

CCO HRSN Guidance Document

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| Version date | September 7, 2024 |
| <p>Note: This guidance document is intended to provide Coordinated Care Organizations (CCOs) with additional programmatic details and expectations for delivering HRSN Services. This document is available on the CCO Contract Forms Website and will be updated as needed. Updates shall be considered effective thirty (30) days after OHA provides Administrative Notice thereof to CCO.</p> | |



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Background

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

Document Purpose

The Oregon Health Authority (OHA) developed the following guidance to support the provision of HRSN Services. This guidance was informed by provider and CCO feedback throughout 2023 and 2024 and provides CCOs with additional programmatic details and expectations for delivering HRSN Services, building on CCO Contract requirements and Oregon Administrative Rules (OARs). OHA expects CCOs to adopt the standards detailed in this document. This document is stored on the [CCO Contract Forms Website](#) and will be updated as needed. Updates shall be considered effective thirty (30) days after OHA provides Administrative Notice thereof to CCO.

HRSN Services

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

The HRSN Services are launching on a rolling basis, according to the timeline below:

| March 2024 | November 2024 | January 2025 |
|--|---|---|
| Climate-Related Supports and select activities under O&E Services go live. | Select Housing-Related Supports and additional activities under O&E Services go live. | Select Nutrition-Related Supports go live. |

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

1. HRSN Service Eligibility Overview

HRSN Services are intended for specific populations, and not everyone who is enrolled in the OHP is eligible for HRSN Services. In order to be considered eligible for one or more HRSN Services, an individual must meet the following criteria:

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

Each individual will be screened to ensure they meet all of these conditions prior to a CCO authorizing an HRSN Service. Additional detail on each eligibility component is described below and detailed in OAR 410-120-2005³:

- **HRSN Covered Populations:** Individuals who are experiencing significant life transitions that may require support with their HRSNs. Full definitions are available in OAR 410-120-0000:
 - Adults and youth discharged from an HRSN Eligible Behavioral Health Facility in the past 12 months;
 - Adults and youth released from incarceration, including prisons and local correctional facilities in the past 12 months;
 - Individuals with current or past involvement in the Oregon child welfare system;
 - Individuals Transitioning to Dual Eligible Status in the upcoming 3 months or past 9 months
 - Individuals who are Homeless;
 - Individuals who are at Risk of Homelessness;
 - Young Adults with Special Health Care Needs (YSHCN) ages 19-20 (eligible starting 1/1/25)

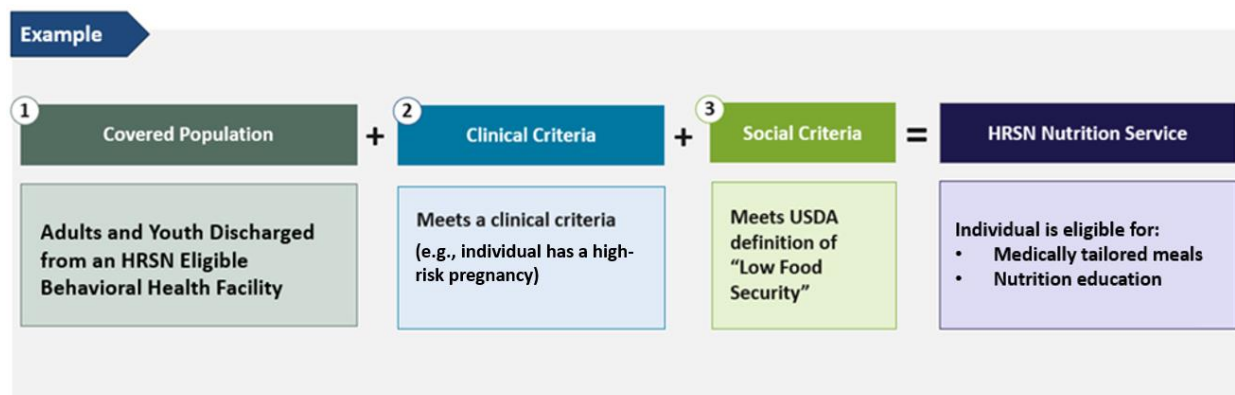
Note: Each HRSN Service has specific eligibility criteria. Not all HRSN Covered Populations are eligible for all HRSN Services. An individual must belong to a qualifying HRSN Covered Population for the benefit they are seeking. For example, only individuals who are in the HRSN Covered Population “individuals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

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

³ Rule in effect starting 11/1/24.

- Clinical Risk Factors:** In addition to belonging to a qualifying HRSN Covered Population, individuals must meet specific clinical criteria to be considered eligible for HRSN Services, as detailed in the CMS-approved [HRSN Services Protocol](#). Clinical criteria ensure that a particular HRSN service is clinically appropriate. Members meet clinical criteria by having at least one qualifying clinical risk factor. Examples of clinical risk factors for HRSN services include individuals:
 - With self-attested complex behavioral health needs
 - With acute or chronic complex physical health needs
 - Requiring assistance with an Activity of Daily Living or Instrumental Activity of Daily Living
- Social Risk Factors:** Individuals must also meet social risk factor criteria. This risk factor broadly indicates what domain of service(s) a member might benefit from (e.g., housing vs. nutrition). In some cases, the HRSN Covered Population may be the same as the social risk factor (e.g., being at risk of homelessness serves as both an HRSN Covered Population and a qualifying social risk factor.)
- Service specific eligibility criteria:** Beyond meeting the criteria listed above, some services and service domains will have additional, service-specific eligibility criteria. For example:
 - Only individuals who need support maintaining current housing will be eligible for rent and utilities assistance, storage, and tenancy supports for the 11/1/24 implementation.
 - Only individuals who are eligible for and receiving rent assistance are eligible to receive financial support for payment of utilities.
 - Only individuals who have a health condition for which there is a medically tailored meal plan can access Medically Tailored Meals.
 - Only individuals who can safely and legally use a climate-related device can receive one.

Example of how an OHP Member may qualify for HRSN Nutrition-Related Supports:



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

a. Service Overview

HRSN O&E Services are intended to:

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

CCOs shall incorporate HRSN O&E activities into their Care Coordination processes for member identification, outreach, and connection to services. CCOs must also build a network of HRSN Service Providers that provide HRSN O&E Services to Members, particularly Members of HRSN Priority Populations.⁴

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

- i. Engaging Members who may be eligible for HRSN Services. Engagement activities may use multiple strategies, including, without limitation, meeting Members in-person.
- i. Identifying and verifying the Member's CCO enrollment or, as applicable, enrollment in the FFS program.
- ii. Verifying the Member is Presumed HRSN Eligible.
- iii. Transmitting HRSN Requests to the applicable CCO or, as applicable, to OHA.

⁴ Regional Health Equity Coalition definition of priority populations per ORS 413.256: "Priority populations" means: Communities of color; Oregon's nine federally recognized Indian tribes, including descendants of the members of Oregon's nine federally recognized Indian tribes; Immigrants and refugees; Migrant and seasonal farmworkers; Low-income individuals and families; Persons with disabilities; and Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity. For the purposes of HRSN Services, priority populations are those with the intersectional impact of being low income and a member of at least one other of the priority populations.

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

b. Eligibility for HRSN Outreach and Engagement Services

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

c. Fees Payable for HRSN Outreach and Engagement Services

CCOs may compensate HRSN Service Providers for providing HRSN O&E Services to Members Presumed HRSN Eligible up to a maximum of thirty (30) hours per Member per 12 months from the initial date of service, in accordance with the HRSN Fee Schedule. A Member may be reassessed for continuing to be Presumed HRSN Eligible for HRSN O&E Services annually. If a Member transitions to a different CCO, the benefit hours will reset to allow for sufficient time to connect to region-specific resources or HRSN services.

HRSN Service Providers must be compensated for the provision of HRSN O&E Services if following the Presumed HRSN Eligible definition and acting in good faith. The CCO is not required to verify HRSN Covered Population for the

provision of HRSN O&E Services if the Member has attested to being in any HRSN Covered Population. If it is discovered the Member is not in an HRSN Covered Population, subsequent HRSN O&E Services may be denied by the CCO. OHA encourages HRSN Service Providers to verify, or re-verify, the Member's OHP eligibility prior to delivering services to reduce the denial of claims for ineligible members.

HRSN O&E Services shall follow industry standard billing practices for timed codes.⁵ For example, to bill for one unit per the HRSN O&E service fee schedule (15 minutes), the industry standard is that at least 8 minutes was spent with the member on this service. Two units would require at least 23 minutes spent, and so on.

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

d. Authorization

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

e. Documentation Requirements

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

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

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

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

3. HRSN Climate-Related Supports

a. Service Overview

Climate-Related Supports are climate-related devices and services provided to HRSN Authorized Members in their own home or non-institutional, primary residence, and for whom such equipment and support are Clinically Appropriate as a component of health services treatment or prevention.

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

b. Eligibility for Climate-Related Supports

To be eligible for Climate-Related Supports, an individual must meet all of the following requirements:

- i. Be enrolled in the OHP;
- i. Be in at least one HRSN Covered Population⁶;
- ii. Have at least one of the HRSN Climate Device-Specific Clinical Risk Factors;
- iii. Meet the criteria for an HRSN Climate Device Social Risk Factor; and

⁶ As defined in OAR 410-120-0000 and further described in [Appendix B](#).

- iv. Meet additional eligibility requirements, including: limits on number of device(s); ability to use the device(s) safely; and not receiving or having received the same services from a local, state, or federally-funded program.

Definitions of the HRSN Climate Device-Specific Clinical Risk Factors, HRSN Climate Device Social Risk Factor, and additional eligibility requirements are in OAR 410-120-2005.

1. **HRSN Covered Populations**

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

2. **HRSN Climate Device-Specific Clinical Risk Factor**

The Member must have at least one HRSN Climate Device-Specific Clinical Risk Factor, which are as detailed in the CMS-approved [HRSN Services Protocol](#) and OAR 410-120-2005.

3. **HRSN Climate Device Social Risk Factor**

A Member meets the HRSN Climate Device Social Risk Factor requirement if they require a climate device to treat, ameliorate, or prevent their health condition.

4. **Other Eligibility Requirements for Climate Devices**

To receive a Climate-Related Device, Members must attest to their ability to safely use the devices to reduce the risk of injury or harm. The safe use of devices requires that a member reside in non-institutional housing or a “recreational vehicle,” as defined in [ORS 174.101](#), that has a reliable source of electricity for operating a device, and that the Member or their Representative can safely and legally install the device in their place of residence.

Individuals who reside in congregate or institutional settings do not qualify for climate devices. These group settings include:

- Group homes,
- Shelters,
- Assisted living facilities,
- Long-term care facilities,
- Adult Foster Homes
- Treatment facilities or treatment homes, and
- Nursing facilities.

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

Members are not eligible if they have received the same service from a local, state, or federally funded program within the last 36-months.

There is a standard limit of one of the same device type per Member, even if several similarly Authorized Members live in the same household of respite in the residence. For situations where an HRSN Authorized Member is requesting multiple devices of the same type, the CCO must review for medical exception considering an individual's specific health needs. Medical exception requests do not waive the requirement for the Member to be in at least one HRSN Covered Population in order to receive HRSN Climate-Related Supports.

In the event the foregoing conditions cannot be met, the HRSN Eligible Member may not be Authorized for receipt of the Climate-Related device in accordance with OAR 410-120-2005.

5. Climate Device Considerations

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

- a. Utility costs – these devices may cause an increase in utility charges; energy efficiency models should be made a priority. The HRSN PCSP should address whether assistance may be needed to pay for utilities and the CCO care coordinators should connect individuals to resources for utility costs as needed.
- b. CCOs should use a 36-month look-back period when determining whether the Member is receiving the same service as the requested HRSN Services from a local, state, or federally funded program, in alignment with the Climate Device replacement policy detailed in OAR 410-120-2005.

For members transitioning between CCOs, prior authorizations should be made available in accordance with OAR 410-141-3850. In situations with gaps in coverage, or for devices received through other programs, member attestation is sufficient.

- c. CCOs should use discretion to determine when device limitations should not apply, such as in the case of moving, damage not covered by warranty, or other exceptional cases for multiple devices of the same type. Examples of exceptions to review include requests for

more than three replacement air filters during a calendar year due to residing in a region that experiences more periods of prolonged air quality issues due to wildfire smoke, or if there is a request for two air conditioners for a child who lives with parents who are separated and therefore has two residences.

c. Fees Payable for HRSN Climate Device Installation

For billed installation services, HRSN Providers and Vendors shall follow industry standard billing practices for timed codes.⁷ For example, to bill for one unit per the HRSN Climate Device fee schedule (15 minutes), the industry standard is that at least 8 minutes was spent on service delivery. Two units would require at least 23 minutes spent, and so on. HRSN Providers and Vendors can bill for total time to complete installation, including drive time. The maximum billable amount is 8 units, or two (2) hours. Documentation of proof of installation should include the service provided, the member for whom service was provided for, the date and time of the service, and Member signature confirming receipt of services.

d. Climate Device Descriptions and Recommended Specifications

The following is an overview of the five device types available under Climate-Related Supports. All devices should be portable and will not require home modifications outside of window kits.

