | How would the administrative fee for CCOs apply for home modifications and home remediations? | CCOs will receive one administrative fee for the first instance of a home modification and the first instance of a home remediation. |
| 131. | Housing | Payment | 1/10/25 | Are variable administrative payments automatically triggered when we bill OHA for a qualifying HRSN service (e.g., first month's rent, air conditioner, etc.)? | No. CCOs must bill the variable administrative code 99499 alongside a qualifying HRSN service to claim the variable admin payment. The housing variable admin fee is payable when associated with claims for the first month of rent and utility costs, once for home modifications, and once for home remediations. The same bill code is also used to claim the climate variable admin fee, which is payable for qualifying devices (maximum of one payment per member, per device) Please see additional information in the HRSN Billing Guide. |
| 132. | Housing | Payment | 12/6/24 | Will CCOs be reimbursed for funds spent assisting a Member in preventing imminent eviction even | Yes; as long as the individual receiving the services is eligible and authorized for HRSN services, the CCO can get reimbursed. However, HRSN Outreach and Engagement |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| | | | | though CCOs are not required to do so? | and Tenancy Services performed by the CCO are included in the CCO Administrative Payments. |
| 133. | Housing | Payment | 12/20/24 | What information is available about the Tenancy Services that can be billed on a PMPM basis? | The PMPM option is a second reimbursement option for Tenancy Services, the current option for reimbursement is 'per 15 minutes'. This option will be available in January 2025. |
| 134. | Housing | Payment | 1/31/25 | For the Tenancy Service, can HRSN Providers opt into PMPM payments, or is this at discretion of the CCO? If at the discretion of the CCO, what sort of guidance is there in making the determination? | The PMPM Payment model for the Tenancy Service is available at the discretion of the CCO. OHA has provided CCOs with guidance on what is required in order for an HRSN Provider to use the PMPM Payment model, and CCOs will assess their networks to determine feasibility. HRSN Providers can reach out to any CCOs they work with for additional information on their current payment processes. |
| 135. | Housing | Payment | 12/20/24 | How can CCOs ensure timely payment of rent? | CCOs may use a date during the last week of the prior month that rent is due to ensure the landlord receives the rent payment on, or before, the date it is due. OHA will update the HRSN Billing Guide with this information. |
| 136. | Housing | Payment | 1/10/24 | What do CCOs do about recoupment of rental assistance when Member moves out of housing before rent was due? | If a Member moves out of housing for which they are receiving HRSN rent assistance, they are no longer eligible for rental assistance. If a CCO or HRSN service provider paid for rent after the member |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | | moved out, the CCO should attempt to recoup the money. OHA expects CCOs to have processes in place to assure this happens infrequently. |
| 137. | Housing | Payment | 1/31/25 | If rental arrears payments are added to the current bill for a month, do CCOs need to split the arrears payment from the current rent payment? | Yes;CCOs must split out arrears payments from current rent payments. Each claim can only cover one month, or one unit, of rent and utilities. |
| *Housing: Billing and Claims* | | | | | |
| 138. | Housing | Billing and Claims | 12/6/24 | Will CCOs need to differentiate labor/materials in documenting costs for home remediations? | No; that level of information is not needed for encounter claims. |
| 139. | Housing | Billing and Claims | 1/10/25 | How is work separated for billing purposes for home modifications or remediations that require two or more services/items? | Whether work is included on the same Scope of Work or separated is at the discretion of the CCO, the HRSN Service Provider, and HRSN Vendor. All combined claims cannot exceed the UPL on the fee schedule per Member over the lifetime of the waiver. |
| 140. | Housing | Billing and Claims | 1/10/25 | When submitting encounters for a partial month of rent and utilities, do CCOs submit one encounter for each day in a range? | Yes, encounters for prorated or partial month's rent will be billed using bill code H0043 (and applicable modifiers) and must have one encounter for each day of the service period. Please see additional detail in the HRSN Billing Guide. |
| 141. | Housing | Billing and Claims | 1/31/25 | If CCOs pay for 10 days of rent for hotel/motel services, does this | If the days for payment for the hotel/motel stay are consecutive, one encounter payment may be submitted with the date |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | require 10 encounter submissions or one encounter submission? | range, and number of days as the unit (using the per diem code). |
| 142. | Housing | Billing and Claims | 12/6/24 | Should there be a separate claim for each utility bill? | Yes; if the CCO pays each utility separately, there should be a corresponding individual encounter claim representing each payment. |
| 143. | Housing | Billing and Claims | 12/6/24 | If a Member has multiple bills due across different dates, what date range should be used for authorization? | OHA would prefer to have the information on the specific bills. The dates we are recommending for date of service would be the beginning date of the service date. If the bill is for 10/1-10/31, the date of service is 10/1. If the bill is for 10/4-11/3, the date of service is 10/4. If the bill is for 10/14-11/13, the date of service is 10/14. If the bill is for 10/4-12/3, this would represent two claims, the first date of service would be 10/4 and the second would be 11/4, etc. |
| 144. | Housing | Billing and Claims | Updated 1/31/25 | What if a Member has one bill that spans across multiple months? How should utility arrears be paid for months where the bill does not break down costs by month? | Refer to the HRSN Billing Guide for more information. This bill would need to be separated into multiple claims, one claim per month. All bills should have an attributable amount and should be approved/encountered accordingly. In lieu of a bill that cannot be itemized, the utility company can provide confirmation as to how many months that the arrears are for and the charges for those months (e.g., through a screen shot). |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| 145. | Housing | Billing and Claims | 12/6/24 | Does a bill that has a past due and an overdue balance count as one claim? | This should be further clarified with the Member to better understand the past due and overdue amounts. If they are expenses for different months, then that would not be one claim. |
| 146. | Housing | Billing and Claims | 12/13/24 | Will there be an additional modifier for the utility arrears to distinguish by region? | Utilities Arrears does not have additional modifiers beyond the U1 modifier required for all HRSN services. |
| 147. | Housing | Billing and Claims | 12/13/24 | Should utilities be billed using the first of the month, without date ranges? | For utilities that are not bundled with forward rent: Use the first day within the service period. |
| 148. | Housing | Billing and Claims | 12/13/24 | Could there be a situation where the dates of service overlap, for example, might rent have date of service for 11/2 and utilities have date of service for 11/2? | Yes, this may occur in a situation where rent/utilities are separate and the DOS could be the same. |
| 149. | Housing | Billing and Claims | 12/13/24 | What date of service should be used for forward rent payments? | For forward rent assistance (i.e., rent assistance that is paid at the beginning of the month for the month ahead): use the first day of the month that the rent is for. |
| 150. | Housing | Billing and Claims | 1/10/25 | What date of service should be used for claims for utilities and rental arrears? | For utilities arrears: Use the first day within the service period. This includes the first day of the month, if applicable, using the utilities procedure code. |
| 151. | Housing | Billing and Claims | 12/13/24 | Do HRSN providers need to decipher the difference between housing units when they submit claims? | The CCO is responsible for ensuring the payment adheres to the upper payment limit for the region and number of bedrooms per unit. |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| 152. | Housing | Billing and Claims | 12/13/24 | Future rent and rent arrears use the same procedure code. How will CCOs know if they should approve utilities based on the rent? | The fee schedule and procedure codes are intended to align with the housing service definitions. HRSN service providers and the Member's CCO will need to determine billing details for all invoices. Utilities arrears has its own procedure code, an invoice for past due utilities should be billed using that procedure code. Invoices for past due rent should be billed through the rent procedure code. CCOs will be responsible for tracking service limits for Members. |
| 153. | Housing | Billing and Claims | 12/13/24 | Is the CCO the provider on the claims for variable administrative fee? Is OHA still expecting enrollment of the provider as atypical if an HRSN provider is enrolled as a clinical provider with an NPI? Or do they still use their NPI for both? Do you want them to bill with the separate IDs? | The two provider types that are allowed on regular HRSN claims are the CCO itself or the new Type 68 HRSN Provider Type. The Type 68 may or may not have an NPI. For Variable Admin, the only provider on the claim should be the CCO itself as the billing provider with no separate rendering provider included. The CCO will not have an NPI and will be sent as an Atypical provider. |
| 154. | Housing | Billing and Claims | 1/10/25 | If a Member is authorized to receive rent/utilities and submits documentation for bills initially, but is delayed or unresponsive in getting the Provider the necessary documentation for utilities, can the Provider "retroactively" pay for the | CCOs may authorize eligible Members for up to six months of utilities up to the UPL as detailed in the Fee Schedule. The date of service for utilities should be the first day within the service period (if the utilities are not bundled with rent). Claims may be submitted retroactively for |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | utilities once the documentation is received? | payments made and services rendered, so long as the services rendered are the services for which the Member was authorized (e.g. in this example, the Member is eligible to receive six months of consecutive utilities support). |
| 155. | Housing | Billing and Claims | 1/10/25 | When is it appropriate for CCOs to use the code H0043? | This code can be used for Hotel/Motel Stays for eligible members who are receiving HRSN home modifications or remediation services. This code can also be used for payment of partial month's rent or utilities in situations where they're prorated. Please reference the fee schedule for additional details on unit and expected costs for these two distinct services, as they use the same procedure code, but have differing unit and payment caps. When billing using code H0043, there should be one encounter for each day that the service was delivered. |
| 156. | Housing | Billing and Claiming | 1/31/25 | For the tenancy service PMPM, how should CCOs handle situations where the Member may alternate between a high complexity and low complexity case (CCO Guidance Document, page 75)? | There is no specific guidance on how often complexity is reassessed; CCOs are encouraged to work with their providers to determine a cadence to review at least once a year. |
| *Housing: Service Providers* | | | | | |
| 157. | Housing | Service Provider | 12/6/24 | Will a CCO be penalized for serving as the housing provider at 11/1 go | OHA understands not all providers will be ready to go live with HRSN housing |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | live? What guidance does OHA have for network adequacy and mitigating conflict of interest for 11/1 and throughout the course of the demonstration? | services on 11/1. In the case that only the CCO has capacity to provide housing services on 11/1, they must demonstrate they are the only willing and capable provider available to furnish services.<br><br>OHA expects additional providers to be added to the CCO network and conflict of interest processes to be implemented throughout the course of the Demonstration. CCOs must confirm plans to meet network adequacy requirements in housing readiness plans. OHA will be available to provide TA to CCOs on conflict-of-interest processes in 1:1 sessions. |
| 158. | Housing | Service Providers | 12/6/24 | For HRSN tenancy services, what are the documents that the service provider needs to maintain? | The HRSN PCSP is maintained by the CCO and we encourage HRSN service providers to provide information for the HRSN PCSP. CCOs set standards for provider documentation in their network contracting.<br><br>For record-keeping, OHA recommends providers maintain documentation similar to what is expected for O&E services. |
| *Nutrition: General* | | | | | |
| 159. | Nutrition | General | 1/10/25 | How should CCOs ensure HRSN Medically Tailored Meals do not supplant existing medically tailored | CCOs should make best efforts to determine whether Members are receiving |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | | | meal programs that Members are receiving? | medically tailored meals through other federally-funded or state-funded programs. |
| 160. | Nutrition | General | 1/17/25 | When will Fruit and Vegetable Benefit and the remaining HRSN nutrition services go live? | Pantry Stocking will go live in 2026. OHA is currently exploring the feasibility of Fruit and Veggie service beginning in 2025. |
| 161. | Nutrition | General | 1/31/25 | Can the Fruit and Vegetable Benefit be delivered to Members who are unable to go out and purchase on their own? | Yes. Food may be delivered to the Member's home or private residence, if delivery service is available. However, please note that the Fruit and Vegetable Benefit fee schedule is not intended to cover any additional delivery fees. |
| 162. | Nutrition | General | 1/10/25 | If a Member is eligible for other home-delivered meals outside of HRSN, should they be directed to receive assistance through that program instead of HRSN? | Please assess the member's holistic needs, look at eligibility for different programs, and select the program that best meets their clinical, nutritional, and other care support needs. |
| 163. | Nutrition | General | 1/10/25 | Can Members self-attest to receipt of SNAP or WIC? | As a reminder, receipt of SNAP or WIC benefits does not preclude a Member from receiving nutrition support through HRSN, so long as the member meets all eligibility requirements for an HRSN nutrition service, including experiencing low or very low food security. The HRSN Request Form does not ask members to attest to their receipt of SNAP or WIC benefits. In the event it makes sense for a member to share this information, self-attestation is permissible. |

