###### A picture containing logo Description automatically generatedBackground Information

In alignment with Ex. B, Part 2, Sec. 16, Para. d of the Health-Related Social Needs (HRSN) CCO Contract Amendment, CCOs shall submit an HRSN Readiness Plan for HRSN Housing-Related Supports (“Housing Readiness Plan”). This template collects information on how the CCO intends to implement and execute its required roles and responsibilities and includes the following elements:

1. Attestation of compliance;
2. Pre-identification of Members;
3. Service Authorization standards;
4. Delivery of Services plan, including service capacity information;
5. Payment method;
6. Conflict of interest protections

An understanding of CCO readiness to perform its HRSN responsibilities relies on responses to data elements outlined in the following template and the submission of supplemental documentation. A completed HRSN Readiness Plan for **HRSN Housing-Related Supports and Outreach and Engagement Services** must be submitted to OHA **no later than January 10, 2025.** OHA will amend this template to request additional information about other HRSN benefits (e.g., Nutrition services) prior to launch of those services.

**General Instructions:**

* **Ensure the attestation is completed by the/an authorized person filed with OHA.**
* **Do not alter the formatting or file type of the HRSN Narrative Template.**
* **Do not embed documents in the Narrative Template.** All supporting documents must be submitted as separate documents.
* **Only include documents that are relevant to the specific requirement.** Excessive, irrelevant, or insufficiently/incorrectly identified documentation may hinder review and result in a request for additional or alternate documentation.
* **Indicate precisely which components, paragraphs, or pages of supplementary documentation directly support narrative responses or demonstrate compliance.** Lack of precision in identifying these components (e.g., referencing “whole document”) may hinder review and result in a request for additional or alternate documentation.
* **All questions and elements must be answered; if a particular section does not apply, please mark N/A (not applicable).** CCOs may submit supplemental, relevant documentation to support narrative responses captured within this tool. Supplemental documentation is intended to provide additional clarity and must not replace responses provided within the tool.

|  |
| --- |
| 1. Attestation of Compliance |

| Attestation of Compliance | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Coordinated Care Organization (CCO):** | | | |  | | | |
| **Medicaid Contract Number (6 digits only):** | | | |  | | | |
| The purpose of this section is to document that the CCO intends, to the best of its ability, to comply with all OHA developed contract requirements and guidance language related to the implementation and delivery of the HRSN Housing and Outreach and Engagement Services.  Attestations of Compliance  *By signing this Attestation, I, the undersigned, hereby attest to the following:*   1. I have authority, in accordance with Section 4.1.1 in the General Provisions of the Medicaid Contract (which is incorporated by reference in the Non-Medicaid Contract), to make this Attestation on behalf of the CCO named above with respect to the CCO Contracts. 2. The CCO will comply with all requirements and guidance regarding the HRSN program provided by OHA. 3. To the best of my knowledge, all information provided in this Housing Readiness Plan is true and accurate. | | | | | | | | |
| **CCO** | | | | | | | |
|  | |  |  | | |  |  |
| Name | |  | Signature | | |  | Date |
| *Authority of above signer:* | Chief Executive Officer | | | | Chief Financial Officer | | |
|  | Employee with delegated authority as designated by the “Delegation Authorization and Signature Form” | | | | | | |