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

Air Filtration Devices (AFDs) – AFDs should be portable, have a high energy efficiency, be rated for smoke, and have replaceable HEPA grade filters. Devices can be used to create a “clean” room in a residence for best effectiveness in filtering out harmful particles in the air. More information on reducing the health effects of wildfire smoke can be found on [OHA’s webpage on Wildfires and Smoke](#).

Mini Refrigeration Units – Mini refrigeration units are available to ensure a member’s medically necessary medications can be stored at safe and consistent temperatures. Medication storage should be the main use of these devices. The mini refrigerators should not have freezer compartments to avoid unintentional freezing of medications, and be able to cool down to 36° F.

⁷ <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2121cp.pdf>

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

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

Table 1 below contains recommended minimum specifications for climate devices covered by HRSN Services. These specifications are intended to create consistency in service delivery across the state. Other models, brands, and suppliers are available with similar specifications. A device should be selected that is reflective of the individual member’s need. The safe use of the device is of the highest priority.

Table 1: Climate Device Recommended Specifications

| Device | Specifications | Example |
|--------------------------------------|--|--|
| Air Conditioner (ACs) | <ul style="list-style-type: none"> • Recommend a standalone, portable unit (window units are not recommended) • Minimum 8,000 BTUs (~400 sq/ft) • EnergyStar rated – high efficiency rating • Minimum 1 year warranty, 3-year warranty preferred | FRIEDRICH Portable Air Conditioner: 8,000 BtuH, 450 to 550 sq ft, 115V AC, 5-15P |
| Air Filtration Devices (AFDs) | <ul style="list-style-type: none"> • Must not create ozone • Rated for PM2.5 • AHAM certified, tested by US standards for CADR ratings • HEPA filter • EnergyStar rated – high efficiency rating | GroVPure Aspen HEPA Air Cleaner for Large Rooms |

| Device | Specifications | Example |
|------------------------------------|--|---|
| | <ul style="list-style-type: none"> • <20lbs • >300cfm • CADR >200 for smoke | |
| Mini refrigeration units | <ul style="list-style-type: none"> • Minimum .5 Cu Ft capacity • Cools down to 36° F • EnergyStar rated – high efficiency rating • No freezer compartment • Minimum 1 year warranty | Danby Mini Fridge – 1.6 cu ft |
| Portable Power Supply (PPS) | <ul style="list-style-type: none"> • Emission free • Minimum 1500W, 12amp • < 50lbs • 3+ month shelf life (battery) • Note: gas generators are permitted but are not recommended • CCOs have discretion as to determining whether a particular type of electricity-dependent device establishes a need for a PPS, however the intention is to reserve PPS devices for life-sustaining medical equipment such as a ventilator or oxygen concentrator | GENERAC Powerstation |
| Space Heater | <ul style="list-style-type: none"> • Automatic Safety Shut-off System • Tip Over Protection • Low/High settings • Max surface temp <130F • Heats ~200sq/ft • Portable | VH2 Whole Room Heater |

4. HRSN Housing-Related Supports

a. Service Overview

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

i. HRSN Tenancy Services

1. HRSN Tenancy Services (e.g., housing case management) are often crucial to support people in maintaining their housing and must be offered to Members who qualify alongside all other HRSN Housing-Related Supports (e.g., Rent Assistance, Home Modifications and Remediation, Utilities Assistance).
 - a. While Members are not required to engage with a case manager to receive HRSN Housing Services, Tenancy Services must be authorized for all Members who are receiving other HRSN Housing Services for, at minimum, the duration of the other HRSN Housing Service, or six months, whichever is longer. This is because HRSN Tenancy Services includes the coordination and logistics of service delivery and coordination and information sharing with the CCO that the HRSN Service Provider will do while providing the other HRSN Service.
 - b. HRSN Tenancy Services can also be authorized as a stand-alone service.
2. HRSN Tenancy Services can complement care coordination efforts. The HRSN PCSP should include information from the case manager(s) providing HRSN Tenancy Services, in accordance with OAR 410-120-3870.
 - a. Tenancy Services must be authorized for a minimum of six months, but are intended to last for as long as the Member's circumstance requires. OHA recognizes that individuals often require an average of 6-18 months of tenancy support to become sustainably housed. CCOs should determine the service duration and re-assessment expectations with the Member and HRSN Service Provider.
 - b. HRSN O&E Services should also complement HRSN Housing-Related Supports. HRSN Service Providers are encouraged to use HRSN O&E Services to support Members to gather information and other documentation required for service authorization. After the Member

receives authorization for HRSN Housing-Related Supports, the HRSN Service Provider may use HRSN Tenancy Services to support the Member to achieve their housing stability goals.

- c. HRSN Service Providers who are enrolled to provide HRSN Housing-Related Supports are encouraged to also enroll as HRSN O&E Service Providers to provide both services.

ii. **Rent Assistance, Utilities and Storage Fees**

1. Members must be prioritized according to the Member's circumstance. For many HRSN Housing-Related Supports, this means according to when the payments for rent assistance, utilities, and storage are due.
2. Members who have an eviction notice in hand require rapid service provision to prevent the imminent eviction. HRSN Rent Assistance may take 2-6 weeks to be authorized and delivered, which may not meet the need. CCOs should develop a process to identify Members who have submitted HRSN Requests for imminent eviction prevention support in a timely manner. CCOs must either rapidly respond to prevent the imminent eviction, or, if CCOs are unable to effectively prevent the eviction, CCOs should refer the Member to existing local and state programs that address eviction prevention. While CCOs are not responsible for preventing imminent eviction, a delay in response should not result in a Member's eviction. Referrals must be provided with sufficient time for the Member to seek support.
3. CCOs are encouraged to work with eviction prevention providers in their regions to conduct outreach to people who have requested and/or received eviction prevention support to determine if follow-up support via HRSN Housing-Related Supports is necessary to support housing stabilization.

iii. **Home Modifications and Remediations**

1. HRSN Service Providers may use HRSN O&E Services to compile all home modification and home remediation documents required for service authorization.
2. HRSN Home Modifications and Remediation require that the service treat, ameliorate, or prevent the Member's health condition. Home Modifications and Remediations must be outlined in a Scope of Work, which must be agreed upon with the Member, HRSN Service Provider, HRSN Service Vendor, and Landlord, if the Member does not own the housing.
3. It is recommended that the Scope of Work be completed by the HRSN Service Provider, in consultation with the Member. The Scope of Work

may require an in-person visit to the Member's home to assess the specifications of the home modification or remediation service.

- a. Given the effort to develop a Scope of Work and secure landlord approval, it is recommended that the CCO review the Member's HRSN Home Modification Eligibility beforehand and communicate accordingly with the HRSN Service Provider. The landlord's approval of the Scope of Work is a required document for service authorization.
 - b. The Scope of Work must outline how the work to be completed alleviates the qualifying health condition.
 - c. The Scope of Work must serve as the basis of the agreement with the HRSN Service Vendor (e.g., contractor, carpenter, pest eradication company, etc.) and should be used to provide timeframe and cost estimates.
4. HRSN Service Providers may also use designated staff in-house with the appropriate licensing or other requirements to perform home modifications and remediation services, in lieu of procuring an HRSN Service Vendor externally. For example, an HRSN Service Provider may employ a team to conduct home modifications.

b. Eligibility for Housing-Related Supports

Please see OAR 410-120-2000 and OAR 410-120-2005 for full eligibility requirements for HRSN Housing-Related Supports.

c. Fees Payable for Housing-Related Supports

- i. The HRSN Tenancy Services will be offered as a 15-minute increment service on November 1, 2024. OHA anticipates offering HRSN Tenancy Services as a Per Member Per Month (PMPM) service starting in January 2025, as an additional option. OHA will provide guidance on the PMPM option as it becomes available.

HRSN Tenancy Services should follow industry standard billing practices. For example, to bill for one unit per the HRSN Tenancy Services fee schedule (15 minutes), the industry standard usually is that at least 8 minutes was spent with the member on this service. Two units would require at least 23 minutes spent, and so on.

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

Many HRSN Housing-Related Supports entail the transmittal of payments to HRSN Service Vendors, such as landlords and utility companies. While these payments may be transmitted by either the CCO or the HRSN Service Provider, it is highly recommended that the HRSN Service Provider transmit

- payments if it is able to do so. The rationale is that HRSN Service Providers that provide housing supports have the systems to rapidly turn around payments and have relationships with landlords and other HRSN Service Vendors, expertise in tenant-landlord law and regulations, and may provide Tenancy Services and implement HRSN Services as a comprehensive package.
- iii. A Household is defined by the “Family Size” definition in OAR 410-200-0015(42). In other words, a household is not based on the physical space where a family resides. For example, multiple households may live in the same physical space, such as an Accessory Dwelling Units (ADUs) or an RV on another household’s land, or in the cases of being “doubled-up” where a household is living in the home of another household, or a roommate situation. Family size is obtained through self-attestation.
 1. HRSN Rental Assistance is available once per Household over the course of the demonstration. CCOs must ensure that the same HRSN Service Vendor (e.g., landlord, utilities companies, storage unit companies) does not receive duplicative payments for the same services during the same time period, obtained by different eligible members of the same household (See “Family Size” definition in OAR 410-200-0015(42)). If more than one Household is residing in the same physical space, each Household is eligible for HRSN Rent Assistance once.
 2. The upper payment limit (UPL) for HRSN Rent and Utility Costs and Storage Fees is based on the number of bedrooms in the house occupied by members of the same Household as the HRSN Authorized Member. This is regardless of whether other members of that same Household are HRSN Eligible. If more than one Household is living in the same physical space, the UPL is based only on the number of bedrooms used by the Household of the HRSN Authorized Member. In other words, the UPL is not based on the bedrooms utilized by other Households.

d. Partnerships and Braiding Funding

- i. CCOs are encouraged to work with their region’s Community Action Agencies (CAAs) and Continuums of Care (CoC) to explore opportunities for member eligibility in other housing programs, and for opportunities to braid existing eviction prevention and housing stability funding sources. CAAs and CoCs may be able to provide CCOs with insight on how to prevent duplication of services, referral pathways to pursue, among other details related to crisis response and the provision of housing services.
 1. CAAs offer support to families statewide to gain self-sufficiency and financial security. CAAs are non-profit, state, and federal grant-funded organizations that can administer rapid eviction prevention funding and other crisis response funds, in additional to paying for needed social

services to help lift families out of poverty. CAAs work in close coordination with the region's CoC, which are designed to promote a community-wide response to the goal of ending homelessness and provide agencies with federally funded homelessness prevention services to quickly rehouse individuals and families. For more information, please see: [Oregon Housing and Community Services: What are CAAs?](#); [The Community Action Network – CAPO – Community Action Partnership of Oregon \(caporegon.org\)](#)

2. Continuums of Care (CoCs) organize and coordinate the planning for homelessness services. For more information, please see: [Oregon Housing and Community Services: Continuum of Care \(CoC\)](#).
- ii. It is allowable for a CCO to authorize and refer different HRSN Housing-Related Supports (or activities within HRSN Housing-Related Supports) to be provided by different HRSN Service Providers, if a Member's needs are best addressed through this approach. For example, a CCO could authorize and refer a home remediation to one HRSN Service Provider, and authorize and refer the provision of HRSN utility costs and HRSN tenancy services to another HRSN Service Provider.
- iii. HRSN Housing Services may be braided or sequenced with funding from other local, state, and federal programs. However, a Member may not receive duplicative services (i.e., receive the same service at the same time). If a Member is receiving a similar service with differences in amount or duration, then they can receive HRSN Services. For example, Members who are receiving voucher support from another program that covers a portion of their rent may be able to receive HRSN Rent and Utility Costs, subject to the voucher requirements, as this service complements but does not duplicate voucher assistance. HRSN Housing Service Providers should be consulted to determine if/how HRSN rent assistance would impact eligibility for other programs.

Furthermore, a Member may receive imminent eviction prevention support from a local or state program, and then receive HRSN rent and utilities support for a different time period to further build the Member's ability to retain housing.

e. Documentation for Housing-Related Supports

Some HRSN Housing-Related Supports require additional documentation prior to service authorization, as outlined in OAR 410-120-2000 and OAR 41-120-2005.

- i. If enrolled as HRSN O&E Service Providers, HRSN Housing Service Providers can provide HRSN O&E Services to support Member in compiling documentation required for HRSN Housing-Related Supports service authorization.

- ii. For example, HRSN Rent Assistance requires a lease or written agreement between the Member and the landlord. A written agreement template can be found in [on the HRSN Housing website](#).
- iii. HRSN Eligible Members who are doubled-up (e.g., living in the house of another household because of economic hardship or housing loss), also require a lease or a written agreement with the landlord or homeowner, reflecting only the rent payment for their household (e.g., not the total amount of rent due for the unit).

f. Other Housing-Related Supports Information

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

5. HRSN Nutrition-Related Supports

a. Service Overview

HRSN Nutrition-Related Supports can help eligible members experiencing low food security. They provide support for people to have a healthy diet, including nutrition education or delivery of medically tailored meals for people with specific health conditions. Please see OAR-410-120-0000 and OAR-410-120-2005 for a full description of each Nutrition-Related Support and eligibility.