| # | Benefit Area | Topic | Publication Date | Question | Response |
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| *Nutrition: Service Eligibility and Authorization* | | | | | |
| 164. | Nutrition | Service Eligibility and Authorization | 1/10/25 | Under the eligibility section of the HRSN Request Form, it says the Member needs to have "unmet food needs." Our understanding is that Members must meet the definition of low food security as defined by USDA—is this no longer correct? | The USDA screener is still what determines whether a Member meets the HRSN Nutrition social risk factor. In an effort to adhere to plain language standards on the HRSN Request Form, the term "unmet food needs" was used instead of "low or very low food security per USDA's 6-item screener." |
| 165. | Nutrition | Service Eligibility and Authorization | 1/10/25 | Are all HRSN nutrition services mutually exclusive? | On 1/1/25, the HRSN nutrition services that became available are Assessment for Medically Tailored Meals, Medically Tailored Meals (MTM), and Nutrition Education. Nutrition Education and MTM are mutually exclusive because general nutrition education may not be appropriate for Members with medical conditions that require clinical nutrition interventions such as MTM. |
| *Nutrition: Service Eligibility and Design: Nutrition Education* | | | | | |
| 166. | Nutrition | Service Eligibility and Design: Nutrition Education | 1/10/25 | If a Member is receiving HRSN Medically Tailored Meals, are they eligible for Nutrition Education? | No, Members receiving HRSN Medically Tailored Meals are not eligible for HRSN Nutrition Education. Nutrition Education and MTM are mutually exclusive because general nutrition education is not appropriate for Members with medical conditions that require clinical nutrition interventions such as MTM. Members who qualify for MTM should receive clinical |