|  |
| --- |
| 1. Pre-Identification of Members |

| Pre-Identification of Members | |
| --- | --- |
| The purpose of this section is to describe the strategies the CCO currently uses, and plans to employ in the future, to identify members who are eligible to receive HRSN Housing-Related Supports. This section should detail the specific strategies used to identify members who may be eligible for HRSN Housing-Related Supports and ensure they are screened for their eligibility.  *Note: If supplemental documentation (e.g., technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation in addition to the responses below. Please ensure all supplementary documents are annotated to identify relevant sections/information for each element.* | |
| | **Pre-Identification of Members Plan** | | --- | | * 1. Describe what strategies the CCO currently uses, and plans to employ in the future, to identify Members that may meet the eligibility criteria for housing-related supports. Please detail any service-specific approaches based on the unique service eligibility criteria (e.g., rent and utilities, home modifications, etc.) (700 words). Please include:      1. How the CCO will work with community partners and housing coordination entities (e.g., local Continuum(s) of Care, counties that provide housing services) to identify Members who may be eligible for HRSN Housing-Related Supports.      2. What barriers, if any, have you encountered? | | * 1. Describe what data sources (e.g., claims data) and approaches (e.g., mailers or other information campaigns to potentially eligible Members; partnerships with HRSN Connectors, HRSN Service Providers, or other entities) that are currently used, or will be used to identify Members (500 words). Please include details on:      1. How pre-identification strategies will vary by housing service, if applicable.      2. Frequency of pre-identification strategies. | | |
| *OHA TO FILL OUT: ASSESSMENT OF CURRENT READINESS STATUS* | Rating |
|  | ☐ Met  ☐ Partially Met  ☐ Not Met  ☐ Not Applicable |

|  |
| --- |
| 1. Service Authorization Standards |

| Eligibility Determination and Service Authorization Standards |
| --- |
| The purpose of this section is to document the CCO’s approach to authorizing HRSN Housing-Related Supports for qualifying Members. |
| For each question below, include documentation (existing policies, procedures) for how the CCO authorizes HRSN Housing-Related Supports for qualifying Members.  *Note: If supplemental documentation (e.g., technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation in addition to the responses below. Please ensure all supplementary documents are annotated to identify relevant sections/information for each element.* |

Members with Physical and Mental Disabilities

| **HRSN Service Authorization** | |
| --- | --- |
| * 1. Please describe how the CCO will determine eligibility, including templates, tools, and processes to obtain required documentation. (700 words). Please include details on the following:   2. To what extent is the CCO currently ready to receive and review HRSN Request Forms?   3. How will the CCO utilize its internal information and data to determine eligibility (e.g., developing a list of Members who have a housing clinical risk factor)?   4. What processes will the CCO use to reach out to Members and HRSN Service Providers to obtain additional information and documentation as required?   5. Please provide information (e.g., policy, procedure, or description) regarding the CCO’s approach to documenting eligibility determination, service authorization, or service denials for each Member.   6. Please also describe the processes/procedures in place for communicating service authorization decisions to Members and HRSN Service Providers. | |
| * 1. HRSN Services (other than HRSN Outreach & Engagement Services) require service authorization and delivery at the expediency the Member’s circumstance requires. For many HRSN Housing-Related Supports, this is determined by the due dates of bills and rent. Please describe how the CCO will determine the timeframe required by the Member, how the CCO will ensure services are authorized timely, and how service authorization will be monitored for timeliness. (700 words). | |
| * 1. Members facing an imminent eviction (i.e., they have an eviction notice in hand, including a Termination Notice or a court summons) require a rapid response that may not be feasible in the HRSN Service authorization and delivery timelines. What process does the CCO have in place to identify and respond to Members facing an imminent eviction who have requested HRSN Rent Assistance? What criteria and process will be used to determine whether to provide HRSN Rent Assistance to prevent the eviction, or refer the Member to other eviction prevention service providers? (700 words). | |
| *OHA TO FILL OUT: ASSESSMENT OF CURRENT READINESS STATUS* | Rating |
|  | ☐ Met  ☐ Partially Met  ☐ Not Met  ☐ Not Applicable |