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

Note: The Nutrition-Related Supports that provide fruit and vegetable, pantry stocking, and meals benefits will not be implemented January 1, 2025. These supports will be implemented at a later date. CCOs will have a minimum of a ninety (90) day notice prior to the launch of these supports, and this guidance document will be updated accordingly with details for administering those supports.

- i. **Medically Tailored Meals and Assessment for Medically Tailored Meals:** A licensed dietitian (preferred), or, if not available, a primary care provider, must perform an initial assessment and subsequent reassessment to develop a medically appropriate nutrition care plan specific to the HRSN Medically

Tailored Meals service. The reassessment is needed to understand whether the service is meeting the Member's needs, to update the nutrition care plan, and document the impact of the Medically Tailored Meals on the Member's clinical status.

The assessment and reassessment of Medically Tailored Meals should be covered under non-HRSN Medicaid benefits. For example, the Nutrition Assessment for Medically Tailored Meals for covered conditions (see [Prioritized List of Health Services](#)). An assessment for Medically Tailored Meals and accompanying licensed, Registered Dietitian (RD) visits are covered under EPSDT (not HRSN) when they meet EPSDT Medically Necessary and Medically Appropriate definitions (OAR 410-151-0001).

For MTMs, we recommend outreach to Presumed HRSN Eligible Members with chronic health conditions that may benefit from one of the MTM meal patterns and who have ADL and IADL limitations or recent recovery from a significant exacerbation of the qualifying health condition.

People who have chronic health conditions and persistent ADL and IADL limitations may be eligible for nutrition and other supports through ODHS Aging and Persons with Disabilities (APD) or Office of Developmental Disability Services (ODDS). Long-term MTM access through these programs should be considered for anyone receiving HRSN MTMs.

- ii. **Nutrition Education:** Any combination of educational strategies designed to motivate and facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being.

CCOs may contract with HRSN Service Providers to provide this service and are also encouraged to support their existing network of providers (including peer support specialists, traditional health workers, case managers, primary care providers, dental providers, and other individuals with regular Member touchpoints) to receive appropriate training and credentialing to provide this service to Members.

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

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

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

Nutrition Education primarily focuses on topics such as healthy eating, food resource management, cooking tips, label reading and other topics that apply to general population. This differs from Medical Nutrition Therapy which is delivered by dietitians to help address specific health conditions. Nutrition educators must be trained to deliver evidence based, audience appropriate curriculum while staying within the scope of their training.

Members receiving any HRSN Nutrition-Related Supports other than Medically Tailored Meals must also be offered Nutrition Education; however, receipt of Nutrition Education shall not be conditioned on engagement in other HRSN Nutrition-Related Supports and receipt of other HRSN Nutrition-Related Supports must not be conditioned on participating in Nutrition Education.

b. Eligibility for Nutrition-Related Supports

Please see OAR 410-120-2005⁸ for full eligibility requirements for HRSN Nutrition-Related Supports.

c. Payment for Nutrition-Related Supports

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

⁸ Rule in effect starting 11/1/24.

d. Screening to Assess Nutrition Social Needs Risk Factors

Low Food Security (defined in OAR 410-120-0000) is one of the HRSN social risk factors for this benefit. When someone is food insecure, they don't have the resources to purchase the quantity or quality of food they need to live a healthy life. Screening can help identify people who are impacted by affordability and accessibility, which limit food intake and quality. HRSN Covered Populations who screen positive for low food security have access to HRSN Nutrition-Related Supports to help gain access to nutritious food. OHA worked with the United States Department of Agriculture (USDA) and identified the U.S. Household Food Security Survey Module: Six-Item Short Form as the required assessment to determine whether a Member is experiencing low or very low food security: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/survey-tools/>.

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

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

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

1. Member Identification

To promote access and health equity, it is critical to have many paths that lead to a referral for HRSN Services, including HRSN Requests made directly by Members and caregivers, HRSN Connector and Provider submitted Requests, and proactive identification and outreach by CCOs. CCOs must accept HRSN Requests from both HRSN Connectors and HRSN Service Providers regardless of whether CCOs requested the Outreach and Engagement. It is the CCO's responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. CCOs shall ensure multiple pathways for individuals to be identified as being enrolled in Medicaid, belonging to an HRSN

Covered Population, and potentially having one or more HRSN Service needs. Pathways for CCOs to identify HRSN eligible Members must include:

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

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

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

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

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

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

| Adults and youth discharged from an HRSN Eligible Behavioral Health Facility |
|--|
| <p>Definition: Members who have been discharged from an Institution for Mental Diseases (IMD), a mental health and substance use disorder residential facility, or inpatient psychiatric unit within the last 365 days. Subject to Ex. B, Part 2, Sec. 15 of the Contract, eligibility for the HRSN Services shall expire on the 366th calendar day after discharge.</p> |
| Definition details |
| <ol style="list-style-type: none"> 1. Acute Care Psychiatric Hospitals as defined in OAR 309-015-0005, 2. Institution for Mental Diseases as defined in 42 CFR 435.1010, 3. Integrated Psychiatric Residential Treatment Facilities and Residential Substance Use Disorders Treatment Programs as defined in OAR 309-022-0105, 4. Residential Treatment Facilities (RTF), Residential Treatment Homes (RTH), and Secure Residential Treatment Facilities (SRTF) as defined in OAR 309-035-0105 5. Psychiatric Residential Treatment Facilities (PRTF) as defined in OAR 309-022-0105, and 6. Residential Substance Use Disorders Treatment Program as defined in OAR 309-018-0105. |

Adults and youth discharged from an HRSN Eligible Behavioral Health Facility

OHA-provided data for member identification

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

| Definition component | Qualifying facilities |
|--|--|
| <p>The list includes the following facility types:</p> <ol style="list-style-type: none"> 1. Residential Substance Use Disorder (SUD) treatment and Withdrawal Management services 2. Institutions for Mental Diseases (IMDs) including Specific Oregon State Hospital facilities and community based IMDs 3. Adult Mental Health Residential Programs <ol style="list-style-type: none"> a. Residential Treatment Facilities (RTF) b. Residential Treatment Homes (RTH) c. Secure Residential Treatment Facilities (SRTF) 4. Inpatient Psychiatric Services in Hospitals 5. Psychiatric Residential Treatment Facilities (PRTF) for children and youth <ol style="list-style-type: none"> a. Sub-Acute Psychiatric Care b. Secure Children’s Inpatient Treatment Programs (SCIP) c. Secure Adolescent Inpatient Treatment Programs (SAIP) 6. Integrated Psychiatric Residential Treatment Facility and Residential Substance Use Disorders Treatment Programs for youth | <p>A list of qualifying facilities in Oregon can be found in Appendix C.</p> |
| <p>Note: This list should not be relied on for the duration of the waiver and OHA will provide quarterly updates. All facilities that meet the criteria for one of the HRSN-Eligible Behavioral Health Facility types should be considered and CCOs have the discretion to make this determination.</p> | |

b. Adults and youth released from incarceration

| Adults and youth released from incarceration | |
|--|---|
| <p>Definition: Members released from incarceration within the past 365 calendar days, including those released from state and federal prisons, local correctional facilities, juvenile detention facilities, Oregon Youth Authority closed custody corrections, or tribal correctional facilities. Eligibility for HRSN Services shall expire on the 366th calendar day after release from a carceral facility.</p> | |
| <p>OHA-provided data for member identification</p> | |
| <p>CCOs may use maintenance reason codes found on the 834 to determine whether a current member has had their membership terminated due to incarceration in the last 365 days. Members that have had an "IN" termination reason code in the last year but have re-enrolled with a CCOs may belong to this HRSN Covered Population.</p> | |
| Definition components | Qualifying facilities |
| <p>The list includes the following facility types:</p> <ol style="list-style-type: none"> 1. Federal Prisons 2. State Prisons/Department of Corrections (DOC) 3. Local Correctional Facilities 4. Juvenile Detention Facilities 5. Oregon Youth Authority (OYA) Closed Custody Corrections | <p>A comprehensive list of qualifying carceral facilities in Oregon can be found in Appendix D.</p> |
| <p>Note: There are no active tribal correctional facilities as of the date of this guidance.</p> <p>This list should not be relied on for the duration of the waiver, and OHA will provide updates every six months.</p> | |

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

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

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

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

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

OHA-provided data for member identification

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

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

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

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

d. Individuals transitioning to Dual Eligible Medicaid and Medicare Status

Individuals transitioning to Dual Eligible Medicaid and Medicare Status

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

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

Definition details

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

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

Individuals transitioning to Dual Eligible Medicaid and Medicare Status

OHA-provided data for member identification

| Definition component | Data sources |
|---|---|
| (90) calendar days preceding the Medicare coverage date | <p>CCOs can use the Medicare Effective Dates in their daily eligibility file (834) to identify Members transitioning to dual eligibility status. If a member has a Medicare Effective Date within the next 90 calendar days, then they would be considered part of the HRSN Covered Population. Members will likely still have a BMH benefit package until shortly before their Medicare effective date.</p> <p>CCOs are encouraged to use date of birth to proactively identify individuals that may be aging into Medicare eligibility (age 65+).</p> |
| 270 calendar days after Medicare coverage date | <p>CCOs can use benefit package information shared via the daily eligibility file (834) to identify Members that have recently transitioned to fully dual eligible status. The benefit package codes indicating fully dual status are BMD and BMM.</p> |

CCOs will not be able to predict whether their Members transitioning to dual eligibility will be redetermined by the State as a full or partial dual eligible. If a Member is determined as a partial dual eligible, they will lose their OHP benefits at their Medicare effective date, and will not be eligible for HRSN Services beyond the Medicare effective date. At this point, they will be disenrolled from a CCO and no longer appear in CCO data. Due to this, CCOs should ensure that they are using the information that they have available for timely identification and outreach of this population prior to the Medicare coverage date, as well as planning for potential transition off HRSN Services, in addition to other OHP benefits should the Member be determined as a partial dual eligible.

Additional resources

Medicare is health insurance for:

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

Individuals transitioning to Dual Eligible Medicaid and Medicare Status

- People of any age with End-Stage Renal Disease

Figure 1: Eligibility for HRSN based on Medicare Effective Date

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

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

e. Individuals who are homeless

| Individuals who are homeless | |
|---|---|
| <p>Definition: Individuals who meet the definition of “HUD Homeless” as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5.</p> <p>Note: This definition has been updated for clarity from the definition included in the HRSN Services Protocol (Released February 1, 2024).</p> | |
| OHA-provided data for member identification | |
| Definition component | Data sources |
| 1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, as referenced in 24 CFR 91.5 | <p>OHA does not currently have a way to provide this information to CCOs. It is the CCO’s responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. If a Member submits a Self-Attestation, the CCO shall use good faith efforts to verify a Member’s Self-Attestation within a reasonable period of time.</p> |
| 2. An individual or family who will imminently lose their primary nighttime residence, as referenced in 24 CFR 91.5 | |
| 3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, as referenced in 24 CFR 91.5 | |
| 4. Any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions, as referenced in 24 CFR 91.5 | |

f. Individuals who are at-risk of homelessness

Individuals who are at-risk of homelessness

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

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

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

OHA-provided data for member identification

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

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

| Individuals who are at-risk of homelessness | | |
|---|--|--------|
| Definition component | Data Sources (see section IV.3.c.ii.i for documentation guidance) | |
| 1. An individual or family who: | PERC description | PERC |
| i) Has an income that is 30% or less than the area median income where the individual resides according to the most recent available data from the U.S. department of Housing and Urban Development; | MAGI Parent or Other Caretaker/Relative | KA |
| | HOP Parent or Other Caretaker/Relative | CE, HJ |
| ii) Lacks sufficient resources or support networks-to prevent homelessness; and | OHA does not currently have a way to provide this information to CCOs. It is the CCO's responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. If a Member submits a Self-Attestation, the CCO shall use good faith efforts to verify a Member's Self-Attestation within a reasonable period of time. | |
| iii) Meets any HRSN Housing and Nutrition Clinical Risk Factor | Presence of a qualifying clinical risk factor satisfies this criterion. | |
| Additional resources | | |
| <p>i. HRSN Housing documentation requirements are consistent with Oregon Housing and Community Services' processes.</p> <p>ii. The Department of Housing and Urban Development's (HUD) At-Risk of Homelessness definition includes that household income should be below 30% Area Median Income (AMI).</p> <p>1. Income includes the gross income of all adult household members. Household is defined as "Family Size" in OAR 410-200-0015. Income should reflect the previous two months.</p> <p>2. HUD compiles AMI data annually, which can be found at: https://www.huduser.gov/portal/datasets/il/il24/IncomeLimits-30-FY24.pdf or https://www.huduser.gov/portal/datasets/il/il2024/2024summary.odn</p> <p>If a city is listed instead of a county, the city's data applies for its county.</p> | | |

Individuals who are at-risk of homelessness

3. See [Appendix F](#) for a list of income inclusions and exclusions, and examples of acceptable documentation for each.
- iii. Documentation standards for the components of the At-Risk of Homelessness definition are listed in order of preference:
1. **Third Party documentation**, documentation originating from an outside source, is the preferable form of documentation. Examples of third-party income documentation are paystubs, SSI or SSDI paperwork, unemployment statement, or other records directly from the income source. Examples of third-party documentation which demonstrate the Member lacks resources or support networks to prevent homelessness include but are not limited to termination notice, unemployment compensation statement, bank statement, health care/utility bill showing arrears. Examples of income sources and documentation are included in [Appendix F](#).
 2. **Case Manager Observation**, documentation includes written and oral statements made by a social worker, case manager, or other appropriate official at an institution or organization and documented by the CCO, HRSN Service Provider, or HRSN Connector.
 3. **Member Self-Attestation**, a Member signed document certifying eligibility, requires a written signed document by the member seeking assistance attesting to the eligibility facts for which they are certifying. Self-attestation is an option for Members if third party verification or Case Manager observation are not immediately available and would create a delay in service authorization or provision.
- Members may self-attest to each component of the At-Risk definition, including Family Size.