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|---|---|---|---|---|---|
| | | | | | nutrition counseling (also referred to as medical nutrition therapy) from an RDN. |
| 167. | Nutrition | Service Eligibility and Design: Nutrition Education | 1/10/25 | Does OHA have recommended evidence-based nutrition education training that CCOs could use? | Please refer to the 11/21/24 CCO Work Session slides to learn more about what CCOs would look for in an evidence-based nutrition education curriculum. If you do not have access to these materials, please reach out to Jessi Wilson at jessica.l.wilson@oha.oregon.gov |
| 168. | Nutrition | Service Eligibility and Design: Nutrition Education | 1/10/25 | Can an HRSN Provider attest to or provide documentation of evidence-based training for HRSN Nutrition Education in lieu of receiving training through a CCO? | Yes, HRSN Providers can provide documentation of sufficient evidence-based training in lieu of receiving training through a CCO. |
| 169. | Nutrition | Service Eligibility and Design: Nutrition Education | 1/24/25 | What is the difference between medical nutrition therapy (MNT) and Nutrition Education? In what circumstances would a Member qualify for Nutrition Education? | MNT is a clinical nutrition intervention that must be delivered by an RDN. It is specific to the patient and their clinical condition/needs. Nutrition Education is more general and does not need to be provided by an RDN. It is appropriate for Members who want general information (e.g., food resource management, general tips for healthy meals on a budget, label reading, etc.) and who are unable to receive the service through other funding sources. |
| *Nutrition Service Eligibility and Design: Assessment for Medically Tailored Meals* | | | | | |
| 170. | Nutrition | Service Eligibility and | 1/10/25 | Does a referral to a registered dietitian nutritionist (RDN) for | This depends on the CCO's protocol. Some allow for self-referral. However, given that |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | Design: Assessment for Medically Tailored Meals | | HRSN Assessment for Medically Tailored Meals need to be made by the Member's primary care physician (PCP)? | self-attestation of a clinical risk factor is not sufficient to justify the medical appropriateness and medical necessity of Medically Tailored Meals, OHA advises the involvement of a PCP or appropriate medical specialist. |
| 171. | Nutrition | Service Eligibility and Design: Assessment for Medically Tailored Meals | 1/24/25 | If a Member self-attests to having a condition appropriate for Medically Tailored Meals, and the CCO has clinical documentation or claims information that supports the medical appropriateness and necessity of that attestation, can the CCO directly refer the Member to an RDN for assessment? | Yes, the CCO may directly refer the Member to an RDN in this scenario. |
| 172. | Nutrition | Service Eligibility and Design: Assessment for Medically Tailored Meals | 1/10/25 | Is prior authorization required for HRSN Assessment for Medically Tailored Meals? | No, prior authorization is not needed for HRSN Assessment for Medically Tailored Meals. However, you may need a referral for a dietitian from the PCP. |
| 173. | Nutrition | Service Eligibility and Design: Assessment for Medically Tailored Meals | 1/10/25 | If an HRSN Provider does not have the capacity to conduct the HRSN Assessment for Medically Tailored Meals, are they allowed to refer to another provider who has an RDN on staff instead of to a primary care provider (PCP)? | Yes, to the extent possible, the HRSN Assessment for Medically Tailored Meals should always be conducted by an RDN rather than a PCP. |