|  |
| --- |
| 1. **HRSN Service Provider Network** |

| HRSN Service Provider Network | |
| --- | --- |
| The purpose of this section is to understand the CCO’s HRSN Service Provider Network.  For each question below, include documentation (existing policies, procedures) outlining the HRSN Service Provider Network.  *Note: If supplemental documentation (e.g., technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation in addition to the responses below. Please ensure all supplementary documents are annotated to identify relevant sections/information for each element.* | |
| | **HRSN Service Provider Network** | | --- | | * 1. Please describe the CCO’s HRSN Housing Service Provider network.   2. For each HRSN Service Provider you have contracted with, please indicate which HRSN Service(s) they will provide, and if they will be HIPAA compliant or if you will use an authorization form per OCR guidance.   3. Please describe the CCO’s partnerships with other entities that are crucial to the success of HRSN Housing-Related Supports (Continuums of Care, counties, Community Action Agencies), the role these entities will play, and the status of mutual agreement and understanding within these partnerships.   4. Please describe the HRSN Service Provider network’s ability to provide services to OHA’s priority populations and all geographic areas served by the CCO to provide HRSN Housing-Related Supports. Please identify any gaps the CCO foresees, and strategies to address these gaps.   5. Please describe the HRSN Service Provider network’s current capacity to conduct each step of the HRSN Service delivery process:      1. Member identification,      2. HRSN Request Form completion and transmission,      3. Ability to receive a referral,      4. Service delivery in each HRSN housing-related support,      5. Ability to inform the HRSN Person-Centered Service Plan, and      6. Ability to invoice and bill.   6. Please describe the CCO’s plans to identify capacity gaps, and build additional capacity, and ensure that the requirements in OAR 410-120-2030 are met within the HRSN Service Provider network.   7. Please describe the CCO’s plans to recruit and train new, smaller, and/or culturally and linguistically specific organizations for the HRSN Service Provider network. | | * 1. Members facing an imminent eviction (i.e., they have an eviction notice in hand, including a Termination Notice or a court summons) require a rapid response that may not be feasible in the HRSN Service authorization and delivery timelines. The CCO may refer Members facing an imminent eviction to eviction prevention organizations. (700 words).   2. Please provide the names of HRSN Service Providers or other organizations that have agreed to accept referrals for imminent eviction prevention, or the plan to secure these partnerships.   3. Please provide an overview of how the referral will work (e.g., number of days for the referral).   4. Please outline any gaps, concerns, or challenges the CCO has identified to provide timely referrals for imminent eviction prevention. | | * 1. Describe how the CCO ensures closed loop referrals are conducted for HRSN Housing-Related Supports (500 words).   2. Description of the method(s) (e.g., CIE) and process(es) used for making referrals to HRSN Service Providers and closing the loop (explain if it varies by provider or service type).   3. Description includes the type(s) of information included in referrals, how closed loop referrals are documented from beginning to end for reporting purposes. | | |
| *OHA TO FILL OUT: ASSESSMENT OF CURRENT READINESS STATUS* | Rating |
|  | ☐ Met  ☐ Partially Met  ☐ Not Met  ☐ Not Applicable |

|  |
| --- |
| 1. Delivery of Services |

| Delivery of Services | |
| --- | --- |
| The purpose of this section is to describe how the CCO will deliver HRSN Housing-Related Supports and HRSN Outreach and Engagement Services.  *Note: If supplemental documentation (e.g., technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation in addition to the responses below. Please ensure all supplementary documents are annotated to identify relevant sections/information for each element.* | |
| | **Delivery of Services Plan** | | --- | | * 1. A key opportunity for HRSN Housing is to leverage the HRSN Person-Centered Service Plan to incorporate information on health-related social needs—notably housing stability—that influence a person’s health (500 words).   2. Please describe how the CCO’s Care Coordination staff will be trained, including on trauma-informed care and how to engage housing case managers.   3. Please describe or provide the process or procedures that the CCO’s Care Coordination team will use to gather, utilize, and follow up on information from the housing case manager to integrate into the HRSN PCSP, if applicable.   4. Please describe how the CCO will ensure the provision of HRSN Housing-Related Supports (700 words).   5. Please describe how the CCO will determine whether HRSN Services Providers will issue payments directly to HRSN Vendors (e.g. landlords, utilities companies, etc.), for HRSN Housing Services, or whether it will issue payments directly (e.g. what criteria will it use to make this determination, etc.).[[1]](#footnote-2)   6. Please describe the CCO’s processes for managing the HRSN Home Modification and Remediation Service, including developing the Scope of Work that addresses the Members’ Clinical Risk Factors, procuring HRSN Vendors (e.g. contractors, pest eradication companies), securing landlord approvals, and ensuring quality execution.   7. In the unlikely event that there is no HRSN Service Provider in the area, please describe how the CCO will protect against conflict of interest in delivering Housing-Related Supports? | | * 1. HRSN Outreach & Engagement Services require CCOs to track hours per Member, per year, per health plan. Please describe how the CCO will track these hours and will support HRSN Service Providers understanding of the thirty (30) hour benefit cap (500 words). Specify:      1. The CCO’s tracking and documentation process.      2. How the CCO informs and supports HRSN Service Provider understanding of the benefit cap including that payments will be denied over 30 hours.      3. Process for Member’s awareness and appeal rights related to HRSN O&E denials. | | |
| *OHA TO FILL OUT: ASSESSMENT OF CURRENT READINESS STATUS* | Rating |
|  | ☐ Met  ☐ Partially Met  ☐ Not Met  ☐ Not Applicable |