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

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

***NEW* HRSN Covered Population (Timeline)**

On January 1, 2025, Young Adults with Special Health Care Needs (YSHCN) will be eligible as an HRSN Covered Population.

Note: YSHCN Benefits will have a phased in rollout by age. Starting January 1, 2025, young adults ages 19 and 20 who have special health care needs will be eligible to enroll. Once a member enrolls in the YSHCN program, they will remain a YSHCN member until their 26th birthday, as long as their OHP re-assessment confirms continued eligibility. Oregon plans to expand eligibility to

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

people ages 21 through 25. Expanding this coverage in future years is subject to funding availability.

Definition details

Definition: Individuals aged 19 and 20 with individual or family income up to 305% of the Federal Poverty Level (FPL), meeting at least one of the following criteria:

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

OHA-provided data for member identification

Once the YSHCN Benefit is implemented, CCOs will be able to use the Program Eligibility Resource Codes (PERCs) in their daily eligibility files (834s) to identify YSHCN Members. The specific PERCs will be shared once they become available.

| Definition component | Data Sources (current) | Data Sources (expected) |
|--|---|-------------------------|
| 1. Identified in the Pediatric Medical Complexity Algorithm (PMCA) as someone with a complex chronic disease (PMCA score = 3); | Members meeting these criteria will be captured in the YSHCN PERC codes. In the meantime, CCOs can reference the standardized PMCA algorithm housed on github . | PERC to be determined |
| 2. Serious emotional disturbance or serious mental health issue indicated by qualifying behavioral health diagnosis; | Members meeting these criteria will be captured in the YSHCN PERC codes. In the meantime, a list of qualifying behavioral health diagnosis codes can be found in Appendix G . | PERC to be determined |

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

| | | |
|--|--|------------------------------|
| <p>3. Be found eligible for services by a Community Developmental Disabilities Program (CDDP) due to an intellectual or developmental disability at age 16 or older;</p> | <p>Members meeting these criteria will be captured in the YSHCN PERC codes.</p> | <p>PERC to be determined</p> |
| <p>4. Have an “elevated service need” or functional limitations as determined by two or more affirmative responses to a screener</p> | <p>Members meeting these criteria will be captured in the YSHCN PERC codes. In the meantime, the screener that will be in the ONE portal can be found in Appendix H.</p> | <p>PERC to be determined</p> |

Additional Guidance

- For more information on the Young Adults with Special Health Care Needs Benefit, please visit: <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Special-Health-Care-Needs.aspx>
- A YSHCN Guidance Document will also be available on October 3, 2024.

2. HRSN Service Requests

- a. The State will provide an HRSN Request Form that contains the necessary and optional Member information required for a recommendation to their CCO for HRSN service authorization. HRSN Service Providers and Connectors may elect to use this form but are not required to. The form for climate, housing, and nutrition supports will be available in eleven languages on the [HRSN webpage](#).
- b. HRSN Service Providers and HRSN Connectors can use the State-developed HRSN Request Form or another tool of their choosing. To support the timeliness of the requests, the form or tool should include:
 - i. The name and contact information for the individual being recommended for HRSN services;
 - ii. Identification of one or more HRSN Service needs the individual may have; and
 - iii. Attestation to information provided and desire for an HRSN referral.
- c. Other information that may be documented in the HRSN Request Form includes:
 - i. Confirmation of OHP Medicaid enrollment
Note: This confirmation is required for HRSN Outreach and Engagement Service Providers to receive payment for providing HRSN Outreach and Engagement Services.
 - ii. Confirmation of enrollment in a particular CCO/Open Card
 - iii. Any other information regarding the individual's potential HRSN eligibility
- d. The HRSN Connector that identifies a member in need of HRSN Services will work with the Member or their representative to complete the HRSN Request Form (or other tool) and transmit it to the Member's CCO.

If the entity does not know whether the Member is enrolled in the FFS (Open Card) program or a CCO, or which CCO the member is enrolled in, the entity should contact OHP Client Services at 1-800-273-0557.
- e. The transmission of the information in the HRSN Request Form to a CCO can occur through a variety of delivery methods. Pathways must be made clear and accessible to potential HRSN Connectors through information posted on the websites of each CCO and through other means.

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

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

3. Screening Members for HRSN Eligibility Absent Self-Attestation

- a. **Confirming OHP enrollment.** The CCO shall first confirm OHP enrollment and, if confirmed, ensure such Member is enrolled with their CCO in plan type CCO-A or CCO-B (per OAR 410-141-3826) prior to proceeding with a full HRSN Eligibility Screening. If the Member is an OHP Member, but not enrolled with their CCO, the CCO shall then ensure the Member is connected with their CCO or OHA (for Open Card) for the purpose of participating in HRSN Eligibility Screening.
- b. **Reasonable Efforts to Conduct HRSN Eligibility Screening.** Once the CCO confirms the individual that is the subject of the HRSN Request is enrolled in the CCO, it shall use reasonable efforts to obtain all other information necessary to complete the HRSN Eligibility Screening. The CCO's reasonable efforts shall include, without limitation, using the information included in the CCO's own records, obtaining only the relevant information from the Member, and when permitted by the Member, obtaining the relevant and appropriate information from the HRSN Outreach and Engagement Services Provider.
- c. **Documentation.** The CCO will be required to document its attempts to collect the information needed to determine eligibility, as well as document the results of the HRSN Eligibility Screening, including, at a minimum:
 - i. The Member's OHP Medicaid Number,
 - ii. The HRSN Covered Population to which they belong,
 - iii. The Member's HRSN Clinical Risk Factor(s),
 - iv. The Member's HRSN Service(s) authorized,
 - v. Any additional service specific eligibility requirements if applicable,
 - vi. The Member's HRSN Social Risk Factor(s), if distinct from the HRSN Covered Population, and

- vii. Whether the Member is receiving the same service as the requested HRSN Services from a local, state, or federally funded program.

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

- viii. Each HRSN request and its source, including Member self-referral, HRSN Connector/Provider, and direct outreach from CCO.

- ix. Ensure compliance with OHA reporting requirements described below in the “HRSN Data and Reporting” section of this guidance.

- d. OHA has developed an HRSN Eligibility Screening Template that CCOs may use, which is stored on the [CCO Contract Form Website](#); however, CCOs are not required to use OHA’s Template. CCOs may develop and use their own screening tool, as long as the tool captures the required documentation components described above in Sub.Para. c.

4. HRSN Eligibility Screening with Self-Attestation

- a. The CCO will complete an HRSN Eligibility Screening by documenting the same information required for Screening without Self Attestation (outlined above).
- b. If the CCO cannot, using good faith efforts, verify the self-attestation within a reasonable period of time, the CCO, if it determines the self-attestation is truthful, is permitted to authorize the HRSN services need. The CCO is required to document the good faith efforts made to verify the information and the reasonable basis for authorization.

Note: With respect to the certain elements of eligibility, reasonable efforts require only a determination as to whether on its face, the information provided is plausible. In other words, in absence of information that suggests otherwise, CCO should determine eligibility plausible.

- c. The CCO will not be held liable to OHA or the State for authorizing HRSN services and no adverse action will be taken for a CCO accepting self-attested information as the basis for service authorization.
- d. If information is obtained by the CCO during the verification process that invalidates the self-attested information, the CCO will not authorize HRSN services and the denial and reason for denial will be documented.

5. Authorization or Denial of HRSN Services

- a. CCOs must authorize or deny the HRSN service and provide notice as expeditiously as the circumstances require, but no later than fourteen (14) calendar days from the date of receiving the request.

- i. If the Member meets all of the criteria for being HRSN Eligible, the CCO shall authorize the identified HRSN Service need as detailed in Contract and OAR 410-120-2020⁹.
 - ii. If the Member does not meet all of the criteria for being HRSN Eligible, the CCO shall deny the identified HRSN Service need as detailed in Contract and OAR 410-120-2020, including informing the Member by sending a Notice of Adverse Benefit Determination (NOABD).
- b. The CCO is not permitted to add their own additional, more restrictive eligibility criteria on top of what is outlined in the Contract, guidance, OARs, and CMS facing documents.

In no event will a CCO be held liable to OHA or the State for authorizing HRSN Services nor will OHA or the State take any adverse action against a CCO based on the CCO's acceptance of a Self-Attestation, provided the authorization was made in accordance with the CCO Contract and OAR 410-120-2020.

However, failure to document the information as required under Sec. 3. Para. c. may result in liability to OHA.

- c. Decisions to deny or reduce the amount, duration, or scope of a requested HRSN Service must include a review by clinical staff with appropriate expertise only when the decision is contingent upon a Member's clinical condition, HRSN Clinical Risk Factor, or Clinical Appropriateness assessment. As neither federal regulations nor CMS has specified the type of clinical expertise that is appropriate to address a Member's HRSN needs, and recognizing that referrals for HRSN Services may not always come from clinicians and Members may self-attest to their HRSN Clinical Risk Factor, CCOs may use discretion in determining the clinical licensure and experience appropriate for denying or reducing requested HRSN Services. This discretion is only applicable to HRSN Service authorization, not any other Medicaid covered services.
- i. The clinically-based HRSN eligibility criteria requiring review by a clinician are:
 - 1. For all HRSN services: When the denial or reduction is contingent upon the HRSN Clinical Risk Factor, clinical staff must ensure such determination was made in accordance with applicable clinical standards.
 - 2. For HRSN Climate-Related Supports: When the denial is contingent upon the Climate-Device Social Risk Factor, clinical staff must ensure that the Climate Related Device was not Clinically Appropriate as a component of health services treatment or prevention.
 - 3. For HRSN Housing-Related Supports: When the denial or reduction is contingent upon the Home Modification/Remediation criteria of the

⁹ Rule in effect starting 11/1/24.

Housing-Related Social Risk Factor, clinical staff must ensure that the home modification/remediation is not Clinically Appropriate.

- ii. Non-clinical HRSN eligibility criteria are:
 - 1. The HRSN Covered Populations.
 - 2. The HUD Homeless and At Risk of Homelessness criteria of Housing-Related Social Risk Factor.
 - 3. The Nutrition-Related Social Risk Factor.
 - 4. The Outreach and Engagement Social Risk Factor.
 - 5. These criteria are detailed in OAR 410-120-2005.

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

- a. CCOs are required to notify all Members who have undergone an HRSN Eligibility Screening of authorization or denial within 14 days from the date of receipt of an HRSN Request with a possible extension of up to fourteen (14) additional days if the criteria in OAR 410-141-3870(11)(a)(A) is met.
- b. If HRSN services are not available at the time the Member is notified of authorization, CCOs must inform the Member of when the HRSN service is anticipated to be available.

In cases of denials, CCOs may notify those Members of the option to request and receive those services through Health-Related Services (HRS). This information can be included in the NOABD.

- c. If the HRSN Connector who submitted the HRSN Request is an HRSN Service Provider, CCOs must notify the HRSN Service Provider of the authorization or denial of the HRSN Request.

7. HRSN Services: Additional Requirements

- a. **Member Choice of HRSN Provider.** CCOs, to the extent possible, will support the Member's choice of HRSN Service Provider.
- b. **Clinical Appropriateness**
 - i. All HRSN Services must be Clinically Appropriate for the Member.
 - ii. The HRSN Clinical Risk Factors are the diagnoses or other health impacting conditions that establish the clinical need for each HRSN Service. They are listed in the [HRSN Services Protocol](#) appendix on pages 20–25.
 - i. The most specific and relevant ICD-10 code(s) for the qualifying Clinical Risk Factor(s) must be documented in the claims submission, in alignment with best practices for diagnosing and coding.

1. The ICD-10 code must be at its highest level of specificity, e.g., two decimal points when available.
2. Z-codes may be the most appropriate diagnosis code when there is no claims data or clinical report verifying a self-attested condition, or when a Member is younger than 6 years or older than 65 years and is at risk for, but has not developed, one of the required health conditions. For example, Z59.6 (low income) may be the most accurate and specific ICD-10 code for a child meeting the less than 6 years of age Clinical Risk criteria, who has not experienced any other qualifying health condition, but because of being in an HRSN Covered Population, having an HRSN social need, and being low income, is at greater risk for developing one of the qualifying health conditions.
3. Z codes may be used as the primary and single diagnosis code.
4. There is no funding line or pairing for HRSN Clinical Risk Criteria.
- iv. A Member must not be required to seek a diagnosis from a clinician as part of the good faith effort to verify a self-attested Clinical Risk.
- v. The coding crosswalk for the HRSN Clinical Risk Criteria is posted on the [CCO Contract Forms Website](#) in an Excel file. This crosswalk contains diagnosis, procedure, place of services, and revenue codes. All codes listed may be used to support outreach to presumed eligible members, authorizing services, and for claims coding purposes.
- vi. There are two sets of HRSN Clinical Risk Factors:
 1. HRSN Climate Devices have a dedicated set of Clinical Risk Factors.