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|---|---|---|---|---|---|
| 174. | Nutrition | Service Eligibility and Design: Assessment for Medically Tailored Meals | 1/31/25 | OARs specify that Assessment for MTM can be provided by a primary care provider (PCP) when an RDN is not available. What provider types are included in this definition of PCP? Can DOs, NPs, PAs, etc. also conduct the assessment? | We strongly encourage plans to seek out RDNs to conduct the assessment. When an RDN is not available, MDs, DOs, NPs, PAs, or the specialist serving as the primary clinician for the Member may conduct the assessment for MTM. The provider conducting the assessment must follow the Nutrition Care Process as outlined by the Academy of Nutrition and Dietetics. Please see here for more information on the Nutrition Care Process. |
| 175. | Nutrition | Service Eligibility and Design: Assessment for Medically Tailored Meals | 1/10/25 | Our CCO has an in-network RDN provider that does not require prior authorization. Can the Medically Tailored Meal service occur if the RDN determines it is the most appropriate intervention? | HRSN Assessment for Medically Tailored Meals does not require prior authorization. If an RDN assessment determines medically tailored meals are the most appropriate intervention, the RDN or member of the care team could assist with sending the completed HRSN request to the CCO who would then review and connect with the MTM provider if the service is authorized. |
| 176. | Nutrition | Service Eligibility and Design: Assessment for Medically Tailored Meals | 1/10/25 | Would it be acceptable for CCOs to create a template for RDN assessments for Members to take to their appointments to support consistency and ensure all needed information is obtained? | RDNs should follow established protocols to assess Members and develop a nutrition care plan, so a standard template should not be needed. Please review the Nutrition Care Process within the HRSN Guidance Document. |
| 177. | Nutrition | Service Eligibility and | 1/24/25 | If a Member already has a nutrition care plan, do CCOs need | If during the HRSN Eligibility Screening for Assessment for MTM, the Member |