|  |
| --- |
| 1. Payment Method Plan |

| Payment Method Plan | |
| --- | --- |
| The purpose of this section is to describe how the CCO renders payment to HRSN Service Providers and HRSN Vendors for the delivery of authorized HRSN Services.  *Note: If supplemental documentation (e.g., technical specifications, sample reports, etc.) is available to support the requested information, CCOs are encouraged to supply that documentation in addition to the responses below. Please ensure all supplementary documents are annotated to identify relevant sections/information for each element.* | |
| | **Payment Method Plan** | | --- | | * 1. Describe how the CCO pays for HRSN Services delivered, either directly to the HRSN Vendor (e.g., the landlord, the utility company) or via invoices received from a HRSN Service Provider (e.g., a housing services organization that pays the vendor). Include the following information in the response (300 words):   2. How the payment process for HRSN Housing-Related Supports / Outreach and Engagement Services differs from or aligns with other covered services (if at all).   3. How the CCO supports HRSN Service Providers and Vendors in setting up the capabilities to submit invoices (e.g., registration in MMIS as an encounter-only provider, other necessary training, technical assistance, etc.) and track outstanding payments from CCOs.   4. Timelines for the payment process, including timeline from receipt of invoice to payment to HRSN Service Provider or HRSN Vendor.   5. The strategies or approaches used to make payment processes accessible for HRSN Service Providers with different capacities for or experience with billing Medicaid.   6. Describe how the CCO reconciles and processes any over or underpayment with HRSN Service Providers or HRSN Vendors, including the timeframe for doing so (150 words).   7. Describe how the CCO ensures invoice amounts are accurate and complete (150 words).   8. Describe how the CCO processes and resolves any payment disputes with HRSN Service Providers or HRSN Vendors, including the timeframe for doing so (150 words).   ☐ Yes Skip to Question 6-5 ☐ No   * 1. If applicable, as described in 6-5, describe how the CCO monitors, contracts and pays subcontractors that support its implementation of HRSN Service delivery (200 words). If applicable, include:      1. How you determine the administrative portion of the payments made to any subcontracted vendors for HRSN Services.      2. Details if there are specific cost-sharing arrangements or formulas used to determine the administrative portion of payments for HRSN Services. Provide details on how financial performances are monitored, and how reporting is provided (e.g., peer-through reporting)      3. Provide details if you review and reconcile the payments made to any subcontracted vendors for HRSN Services with the services provided. (200 words and include subcontractor contract and payment exhibit as attachment) | | |
| *OHA TO FILL OUT: ASSESSMENT OF CURRENT READINESS STATUS* | Rating |
|  | ☐ Met  ☐ Partially Met  ☐ Not Met  ☐ Not Applicable |

1. Please note OHA’s preference that the HRSN Service Providers issue payments if they are able and willing to do so (See Guidance Document). [↑](#footnote-ref-2)