A Member meets the HRSN Climate Device-Specific Clinical Risk Factor requirement when they have a health condition(s) that an HRSN Climate Device can treat or prevent an exacerbation of symptoms. The HRSN Climate Device-Specific Clinical Risk Factor table in the [HRSN Services Protocol](#) (pg. 20-22) and OAR 410-120-2005 detail many eligible conditions. There are additional health conditions not listed that may be alleviated by an HRSN Climate Device. These conditions shall be approved through an individual medical review. Examples of additional conditions not included on the list that may warrant climate devices include certain acid/base, electrolyte, or fluid disorders, cancers, autoimmune disorders, and conditions not listed that cause disability.
 2. HRSN Housing and Nutrition supports have their own set of clinical risk factors.

HRSN Housing-Related Supports and HRSN Nutrition-Related Supports share the same HRSN Clinical Risk Factors. Members must have a health condition in at least one of the Clinical Risk Factor categories to be eligible

for HRSN Housing and Nutrition-Related Supports. Both acute and chronic conditions that are persistent, disabling, progressive, or life-threatening, and that require treatment for stabilization or prevention of an exacerbation shall be approved. The coding crosswalk, which is stored on the [CCO Contract Forms Website](#), includes the majority of ICD-10 codes representing these clinical risk categories, but it may not include all relevant conditions in each category. For example, conditions not listed that cause disability.

3. The presence of any HRSN Clinical Risk Factor justifies the clinical need for HRSN Outreach and Engagement Services, be it from the Climate Device or Housing and Nutrition set of factors.
- vii. In addition, Climate Devices, Home Modifications and Remediation, and Medically Tailored Meals must directly alleviate the Member's clinical condition. For example, the home modification must address the functional, health, or safety need resultant from the specific condition. The medically tailored meal plan must aim to improve the health outcomes of the qualifying condition.
- viii. The nutritional assessment will determine if an individual would benefit clinically from a Medically Tailored Meal. CCOs must ensure that their network of MTM providers must include heart healthy, low-sodium, renal, diabetes, and puree/modified texture meal patterns within their service offerings.
- ix. **HRSN Service duration.** Once authorized for an HRSN Service, the service duration must be identified. The duration should be determined according to Clinical Appropriateness for the Member and be sufficient to achieve the purpose of the HRSN provision, within the limits of this benefit. The duration may extend beyond the time the Member meets an HRSN Covered Population definition. However, in no circumstances may the duration exceed twelve (12) months without new eligibility screening and/or authorization as applicable. Some HRSN Services require a shorter duration as defined in OAR 410-120-2005. For example, if a Member is authorized to receive HRSN Rent and Utility Costs on the 360th day after release from a carceral setting, they may be authorized for the full allowed duration of six (6) months of payments.

8. HRSN Person-Centered Service Plan (PCSP)

- a. The CCO Contract and OAR 410-120-2025¹⁰ outlines expectations for meeting with the HRSN Authorized Member, their representative, and consulting with the Member's providers, community supports and services during the development of

¹⁰ Rule in effect starting 11/1/24.

the HRSN PCSP as part of the Member's Care Plan, as defined in OAR 410-141-3870.

- b. CCOs are encouraged to use existing information from all relevant and Member authorized sources to avoid duplicating information that Members have already shared. For example, when appropriate, CCOs should solicit input from the Member's HRSN Service Providers when developing the Person-Centered Service Plans. HRSN Housing, HRSN Nutrition, and O&E Providers may be valuable sources of information for the HRSN PCSP.
 - i. Housing Providers who support families and individuals to achieve stable housing typically create a Housing Plan, or Individual Service Plan, soon after an individual's program intake. This plan is managed by the Housing Provider and contains information potentially informative for the HRSN PCSP. The Housing Case Manager and individual co-create this living document. While the content may differ depending on the housing provider, the Housing Plan typically incorporates a combination of goals, strategies and target dates related to health/wellness, employment and financial stability, and housing stability. The Housing Plan addresses tenant advocacy, budgeting, connections to resources and family supports/community engagement, and will be revisited on an ongoing basis. The plan also addresses mutual expectations for the Housing Case Manager and individual's partnership, the individual's housing responsibilities and aims to clearly establish roles and expectations for all parties involved.
 - ii. For individuals receiving Nutrition-Related Supports: If they are already working with a Registered Dietitian (RDN) or International Board-Certified Lactation Consultant (IBCLC) either from a clinical setting or a public health program like WIC, these providers should be consulted when creating the HRSN PCSP. In addition, community-based nutrition education including SNAP Ed, can be offered as part of the plan. If not already enrolled, participants should be referred to SNAP, WIC, and other food assistance programs.
 - iii. The person's living situation should be noted in the HRSN PCSP and regularly reassessed to ensure the member is receiving the correct benefit. As an example, Meals are meant as an alternative to pantry stocking for individuals who are houseless or in other unstable living conditions which limit safe storage and preparation of food items.
 - iv. HRSN O&E Providers may have collected information about Member's social needs, including Social Determinants of Health and HRSN, short and long-term health goals, and changes in health-related circumstances. This information is of value and should be included as needed in the Member's HRSN PCSP.

- c. The CCO Contract and OAR 410-120-2025¹¹ state the HRSN PCSP will include for each recommended HRSN Service:
 - i. The Authorized HRSN Service(s) or provided HRSN O&E Services,
 - ii. The Authorized HRSN Service duration,
 - iii. Whether the Member accepts or declines the Authorized HRSN Service(s),
 - iv. The HRSN Service Provider, supporting member choice of provider, and working to ensure a mutually agreeable option if choices are limited,
 - v. The determination that the Authorized HRSN Service, unit(s) of service, and service duration are Clinically Appropriate based on HRSN Clinical and Social Risk Factors for the Authorized HRSN Service,
 - vi. The goals of the current HRSN Service(s) for which the Member has been authorized, identifying other HRSN Services and other OHP or other benefit programs or services the Member may need (if not already included in the Member's Care Plan),
 - vii. The follow-up and transition plan, including conducting reassessment for HRSN Services prior to the conclusion of the then-current Authorized HRSN Service, or as frequently as required according to this HRSN Guidance Document (refer to d. and e. below this section), and,
 - viii. The CCO designated person or team responsible for managing the Member's HRSN Services.
- d. **Six-month check-in requirement.** At a minimum, CCO will conduct a six (6) month check-in to evaluate or understand whether (a) the HRSN services are meeting the Member's needs, (b) additional/new services are needed if the service duration is or may be longer than six (6) months, and (c) HRSN services are duplicating other services they are receiving. The six (6) month check-in meetings shall be conducted for so long as the HRSN-Authorized Member is receiving one or more HRSN Services.
- e. **Member entitlement to continue receiving HRSN service.** If efforts to have a meeting are unsuccessful, or if the Member explicitly declines to participate in the development of the HRSN PCSP, they are still entitled to receive the HRSN Services for which they have been authorized. The CCO is not permitted to deny provision of HRSN Services on the basis of an HRSN Authorized Member not participating in the PCSP. In all such circumstances, CCO must document:
 - i. that the CCO made efforts to have one or more meetings with the Member, including identifying the specific attempts and barriers to having the meetings;

¹¹ Rule in effect starting 11/1/24.

- ii. the Member's reasons for not participating in the HRSN PCSP to the maximum extent feasible; and
- iii. CCO's justification for the provision of HRSN Services. In the event the Member declines participation in the HRSN PCSP, but is authorized to receive HRSN Services, the HRSN Eligibility Screening shall serve as justification for provision of HRSN Services, and shall be documented to the Member's Care Profile in lieu of an HRSN PCSP as required in OAR 410-141-3870.

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

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

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

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

Closed Loop Referrals

1. Definitions

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

2. Requirement of Closed Loop Referrals

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

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

3. Technology for Closed Loop Referrals

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

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

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

5. Proposed Approach to Technology for Closed Loop Referrals

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

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

- OHA's measurement of technology for Closed Loop Referral use will focus on incentivizing equity and meeting Members' needs. OHA will align with other CCO metrics reporting where appropriate.
- Exceptions for HRSN Service Providers who are unable to participate in CIE.

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

| CCO Contract Year | Closed Loop Referral Requirements | CCO Support & Incentives |
|--------------------|--|---|
| <p>2024</p> | <ul style="list-style-type: none"> • Defined Closed Loop Referrals and CIE • CCOs and HRSN Service Providers are not required to use technology like CIE • CCOs cannot require technology for Closed Loop Referrals, like CIE, to be used as the sole referral method in HRSN Service Provider subcontracts but can elect to use technology like CIE | <ul style="list-style-type: none"> • CCOs to develop a plan for years 2024-2026 in how they will support and incentivize technology for Closed Loop Referrals, like CIE, adoption and use by HRSN Service Providers, including grants, technical assistance, outreach, and forums for feedback. This was reported in the HIT Roadmaps. |
| <p>2025</p> | <ul style="list-style-type: none"> • HRSN Service Providers are not required to use technology like CIE • CCOs cannot require technology for Closed Loop Referrals, like CIE, to be used as the sole referral method in HRSN Service Provider subcontracts but can elect to use technology like CIE • CCOs submit in 2025 annual Health IT Roadmap: <ul style="list-style-type: none"> ▪ All information collected as part of CCO’s 2024 Social Determinants of Health: Social Needs Screening and Referral Measure, Component 1 (elements 6,7,13). ▪ List of all organizations the CCOs have contracts, memoranda of understanding (MOUs), grants, or other agreements for addressing social needs for members in 2024. | <ul style="list-style-type: none"> • CCOs report on progress of 2024 and any adjustments to their plan for 2025-2026 in how they will support and incentivize technology for Closed Loop Referrals, like CIE, adoption and use by HRSN Service Providers as well as any challenges or lessons learned. |

| CCO Contract Year | Closed Loop Referral Requirements | CCO Support & Incentives |
|-------------------|--|---|
| 2026 | <ul style="list-style-type: none"> Initial measure* TBD with exceptions for Members who opt out of technology like CIE. While CCOs may require technology for Closed Loop Referrals, like CIE, in contracts with HRSN Service Providers, they must allow for exceptions**. | <ul style="list-style-type: none"> CCOs report on progress of 2025, their plans for 2026, and any challenges or lessons learned. |
| 2027 | <ul style="list-style-type: none"> Measure* performance increases with exceptions for Members who opt out of technology like CIE While CCOs may require technology for Closed Loop Referrals, like CIE, in contracts with HRSN Service Providers, they must allow for exceptions** | <ul style="list-style-type: none"> CCOs report on progress of 2026 and any challenges or lessons learned. |

HRSN Service Provider Qualifications

1. Provider Qualifications Applicable to All HRSN Service Providers

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

- a. CCOs must ensure that contracted HRSN Service Providers meet the Provider Qualifications defined in OAR 410-120-2000 and OAR 410-120-2030¹². These qualifications promote increasing health equity in both access and outcome of the HRSN benefit. CCOs are not required to ensure vendors supporting the provision of HRSN Services (e.g., for climate devices) meet HRSN Service Provider Qualifications so long as the vendors can support service delivery in accordance with service definitions as defined in OAR 410-120-2005 and related service delivery requirements in the CCO Contract.
- b. CCOs have discretion to determine what constitutes sufficient demonstration of meeting the HRSN Provider Qualifications based on their knowledge of effectiveness of local organizations. The expectation is that CCOs will increase

¹² Rule in effect starting 11/1/24.

the diversity of organizations that they contract with and that HRSN Priority Populations (RHEC definition per ORS 413.256) will be well served.

- c. CCOs are expected to help HRSN Service Providers meet qualifications if needed, for example, to provide access to language interpretation and translation services to those Members who have limited English proficiency, and American Sign Language (ASL) services for to those Members who require ASL in order to communicate.

OHA expects that some HRSN Service Providers may require additional assistance to participate in the HRSN initiative. Accordingly, CCOs may contract with HRSN Service Providers that require supports to meet one or more of the HRSN Service Provider Qualifications; for example:

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

5. Only document health information that is needed for providing the HRSN service. Even if you learn about additional information, you should only document the information necessary for the HRSN service you are providing.

2. Domain-Specific Provider Qualifications

- a. **Climate.** HRSN Service Vendors of Climate-Related Supports must meet the following qualifications:

HRSN Service Vendors of Climate-Related Supports must have the ability to appropriately deliver Climate-Related Supports or, when applicable, install devices in Members' homes in a reasonable timeframe. In the event a vendor does not also provide installation, Contractor shall coordinate other vendor(s) to address this need as necessary.