| # | Benefit Area | Topic | Publication Date | Question | Response |
|---|---|---|---|---|---|
| | | Design: Assessment for Medically Tailored Meals | | to review the HRSN Request for an Assessment for MTM based on diagnosis? | produces a current nutrition care plan that has been developed by an RDN and is up-to-date with all relevant information (e.g., the Member's clinical diagnosis and labs), the CCO does not need to review the diagnosis. |
| | *Nutrition: Service Eligibility and Design: Medically Tailored Meals* | | | | |
| 178. | Nutrition | Service Eligibility and Design: Medically Tailored Meals | 1/10/25 | Can OHA clarify the process flow for an HRSN-eligible Member to be authorized for HRSN Medically Tailored Meals (MTM)? | For an HRSN Request for MTM to be considered complete, it must include documentation that the Member has been assessed by an RDN (or PCP if RDN access is limited or delayed). The RDN must identify that MTMs are medically necessary and establish a medically appropriate nutrition care plan. Self-attestation of a clinical diagnosis for MTM is not sufficient. If a request for MTM does not include all necessary documentation, CCOs shall obtain all the information necessary to complete the request in order to conduct the HRSN Eligibility Screening and HRSN service authorization. An incomplete HRSN Request is not subject to the standard service authorization timeline and a denial should only be issued if it is determined by the CCO from an HRSN Eligibility Screening that the Member does not qualify for MTM. |

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| | | | | | The service authorization process for MTM is clarified in the 1/1/25 temporary rule filing as well as a memo released on 12/24/24. Please refer to this memo and OARs 410-120-2010 and 410-120-2015 for more information. |
| 179. | Nutrition | Service Eligibility and Design: Medically Tailored Meals | 1/10/25 | Does the address for MTM delivery have to match the Member's OHP address? | Yes, the address for MTM delivery must match the Member's OHP address. |
| 180. | Nutrition | Service Eligibility and Design: Medically Tailored Meals | 1/10/25 | The HRSN Request Form seems to encourage Members to self-refer for MTM. However, our understanding is that the Member should be referred by a provider. Is the goal to have Members self-refer like for the housing benefit or to go through their primary care provider (PCP)? | While Members can self-refer for MTM, they will still need to work with their PCP or an appropriate specialist (e.g., in cardiology, endocrinology, pulmonology, etc.) as well as a RDN to determine if MTM is appropriate for their health condition. Self-attestation of a clinical diagnosis for MTM is not sufficient. Only when the HRSN Request is complete will the CCO be able to conduct the HRSN Eligibility Screening and HRSN service authorization. |
| 181. | Nutrition | Service Eligibility and Design: Medically Tailored Meals | 1/10/25 | Are the clinical risk factors for nutrition listed in OARs correct for HRSN Medically Tailored Meals, or should CCOs and providers refer to the recently shared ICD-10 list instead? | OHA released a memo on 12/24/24 (sent to CCOs via email) that includes a non-exhaustive list of specific medical conditions most responsive to MTM. Please refer to this memo for more information on the conditions that may be most suitable for MTM. |

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| 182. | Nutrition | Service Eligibility and Design: Medically Tailored Meals | 1/10/25 | Do Members need to consult a PCP after being assessed for MTM in order for the MTM request to be advanced to CCOs for approval? | No, Members do not need to consult a PCP after the RDN assessment. However, that is based on the assumption that the RDN utilized information from the PCP/specialist to guide the nutrition care process. Members, RDNs, PCPs, medical social workers, and other entities may submit the nutrition care plan to CCOs as part of the service authorization process. |
| 183. | Nutrition | Service Eligibility and Design: Medically Tailored Meals | 1/31/25 | OARs state that Members living in institutional settings are not eligible for MTM. However, if the institutional setting only provides a standard meal plan and is unable to provide a medically tailored meal plan, can CCOs authorize MTM for the Member? | No. If a Member resides in an institutional setting that provides residents with meals, they are not eligible to receive MTM through HRSN. |
| 184. | Nutrition | Service Eligibility and Design: Medically Tailored Meals | 1/10/25 | What action should CCOs take if they receive a request for MTM but the necessary documentation (e.g., the RDN assessment or nutrition care plan) to approve a service request is missing? | If a request comes in for MTM but does not include all necessary documentation identified in OAR 410-120-2010, this does not constitute a complete HRSN request. Per OAR 410-120-2015, CCOs shall obtain all the information necessary (assist Member to make clinical connections as appropriate to obtain needed documentation) to complete the request in order to conduct the HRSN Eligibility Screening and HRSN service authorization. |

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| 185. | Nutrition | Service Eligibility and Design: Medically Tailored Meals | 1/31/25 | If a Member wishes to pause the MTM benefit (e.g., because they are going on vacation for two weeks or decide they do not want MTM for a couple months but later decide they would like to resume), could the Member's six-month timeline be extended for the time they did not receive the service? How should CCOs document this situation? | The Member could pause MTM delivery, but their six-month timeframe cannot be extended and any period in which the service was paused cannot be appended to the end of their six-month period. Vendors should bill only for the time when the Member receives services and CCOs should maintain documentation of when services are paused for their own records. |
| 186. | Nutrition | Service Eligibility and Design: Medically Tailored Meals | 1/10/25 | The service description for MTM states the service must be "Medically Appropriate and Medically Necessary per OAR 410-120-0000." Does this mean a denial or reduction of this service must be reviewed by a Level 3 Medical Director for medical necessity and appropriateness? Or, are clinicians still the appropriate level of clinical licensure to review? | Please refer to OAR 410-120-2020(5)(c). If a Member's MTM service request is denied or reduced because they do not meet HRSN Covered Population or nutrition social risk factor criteria, clinical staff do not need to review.

Please review the HRSN Guidance Document to ensure credentials of reviewers are appropriate (see HRSN Service Delivery: Member Identification, Screening, Authorization, and HRSN PCSP, section 5, pg. 53). Because MTMs are an HRSN service, they are subject to HRSN expectations, even when OHA requires the service be medically necessary and medically appropriate. |