- b. **Housing.** In addition to provider qualifications that apply to all HRSN Service Providers, those providing HRSN Housing-Related Supports must:
 - i. Have knowledge of principles, methods, and procedures of the Housing-Related Supports covered under the waiver, or comparable services meant to support individuals in obtaining and maintaining stable housing.
 - ii. Be trained and credentialed, as needed, to provide the specific service. CCOs may use discretion in determining the appropriate level of training or licensure required for each contracted provider.
 - iii. Have the ability to directly meet member's needs for the activities listed in the housing service descriptions or the ability to connect members to the appropriate service provider or vendor. CCOs are expected to develop a broad network of providers to ensure service providers can meet the personal and cultural needs of their communities as appropriate.
- c. **Nutrition.** In addition to provider qualifications that apply to all HRSN Service Providers, those providing HRSN Nutrition-Related Supports must:
 - i. Have knowledge of principles, methods and procedures of the Nutrition-Related Supports covered under the waiver, or comparable services meant to support an individual in meeting their nutritional needs.
 - ii. Comply with best practice guidelines, industry standards, and all applicable federal, state, and local laws governing food safety standards.
 - iii. Be trained and accredited, to the extent appropriate based on nutrition industry standards, to provide the specific service. CCOs may use discretion in determining the appropriate level of training or licensure required for each contracted provider of a HRSN nutrition related support, as long as they ensure providers will act in accordance with nutrition-related national guidelines, such as the Dietary Guidelines for Americans, or evidence-based

practice guidelines for specific chronic diseases and conditions. Depending on the specific service being provided, appropriate training and credentialing may entail:

1. Relevant training(s) (e.g., webinar courses provided by SNAP-Ed, CDC--approved training for the National Diabetes Prevention Program Lifestyle Coach position, or other trainings from accredited nutrition organizations) or
 3. Certification (e.g., Certified Nutrition & Wellness Educator by the American Association of Family & Consumer Sciences) or
 4. Licensure (e.g., Registered Dietitian Nutritionist).
- iv. Have the ability to meet the needs of Member's personal and cultural dietary preferences. CCOs are expected to develop a network of HRSN nutrition providers that, together, are able to serve the personal and cultural needs of their communities, though no one provider must be able to meet all Members' personal and cultural dietary preferences.
- v. Have the capacity to provide services on a one-time, daily, weekly, or monthly basis, depending on the specific service's permitted frequency and Member's preference.
- vi. If a nutrition support is administered by a gift card/debit card, the HRSN Service Provider must have the ability to administer and coordinate the service, including engaging with Members to explain the service, having relationships with food retailers that will accept payment, and monitoring and overseeing use of the cards.
- b. **Outreach and Engagement.** In addition to provider qualifications that apply to all HRSN Service Providers, HRSN Outreach and Engagement Service Providers must:
- i. Have knowledge of principles, methods, and procedures of these services or comparable services meant to outreach to and engage the populations covered under the waiver and connect them to benefits and services to meet their needs. and capacity to carry out the responsibilities outlined in the Outreach and Engagement service definition. CCOs may use discretion in determining whether a provider can sufficiently provide this service.
 - ii. Have knowledge of the following:
 1. Cultural specificity and responsiveness approaches
 2. Community outreach and engagement best practices
 3. Basic eligibility and enrollment policies and practices for OHP, the HRSN program, and Federal and state entitlements and benefits including Supplemental Nutrition Assistance Program (SNAP), Women, Infants and

Children (WIC), Temporary Assistance for Needy Families (TANF), Social Security, Social Security Disability, and Veterans Affairs benefits, and other federal and state housing programs.

4. Local community resources for supporting basic needs such as access to shower, laundry, shelter, and food.
- iii. Excellent oral communication skills with the ability to explain complex information to individuals—including those in the OHA HRSN Priority Populations (defined in ORS 413.256) — in an understandable, trauma-informed, and culturally responsive way.
- iv. Ability to maintain strict confidentiality and handle sensitive information appropriately.

Contractor Payment to HRSN Service Providers

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

1. HRSN Fee Schedule

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

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

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

Table 3: HRSN Services Utilization Control

| HRSN Services Utilization Control | | | | |
|-----------------------------------|-------------------------|---|----------|---------------------------------|
| Service | Unit | Unit Limit | Duration | Authorization Limit |
| Outreach and Engagement | Per 15-minute increment | Up to 120 units | N/A | Annual Limit |
| Air Conditioner | Per item | Up to one per member, except in circumstances where | N/A | Once per Member every 36-months |

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| | | a replacement device is allowed. | | |
| Air filtration device | Per item | Up to one per member, except in circumstances where a replacement device is allowed. | N/A | Once per Member every 36-months |
| Air filter replacement | Per item | Up to three per member. CCOs have discretion to allow for exceptions that are deemed appropriate or justified based on available information (see HRSN Guidance Document for more information). | N/A | Once per Member every 12-months |
| Portable power supply | Per item | Up to one per member, except in circumstances where a replacement device is allowed. | N/A | Once per Member every 36-months |
| Heater | Per item | Up to one per member, except in circumstances where a replacement device is allowed. | N/A | Once per Member every 36-months |
| Mini refrigerator | Per item | Up to one per member, except in circumstances where a replacement device is allowed. | N/A | Once per Member every 36-months |
| Climate device installation | Per 15-minute increment | Up to 8 units | N/A | Per climate device service |
| Rent and Utility Costs | Per month or per diem | Up to one per month or one per diem | Recurring Rent Payment: Presumption of, and no longer than, six months. Payment may be for past due rent up to six months, or forward | Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined |

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| | | | <p>rent for up to six months, or some combination of past due and forward rent.</p> <p>Recurring Utility Payment: No longer than the duration of any forward rent related to the Rent service that the Member is receiving.</p> <p>The six-month limit on Rent and Utility Costs must be considered in combination with the six-month limits on Hotel/Motel Stays and Utilities Arrears. Any combination of Rent and Hotel/Motel Stays may not add up to more than six months of coverage. Any combination of Utility Costs and Utility Arrears may not add up to more than six months of utility payments for each unique utility.</p> | <p>by “Family Size” in OAR 410-200-0015.</p> |
| <p>Hotel/Motel Stays</p> | <p>Per diem</p> | <p>Up to one per diem</p> | <p>Up to three months at which time a Member may be reassessed for an additional three months. No longer than a total of six months. Any combination of Rent and Hotel/Motel</p> | <p>Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by “Family Size” in OAR 410-200-0015.</p> |

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| | | | Stays may not add up to more than six months of coverage. | |
| Utilities Arrears | Per month | No limit | Any combination of payment for utilities under “Utilities Arrears” and “Rent and Utility Costs” may not add up to more than six months of utility payments. | Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by “Family Size” in OAR 410-200-0015. |
| Utilities Set Up | Per instance | No limit | No limit | Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by “Family Size” in OAR 410-200-0015. |
| Storage Fees | Per month | Up to one per month | Up to six months | Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by “Family Size” in OAR 410-200-0015. |
| Tenancy Service (paid via 15-minute increments) | Per 15-minute increment | No limit | CCOs must authorize this service for a minimum of six months. CCOs may authorize this service for up to 18 months, at which time the Member must be reassessed for eligibility and, if determined eligible, | No limit |

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| | | | may continue to receive the service | |
| Tenancy Service (per member per month) | Per member, per month | No more than once per month | CCOs must authorize this service for a minimum of six months. CCOs may authorize this service for up to 18 months, at which time the Member must be reassessed for eligibility and, if determined eligible, may continue to receive the service. | No limit |
| Home Modifications | Per instance | No limit | No limit | No limit |
| Home Remediations | Per instance | No limit | No limit | No limit |
| Medically Tailored Meals | Per meal | Up to 3 meals per day | Up to six months, at which time the Member may be reassessed for service eligibility. | No limit |
| Assessment for Medically Tailored Meals | Per 15-minute increment | Up to 4 units per assessment and reassessment | One assessment and one reassessment may take place within a six-month period. Service persists until the Member is no longer receiving the Medically Tailored Meal service. | No limit |
| Pantry Stocking | Per diem | <ul style="list-style-type: none"> Unit limit is up to 1 per day, up to the number of days in a month. Members will receive a monthly dollar amount. CCOs may bill either on | Up to six months | Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by "Family Size" in OAR 410-200-0015. |

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| | | <p>a monthly basis (i.e., for 28, 29, 30 or 31 units) for up to 6 months or on a weekly basis (in 7 unit increments) for up to 26 weeks.</p> <ul style="list-style-type: none"> When provided at the household level, the per diem amount and unit limit should be multiplied by the number of household members. | | |
| Meals | Per meal | Up to 3 meals per day. When provided at the household level, the number of meals permitted per day should be multiplied by the number of household members. | Up to six months | Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by “Family Size” in OAR 410-200-0015. |
| Fruit and Vegetable Benefit | Per diem | <ul style="list-style-type: none"> Unit limit is up to 1 per day, up to the number of days in a month. Members will receive a monthly dollar amount. CCOs may bill either on a monthly basis (i.e., for 28, 29, 30 or 31 units) for up to 6 | Up to six months | Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by “Family Size” in OAR 410-200-0015. |

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| | | <p>months or on a weekly basis (in 7 unit increments) for up to 26 weeks.</p> <ul style="list-style-type: none"> When provided at the household level, the per diem amount and unit limit should be multiplied by the number of household members. | | |
| Nutrition Education | Per 30-minute increment | <p>Up to 6 units per week</p> <p>Service will typically be billed in increments of 2, 4, or 6 units.</p> | Service persists until services are no longer needed. | Providers cannot bill HRSN to exceed the actual cost of the class in total |

2. Payment Process and HRSN Required Reporting Data

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

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

3. Administrative Payments

- a. **Administrative services.** OHA will pay CCOs for administrative services, including Case Management Services, Care Coordination, HRSN Outreach and Engagement, HRSN Eligibility Screening, Provider Network management,

Community Capacity Building Funding administration, HRSN Service Provider payment and claims processing, and Member services.

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

- b. **Administrative payments.** OHA will pay for these administrative services in two ways, including:
 - i. A fixed administrative fee for administering HRSN services for members in CCO A and CCO B Plan Types; and,
 - ii. A variable administrative fee as established in the fee schedules.
- c. **Submitting supporting documentation.** CCOs will submit supporting documentation for their direct administrative spending on HRSN in a manner/format specified by OHA (“HRSN Administrative Settlement Template”) posted on the [CCO Contract Forms Website](#).

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

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

- d. **Administrative Expenses itemized for reporting purposes:**
Itemized lists of Administrative activities that CCOs may undertake while administering the HRSN benefit are listed below, per the contract, to help with reporting expenses incurred through those activities.
 - i. From the 2024 Exhibit L Guidance V2:

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| Health Related Social Needs - DIRECT ADMIN | Non-allocable expenses related directly to HRSN activities. (a)(3)(b) Contractor shall submit direct HRSN administrative supporting documentation in a manner and format specified by OHA in the HRSN Guidance Document in a specified template posted on the CCO contract forms website by April 30, 2024. Administrative expenses will be itemized in guidance for reporting purposes and in a format defined by OHA, and HRSN direct administrative expenses will exclude general administrative costs and overhead. |
| CCO-Specific Outreach and Engagement | HRSN non-allocable expenses related directly to HRSN CCO-Specific Outreach and Engagement. This is not the amounts from Provider Billings, which are reported on Report L6, Line 16a |
| Provider and Vendor Management | HRSN non-allocable expenses related directly to HRSN Provider and Vendor Management |
| IT and Payment Processing | HRSN non-allocable expenses related directly to HRSN IT and Payment Processing |

| | |
|--|---|
| Other Indirect HRSN - Administrative Overhead Allocation | HRSN expense allocations are not to be reported on Lines 1 - 14. OAFAs will request methodology to review allocations in Year 1 of HRSN contracts and requests additional narrative of allocation methodology in subsequent years when methodology for allocations change |
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ii. Other Indirect HRSN Administrative Overhead Allocation includes the categories below -- from the L6.1HRSN Guidance tab of the HRSN Admin Settlement Template

| | |
|--|--|
| 4. Management Compensation (Prior to Go-Live) | Specific to HRSN services (Prior to Go-Live), enter amount incurred for all salary, benefit packages, and bonuses for any management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees. |
| 5. Non-Management Compensation (Prior to Go-Live) | Specific to HRSN services (Prior to Go-Live), enter amount incurred for all salary, benefit packages, and bonuses for any non-management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees. |
| 6. Temporary Staff Compensation (Prior to Go-Live) | Specific to HRSN services (Prior to Go-Live), enter amount incurred for all salary, wages, premiums, benefit packages, and bonuses for all temporary staff of the CCO. Include any temporary staff whether part-time and full-time, non-employee staff paid as independent contractors or leased staff. |
| 7. Management Compensation (Post Go-Live) | Specific to HRSN services, enter amount incurred for all salary, benefit packages, and bonuses for any management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees. |
| 8. Non-Management Compensation (Post Go-Live) | Specific to HRSN services, enter amount incurred for all salary, benefit packages, and bonuses for any non-management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees. |
| 9. Temporary Staff Compensation (Post Go-Live) | Specific to HRSN services, enter amount incurred for all salary, wages, premiums, benefit packages, and bonuses for all temporary staff of the CCO. Include any temporary staff whether part-time and full-time, non-employee staff paid as independent contractors or leased staff. |
| 11. Operations Expenses | Specific to HRSN services, enter operational costs for: <ul style="list-style-type: none"> • Rent/Lease/Mortgage Interest/Utilities for local office. • Maintenance/Repairs/Custodial/Security expenses for local office. • Information Systems: Communication and information systems costs. • Computer/Equipment lease, rental, or purchases for local office. |
| 12. Corporate Services | Specific to HRSN services, enter amount paid to the corporate entity/parent corporation/or other related organization for any corporate services provided. |
| 13. Parent Fees | Specific to HRSN services, enter amount paid to the corporate entity/parent corporation/or other related organization, which are not directly related to services provided. |
| 14. General Administration Costs | Specific to HRSN services, enter costs for office supplies, postage/mail-outs, printing and copier, marketing materials, training and education, recruiting, travel, depreciation and amortization, and other miscellaneous administrative costs. |