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| 187. | Nutrition | Service Eligibility and Design: Medically Tailored Meals | 1/24/25 | One of the HRSN Covered Populations is individuals transitioning to dual Medicaid and Medicare status. If a CCO receives a HRSN Request for Medically Tailored Meals from such a Member, should they refer them to Medicare? | If the Member is in the process of transitioning to dual Medicaid and Medicare status but is not yet enrolled in Medicare, they should be assessed for HRSN eligibility to receive MTM and, if deemed eligible, receive the service through HRSN. If the Member is in the nine-month period after becoming dually enrolled and requests HRSN MTM, CCOs should confirm whether the Member is enrolled in Medicare FFS (which does not cover MTM) or Medicare Advantage (MA). If the Member is in Medicare FFS, the CCO should proceed with screening the Member for HRSN MTM service eligibility. If the Member is in MA, the CCO should coordinate with the specific MA plan to determine if they would be eligible for Medicare MTM. If the MA plan does not cover the Member's specific health condition or does not cover the same duration (up to 6 months), HRSN should cover MTM, provided the Member otherwise meets HRSN eligibility requirements. If the MA plan would cover a similar scope and duration for the service, CCOs should deny the service through HRSN and refer the Member to Medicare. |

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| | | | | Nutrition: Billing and Claims | |
| 188. | Nutrition | Billing and Claims | 1/10/25 | What is the rationale for using code 98161 versus code 98160? | The nutrition education benefit can be offered in either an individual or group-based setting. Bill code 98961 was selected to accommodate the fact that this service may be offered in a group setting rather than solely between an individual and a provider. |
| 189. | Nutrition | Billing and Claims | 1/10/25 | If the RDN assessment to determine whether an individual should receive HRSN Medically Tailored Meals is covered as an existing state plan benefit, how should it appear on the claim/encounter? | The claim/encounter should be filled out according to existing policies for claims related to non-HRSN Medicaid state plan benefits. |
| 190. | Nutrition | Billing and Claims | 1/10/25 | RDN services and nutrition education services often overlap or occur simultaneously. How should HRSN Providers distinguish between the two? How should they bill? Do these services have to take place at separate times, on separate dates? | These activities should be billed separately. The intention of the visit should be predetermined and billed based on the primary focus of the visit. |
| 191. | Nutrition | Billing and Claims | 1/10/25 | The OARs note that Nutrition Education can be provided individually or in a group setting, but the HRSN Fee Schedule specifies "2-4 patients." Can OHA clarify why the fee schedule | Given the inclusion of the HRSN modifier, the Nutrition Education code can be used for individual patients and groups outside of the 2-4 patient range. |

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| | | | | specifies this and if Nutrition Education can be provided on an individual basis? | |
| 192. | Nutrition | Billing and Claims | 1/10/25 | What is the rationale for the 98961 code for nutrition education? | This allows the service to be provided by non-dietitians or others without clinical licensure. |
| 193. | Nutrition | Billing and Claims | 1/17/25 | How should registered dietitian nutritionists (RDNs) appear on a claim/encounter for HRSN Assessment for Medically Tailored Meals? Should RDNs be in the "rendering provider" field and the HRSN Provider organization be in the "billing provider" field? | Providers should bill as they would under regular Medicaid rules. |
| 194. | Nutrition | Billing and Claims | 1/17/25 | Are HRSN Medically Tailored Meals billed per meal or per week? | Providers can bill in any frequency, as needed. |
| 195. | Nutrition | Billing and Claims | 1/17/25 | For Assessment for Medically Tailored Meals (MTM), OARs now specify that Members must have a health condition on the OHP Prioritized List for which Medical Nutrition Therapy (MNT) is an indicated treatment. If this is the case, then MNT will always be considered medically necessary and appropriate for the Member's condition. Should the assessment then always be billed as MNT (as an existing Medicaid state plan | Yes. At this time, we do not foresee a scenario in which a provider would bill the HRSN Fee Schedule for Assessment for MTM, rather than MNT as an existing Medicaid state plan benefit. |

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| | | | | benefit), and HRSN benefits should only be leveraged for Medically Tailored Meals (the meals themselves) and Nutrition Education? | |
| 196. | Nutrition | Billing and Claims | 1/24/25 | In what circumstances would Medically Tailored Meals (MTM) be paid for as a regular Medicaid state plan benefit? | MTM may be paid for by Medicaid through other avenues such as Home and Community-Based Services (HCBS) or the Older Americans Act nutrition programs. If a Member is eligible for these programs and the program meets their clinical needs, they should receive MTM through these programs. Otherwise, they should be assessed for eligibility to receive MTM through HRSN. |
| *Outreach and Engagement: Service Providers* | | | | | |
| 197. | Outreach and Engagement | Service Provider | 12/6/24 | Can HRSN outreach and engagement services be furnished by the HRSN Service Provider and/or by the CCO? | Yes; however, payment for HRSN O&E activities performed by the CCO are included in the CCO HRSN Administrative Payments. |
| *Outreach and Engagement: Billing* | | | | | |
| 198. | Outreach and Engagement | Billing | 12/20/24 | Should a default outreach and engagement diagnosis code be used for generating O&E claims? Is a short list of diagnosis codes available for outreach and engagement providers to select from as appropriate? | CCOs are obliged to use best practices for billing HRSN O&E services. However, recognizing the challenge in applying best billing practices for the HRSN benefit, particularly due to the low barrier access nature to O&E services, OHA has provided guidance that z-codes, and particularly Z55-Z65: persons with potential health |