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| 15. Claims Processing | Specific to HRSN services, enter direct or vendor related costs related to the processing of provider claims, sub-capitated payments or other distributions to providers. Exclude any amounts included on Lines 1. - 3. above. |
| 16. Provider Network Development | Specific to HRSN services, enter provider contracting, provider credentialing, provider education, and provider relations costs. Exclude amounts for consultant fees (Line 12. Professional Services), directory/mail-outs (Line 8. General Admin) and any compensation amounts (Lines 1. - 3.) included elsewhere. |
| 17. Member Services | Specific to HRSN services, enter amount incurred for customer service/support and grievance and appeals costs. Exclude amounts for consultant fees (Line 12. Professional Services), directory/mail-outs (Line 8. General Admin) and any compensation amounts (Lines 1. - 3.) included elsewhere. |
| 18. Professional Services | Specific to HRSN services, enter amount incurred for professional or consulting services provided by individuals or organizations that are members of a particular profession or possess a particular skill. Include costs such as legal, auditing, tax, or other consulting services. Exclude any amounts included on Lines 1. - 3. above. |
| 19a. Other Administrative Expenses Prior to Go-Live | Specific to HRSN services, enter all other administrative costs Prior to Go-Live not included elsewhere; must be detailed below. |
| 19b. Other Administrative Expenses Post Go-Live | Specific to HRSN services, enter all other administrative costs not included elsewhere; must be detailed below. |

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

4. Encounter Data Submission and Validation

- a. All encounter data will be submitted through MMIS starting with the 11/1/24 Housing amendment. CCOs will submit encounter data to OHA based on timelines specified in the Contract.
- b. Quarterly, and as reasonably requested from OHA from time to time and as requested by CMS, CCOs must submit to OHA HRSN specific tabs on Exhibit L, detailing Member and Provider level reporting data.
- c. Additionally, on a quarterly basis, CCOs must report HRSN Service denials on the Grievance and Appeals Log.

HRSN Data Collection and Reporting

OHA is requiring CCOs gather information from providers and members and to document and report this information as specified in contract. This includes information related to HRSN member identification; HRSN services, HRSN requests; HRSN authorizations; denials, grievances and appeals; HRSN financial information; HRSN outreach and engagement; HRSN closed loop referrals and care coordination; and HRSN provider network.

In order to minimize administrative burden, OHA is working to incorporate HRSN-related data elements into existing deliverables wherever possible. While continuing to work collaboratively with CCOs to integrate these items into existing reports, OHA will require a **new HRSN report deliverable** to be submitted with data elements that do not currently align with existing reporting templates. This will allow CCOs that need more time to integrate HRSN into their service reporting workflows to develop those systems and processes. OHA will provide updates to guidance and reporting templates in line with current requirements for advance notice on guidance and deliverable changes. All applicable reporting forms and deliverable-specific guidance will be posted to the [CCO Contract Forms Website](#). CCOs should use the guidance specific to each deliverable for more detail on the format of data to submit.

The intent of Table 4 (next page) is to provide a reference for CCOs of what data elements will need to be collected and reported to OHA and in which deliverable CCOs will need to report. This table provides a crosswalk of required data elements for CCOs to collect and document along with the designated existing deliverable in which CCOs will report the information. Categories follow the domains specified in the 11/1/2024 Contract Amendment. OHA is co-creating reports with CCO and provider input and final forms will likely have reduced duplication of certain variables that are currently listed in multiple deliverables. Note that reporting deliverables related to Community Capacity Building Funds are included under separate contract and guidance.

Table 4: Crosswalk of Data Elements

| Process | Data element | Variable definition | Deliverable | Cadence |
|-----------------------------------|---|---|-------------------|---|
| HRSN Member Identification | Member's OHP Medicaid Number | Member's OHP Medicaid number | HRSN Report (NEW) | Quarterly, 30 days after the end of the quarter |
| | Member's Date of Birth | DOB MM/DD/YYYY | | |
| | Method of identifying potential HRSN member | 1. Member self-referral/caregiver referral; 2. HRSN Connector; 3. HRSN Provider; 4. Direct outreach from Contractor; 5. Referral from Open Card or another CCO; or 6. Other | | |
| | Identification date | Date at which: 1. The member/caregiver requested services; or 2. A connector or provider requested services on a members' behalf; or if CCO identified 3. Member is offered, accepts services by CCO | | |
| | The Member's HRSN Clinical Risk Factor(s) | ICD-10 codes including Z-codes | | |
| | The HRSN Covered Population(s) | List of all covered populations to which member belongs | | |
| | Service type | Climate, Housing, Nutrition, O&E | | |
| | Procedure code | 5 character procedure code from fee schedule | | |
| | Modifier code(s) | 2 character modifier code from fee schedule | | |

| Process | Data element | Variable definition | Deliverable | Cadence |
|--------------------------------|---|---|---------------------------------------|---|
| HRSN denial | The Member's OHP Medicaid Number | Member's OHP Medicaid number | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| | The Member's Date of Birth | DOB MM/DD/YYYY | | |
| | Procedure code | 5 character procedure code from fee schedule | | |
| | Date of denial | Date at which: the member was denied services | | |
| | Reason for denial | 1 - Not a member of a covered population; 14 - does not meet clinical risk criteria; does not meet social risk criteria | | |
| HRSN authorization | The Member's OHP Medicaid Number | Member's OHP Medicaid number | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| | Procedure code | 5 character procedure code from fee schedule | | |
| | Prior authorization outcome status | Pending, denied, authorized | | |
| | Date of request | Date at which HRSN services were requested | | |
| HRSN-related grievances | As defined in guidance specific to the existing deliverable | As defined in guidance specific to the existing deliverable | Exhibit I Grievances and Appeals Log | Quarterly, 45 days after the end |
| HRSN-related appeals | As defined in guidance specific to the existing deliverable | As defined in guidance specific to the existing deliverable | Exhibit I Grievances and Appeals Log | Quarterly, 45 days after the end |

| Process | Data element | Variable definition | Deliverable | Cadence |
|---|--|---|-------------------|---|
| HRSN referrals and care coordination | Member's OHP Medicaid Number | Member's OHP Medicaid number | HRSN Report (NEW) | Quarterly, 30 days after the end of the quarter |
| | Member's Date of Birth | DOB MM/DD/YYYY | | |
| | Procedure code | 5 character procedure code from fee schedule | | |
| | Modifier code(s) | 2 character modifier code from fee schedule | | |
| | Does the member have a Person Centered Care Plan | Y/N | | |
| | The date of the referral | Date at which: the member was referred to an HRSN provider to receive services | | |
| | Provider name/ organization name to which member is referred | Name of enrolled HRSN provider (each referral documented) | | |
| | Provider tax identification number | Provider EIN/Tax ID | | |
| | Referral outcome (accepted or declined by provider) | Options: Provider accepted referral; provider declined referral | | |
| | Date of member contact | The first date at which a member was contacted after referral | | |
| | Service rendered? | Yes/No | | |
| | Reason no service rendered | Options: member declined service, provider unable to complete service delivery, member death, other | | |

| Process | Data element | Variable definition | Deliverable | Cadence |
|------------------------------------|--|---|--|---|
| HRSN service delivery | Member's OHP Medicaid Number | Member's OHP Medicaid number | Exhibit L6.12.1 *note that OHA intends to modify Exhibit L reporting to minimize duplication once encounter data is available | Quarterly, and as aligned with encounter data submission |
| | Member's Date of Birth | DOB MM/DD/YYYY | | |
| | Diagnosis code(s) | ICD-10 codes, including Z-codes | | |
| | Procedure code | 5 character procedure code from fee schedule | | |
| | Modifier code(s) | 2 character modifier code from fee schedule | | |
| | Date(s) of service delivery | First date of service, last date of service | | |
| | HRSN Providers delivering HRSN | Name of enrolled HRSN provider | | |
| Provider tax identification number | Provider EIN/Tax ID | | | |
| Provider Network | The HRSN Service Providers in a CCO's contracted provider network by individual provider and by facility | As defined in guidance specific to the existing deliverable | Delivery System Network (DSN) reporting | Bi-annual, 45 days after the first and third quarters |
| | Other (non-HRSN) providers with contracts, MOUs, or other agreements to provide health-related social needs to members | See forthcoming guidance for HRSN Report (NEW) | HRSN Report (NEW) | Bi-annually, beginning for Q4 2024 as a part of HRSN Report |

| Process | Data element | Variable definition | Deliverable | Cadence |
|---|---|---|---------------|-----------|
| HRSN Financial Information (provider payments) | As defined in guidance specific to the existing deliverable | As defined in guidance specific to the existing deliverable | Exhibit L6.12 | Quarterly |

Coordination with Other Programs

1. HRSN and Health-Related Services (HRS)

a. HRSN and HRS for Climate Devices

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

b. HRSN and HRS for Housing Related Supports

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

particularly important for Members with an eviction notice in hand, given how quickly the payment must be processed to avoid a court record.

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

c. HRSN and HRS for Nutrition Related Supports

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

d. HRSN Service Denials and HRS Referrals

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

e. Using HRS to address Members' urgent situations

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

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

- a. CCOs are not allowed to use SHARE funds for any covered services, including HRSN benefits for eligible members. CCOs may only use SHARE funds on

HRSN-related supports and services 1) prior to them becoming covered benefits, or 2) for populations not eligible for the HRSN benefit. In addition, SHARE funds may not be used for climate devices for any population.

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

3. Other Resources

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

HRSN Program Resources

Please refer to the list below for available resources that provide information on HRSN Services. OHA will continue to update existing webpages with additional resources prior to the launch of HRSN Housing-Related Supports and Nutrition-Related Supports.

- [1115 Waiver HRSN Webpage](#)
- [Community Capacity Building Funds \(CCBF\)](#)
- [HRSN Service Provider Webpage](#)
 - Outreach and Engagement Fact Sheet: [English](#) or [Español](#)
 - HRSN Service Provider Fact Sheet: [English](#) or [Español](#)
- [HRSN Provider Training](#)
- YouTube Playlists: there are three waiver YouTube Channels including for an [HRSN partner workgroup](#), [housing sessions](#), and [CCO meetings](#).

Appendices

Appendix A: HRSN Payment Responsibility¹³

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

¹³ Refer to OAR [410-141-3826\(1\)\(c\)](#).

Appendix B: HRSN Covered Populations

| Covered Population | Population Definition |
|--|---|
| <p>Adults and youth discharged from an HRSN Eligible Behavioral Health Facility</p> | <p>Members who have been discharged from an Institution for Mental Diseases (IMD), a mental health and substance use disorder residential facility, or inpatient psychiatric unit within the last 365 days. Subject to Ex. B, Part 2, Sec. 15 of the Contract, eligibility for the HRSN Services shall expire on the 366th calendar day after discharge.</p> |
| <p>Adults and youths released from incarceration</p> | <p>Members released from incarceration within the past 365 calendar days, including those released from state and federal prisons, local correctional facilities, juvenile detention facilities, Oregon Youth Authority closed custody corrections, or tribal correctional facilities. Subject to Ex. B, Part 2, Sec. 15 of the Contract, eligibility for HRSN Services shall expire on the 366th calendar day after release from a carceral facility.</p> |
| <p>Individuals involved with child welfare</p> | <p>Members who are currently or have previously been involved in Oregon’s Child Welfare system including members who are currently or have previously been:</p> <ul style="list-style-type: none"> • In foster/substitute care; or • The recipient of adoption of guardianship assistance; or • Served on an in-home plan; or • The subject of an open child welfare case. |
| <p>Individuals transitioning to Dual Eligible Status</p> | <p>Members enrolled in Medicaid who are transitioning to dual eligible status with Medicare and Medicaid coverage. Members shall be included in HRSN Covered Population for the ninety (90) calendar days preceding the date Medicare coverage is to take effect and 270 calendar days after it takes effect.</p> |
| <p>Individuals who are homeless</p> | <p>Individuals who meet the definition of “HUD Homeless” as defined by defined by the U.S.</p> |

| Covered Population | Population Definition |
|--|--|
| | Department of Housing and Urban Development (HUD) in 24 CFR 91.5. |
| Individuals who are at risk of homelessness | <ul style="list-style-type: none"> a. Has an income that is 30% or less than the area median income where the individual resides according to the most recent available data from the U.S. Department of Housing and Urban Development; and, b. Lacks sufficient resources or support networks to prevent homelessness; and, c. Meets any HRSN Housing and Nutrition Clinical Risk Factor. |
| Young Adults with Special Health Care Needs (YSHCN) | <p>Individuals aged 19 and 20 with individual or family income up to 305% of the Federal Poverty Level (FPL), meeting at least one of the following criteria:</p> <ul style="list-style-type: none"> a. Identified in the Pediatric Medical Complexity Algorithm (PMCA) as someone with a complex chronic disease (PMCA score = 3); b. Serious emotional disturbance or serious mental health issue indicated by qualifying behavioral health diagnosis; c. Be found eligible for services by a Community Developmental Disabilities Program (CDDP) due to an intellectual or developmental disability at age 16 or older; d. “Elevated Service Need” or functional limitations as determined by two or more affirmative responses to a screener |