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| | | | | | hazards related to socioeconomic and psychosocial circumstances, may be the most appropriate diagnosis code when there is no self-attestation, claims data, or clinical report of a current medical condition. |
| 199. | Outreach and Engagement | Billing | 1/10/25 | What guidance is available to mitigate the risk that multiple providers bill O&E for one Member, and combined, the providers unknowingly go over the 30 hour cap? Will an exception be made in this instance to pay providers even if the total time billed exceeds the per Member cap? | It is the role of the CCO to track the number of O&E hours billed per Member. The CCOs and HRSN providers should be in communication about services provided to Members, particularly through the Person-Centered Service Plan (PCSP). |
| 200. | Outreach and Engagement | Billing | 1/10/25 | On what cadence should HRSN service providers bill for O&E? | HRSN providers should coordinate with CCOs to confirm required timeframes for submitting invoices. The state does not recommend submitting invoices beyond a monthly basis. |
| 201. | Outreach and Engagement | Billing | 1/10/25 | Can O&E be billed retroactively to the date an OHP application was submitted or does the O&E provider need to wait until the OHP enrollment is confirmed? | HRSN O&E services require verification of OHP enrollment as a required activity. HRSN O&E services would not be billable by HRSN Service Providers retroactively due to this requirement to bill for initial HRSN O&E services. |

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| CCBF | | | | | |
| 202. | CCBF | Funds Use | 12/13/24 | Since credit card fees (for making online utilities/rent payments) are not allowed, can CCBF be used for those? | No, CCBF cannot be used for these payments. |

*Appendix: Example Rent and Utility Scenarios of HRSN Housing Supports*
*November 2024*

This document provides a sampling of scenarios where different combinations of rent and utilities 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).

According to OAR 410-120-2005:

- To receive HRSN utilities (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.
- Forward utilities cannot exceed forward rent. Forward rent can be authorized without utilities. In other words, forward (recurring) rent and utilities payments should have the same duration, or utilities should have a shorter duration.
- Scenarios where the utilities have a shorter duration include 1) utilities arrears were paid; or 2) utilities support is 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.

| Member Scenario | HRSN Services for Consideration |
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| - Owes 2 months of utilities in arrears, and<br>- Needs support on rent and utilities going forward | HRSN can either cover:<br>  ✓ 2 months of utilities in arrears and 4 months of utilities going forward, and 6 months of rent going forward, **or**<br>  ✓ 6 months of utilities going forward and no utility arrears, and 6 months of rent going forward<br>✓ 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,<br>- Need support on rent going forward. | ✓ HRSN can cover up to 6 months of utility arrears payment, **and**<br>✓ HRSN can cover up to 6 months of rent going forward |
| - Owes 6 months of rent in arrears; and,<br>- Needs support on utilities going forward. | ✓ HRSN can cover up to 6 months of rent arrears payment<br>X 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<br>- Needs support on rent and utilities (paid together with rent as a bundled payment, such as sewage) going forward, and | ✓ 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** |

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| • Needs support on utilities (paid separately from rent, like internet) going forward. | ✓ 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 | X If the Member is not receiving rent, the Member is not eligible for the HRSN Utility Set Up service |
| *Storage Fees* | |
| • Needs support paying for a storage locker and no additional supports | X 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,<br>• Needs support with 6 months of utility payments going forward; and,<br>• Needs support with 6 months of paying for a storage locker | ✓ HRSN can cover up to 6 months of rent going forward<br>✓ HRSN can cover up to 6 months of utility payments going forward<br>✓ HRSN can cover 6 months of payment for the storage locker going forward, because the Member is concurrently receiving 6 months of rent going forward |