Appendix C: HRSN Eligible Behavioral Health Facilities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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|--------------------------------|--|-------------------------------|-------------|-------|----------|-----------|-----------|------------|
| Family Solutions | Family Solutions - Grants Pass | 402 N.W. F Street | Grants Pass | OR | 97526 | Josephine | 209981 | 1437236445 |
| Fir Hill Group Home, L.L.C. | Fir Hill Group Home, L.L.C. | 1487 Main Street | Dallas | OR | 97338 | Polk | 508233 | 1003061987 |
| Fora Health | Fora Health Adult Treatment Program | 10230 SE Cherry Blossom Drive | Portland | OR | 97216 | Multnomah | 208991 | 1245378546 |
| Fora Health | Fora Health - Withdrawal Management | 10230 SE Cherry Blossom Drive | Portland | OR | 97216 | Multnomah | 500812005 | 1245378546 |
| Halfway House Services, Inc. | Alder Street Residence | 1774 Alder Street | Eugene | OR | 97401 | Lane | 506939 | 1487809844 |
| Halfway House Services, Inc. | William Ware Residence RTF | 910 Jefferson Street | Eugene | OR | 97402 | Lane | 507027 | 1477804078 |
| Hazelden Betty Ford Foundation | Hazelden Betty Ford Foundation | 1901 Esther Street | Newberg | OR | 97132 | Yamhill | 500724136 | 1063738185 |
| Hazelden Betty Ford Foundation | Hazelden Betty Ford Foundation - Detox | 1901 Esther Street | Newberg | OR | 97132 | Yamhill | 500724136 | 106378185 |
| Jasper Mountain | Jasper Mountain Center | 37875 Jasper-Lowell Road | Jasper | OR | 97438 | Lane | 312447 | 1497821680 |

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

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|---------------------|---|-----------------------------|-------------|-------|----------|------------|-----------|------------|
| LifePoint Health | Willamette Valley Medical Center - Senior BH Services | 2700 Stratus Avenue | McMinnville | OR | 97128 | Yamhill | 278554 | 100162634 |
| Lifeways, Inc. CMHP | McNary Place | 290 Willamette Avenue | Umatilla | OR | 97882 | Umatilla | 517921 | 141783906 |
| Lifeways, Inc. CMHP | Lifeways, Inc. - Recovery Center | 686 NW 9th Street | Ontario | OR | 97914 | Malheur | 500649011 | 1568558955 |
| LifeWorks NW | Lifeworks ADTP | 8770 SW Scoffins Street | Tigard | OR | 97223 | Washington | 500657566 | 1689011595 |
| LifeWorks NW | Lifeworks CDTP | 8770 SW Scoffins Street | Tigard | OR | 97223 | Washington | 500657566 | 1689011595 |
| LifeWorks NW | Lifeworks NW - Mountaindale Recovery Center | 25561 N.W. Dairy Creek Road | Cornelius | OR | 97113 | Washington | 063123 | 100175529 |
| LifeWorks NW | Hazelwood House | 10714 N.E. Glisan Street | Portland | OR | 97220 | Multnomah | 512881 | 1508090994 |
| LifeWorks NW | Horizon House RTH | 10638 N.E. Glisan Street | Portland | OR | 97220 | Multnomah | 504853 | 1962636357 |
| LifeWorks NW | Zenith House | 8303 S.W. Locust Street | Tigard | OR | 97223 | Washington | 500657566 | 1689011595 |
| LifeWorks NW | Lifeworks NW - Project Network | 3655 NE Garfield Avenue | Portland | OR | 97212 | Multnomah | 500812321 | 1689812166 |

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|--|---|------------------------|-------------|-------|----------|------------|-----------|------------|
| Looking Glass Community Services | Looking Glass Community Services | 550 River Road | Eugene | OR | 97401 | Lane | 500664201 | 1538180716 |
| Looking Glass Community Services | Looking Glass Community Services | 550 River Road | Eugene | OR | 97401 | Lane | 500664201 | 1538180716 |
| Madrona Recovery | Madrona Recovery Center | 7000 SW Varns Street | Portland | OR | 97223 | Washington | 500742917 | 1992238091 |
| Madrona Recovery | Madrona Recovery - Detox | 7000 SW Varns Street | Tigard | OR | 97223 | Washington | 500742917 | 1992238091 |
| Marion County Health Department CMHP | Horizon House RTF | 2435 Greenway Drive NE | Salem | OR | 97301 | Marion | 514449 | 1487881959 |
| Mental Health Association of Benton County | Janus House | 606 S.W. 5th Street | Corvallis | OR | 97333 | Benton | 507784 | 1134374390 |
| Mental Health For Children, Inc. | Riverview Center for Growth-Springfield High School | 875 7th Street | Springfield | OR | 97477 | Lane | 033142 | 100011787 |
| Mental Health For Children, Inc. | Riverview Center for Growth-Marcola Road Campus | 3995 Marcola Road | Springfield | OR | 97477 | Lane | 033142 | 1053343558 |

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

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|-------------------------|-----------------------|---------------------------|-----------|-------|----------|------------|-----------|------------|
| New Foundations, L.L.C. | Birch RTH | 1357 SW 8th St | Dallas | OR | 97338 | Polk | 500837961 | 1508000654 |
| New Foundations, L.L.C. | Linden Lane RTH | 1085 Linden Lane | Dallas | OR | 97338 | Polk | 500604156 | 1508000654 |
| New Narrative | Connell House RTF | 117 N. 29th Ave | Cornelius | OR | 97113 | Washington | 517470 | 1265595664 |
| New Narrative | Glynn Terrace | 360 S.W. 6th Street | Gresham | OR | 97080 | Multnomah | 512674 | 126559564 |
| New Narrative | Jade House | 11535 NE Pacific St | Portland | OR | 97220 | Multnomah | 500835842 | 1265595664 |
| New Narrative | Sandvig House | 10313 S.W. 69th Avenue | Tigard | OR | 97223 | Washington | 507281 | 1265595664 |
| New Narrative | Wallula Place | 801 NW Wallula | Gresham | OR | 97030 | Multnomah | 513225 | 1265595664 |
| New Narrative | Alta House | 233 SW Wallula Ave | Gresham | OR | 97080 | Multnomah | 500806383 | 1265595664 |
| New Narrative | Christopher House RTH | 11990 S.W. 121st Ave | Tigard | OR | 97223 | Washington | 512920 | 1265595664 |
| New Narrative | Estuesta House | 6449 S.E. 128th Avenue | Portland | OR | 97236 | Multnomah | 515120 | 1265595664 |
| New Narrative | Matthews House | 10120 S.W. Cynthia Street | Beaverton | OR | 97008 | Washington | 504051 | 1265595664 |

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|-----------------------------------|--|----------------------------|----------|-------|----------|------------|-----------|-------------|
| New Narrative | Meusch House | 10335 S.W. View Terrace | Tigard | OR | 97224 | Washington | 511080 | 1265595664 |
| New Narrative | Sisters' Home | 10726 N.E. Glisan Street | Portland | OR | 97220 | Multnomah | 500656301 | 1265595664 |
| New Narrative | Valeo RTH | 15308 S.E. Division Street | Portland | OR | 97236 | Multnomah | 516076 | 1265595664 |
| New Sunrise Valley Properties LLC | Pathlight Agency LLC | 526 SE 128th Ave | Portland | OR | 97233 | Multnomah | | |
| Nexus Family Healing | Nexus Family Healing | 722 NE 162nd Ave | Portland | OR | 97230 | Multnomah | 500831539 | 1356117931 |
| Nibbus Combined Care LLC | Brycen's House RTH | 805 Amerman Dr | Phoenix | OR | 97535 | Jackson | 500834403 | 1962288829 |
| Northwest Premier LLC | Kinder Place | 1206 Old Oak PI SE | Albany | OR | 97322 | Linn | 500813109 | 1770101545 |
| Northwest Premier LLC | Lighthouse on Hill | 2924 Hill St SE | Albany | OR | 97322 | Linn | 500813823 | 1770101545 |
| Northwest Premier LLC | Sophia's Home RTH | 3460 Hill Street SE | Albany | OR | 97322 | Linn | 500805406 | 1770101545 |
| Northwest Treatment | Northwest Addictions Treatment-Medical Detox | 61667 Somerset Drive | Bend | OR | 97702 | Deschutes | 500826212 | 1912658790 |
| Northwest Treatment | Northwest Addiction | 61667 Somerset Drive | Bend | OR | 97702 | Deschutes | 500826212 | 19122658790 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix D: Qualifying Carceral Facilities

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

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

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

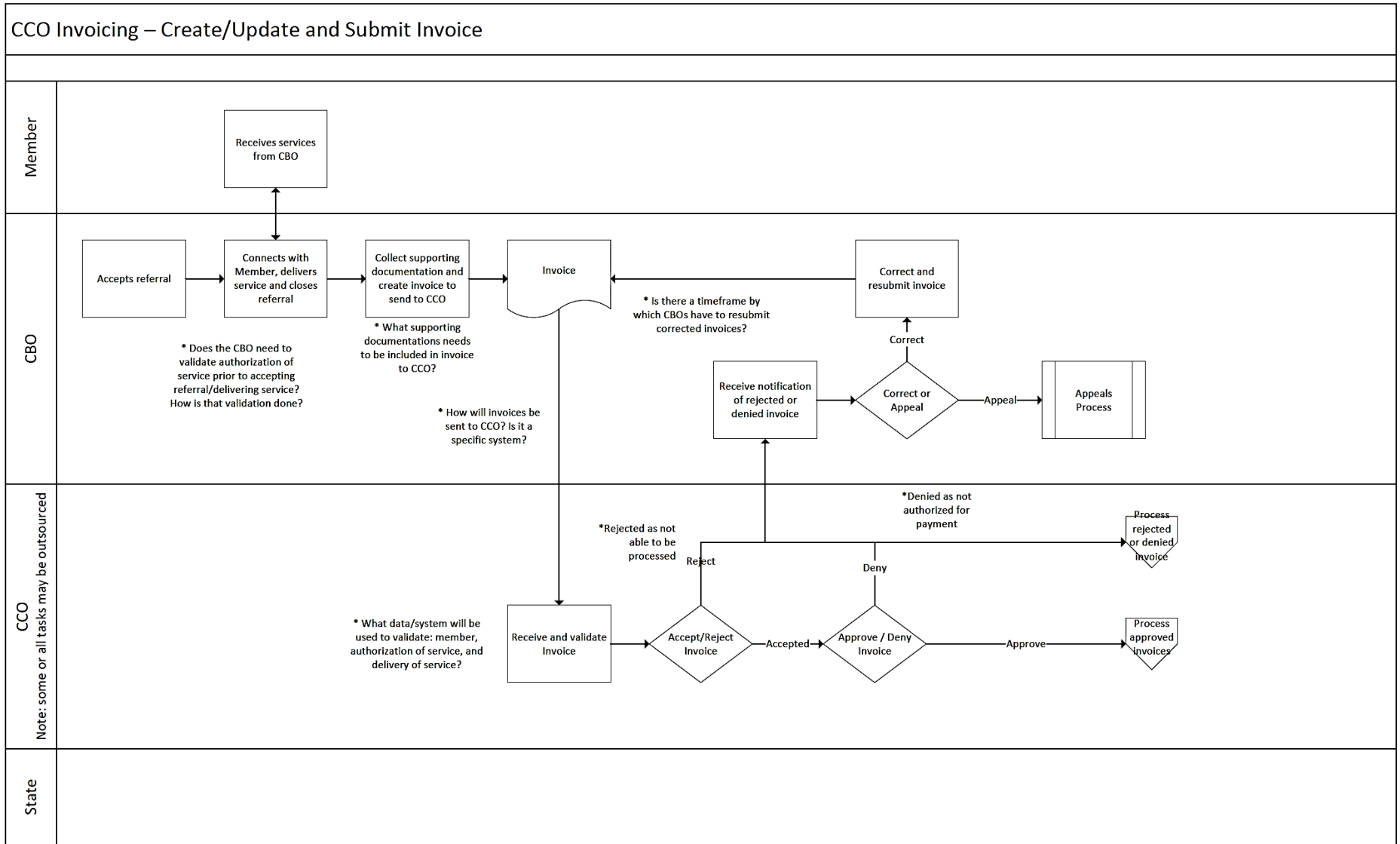
List of carceral facilities for health related social needs (HRSN) covered population identification

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

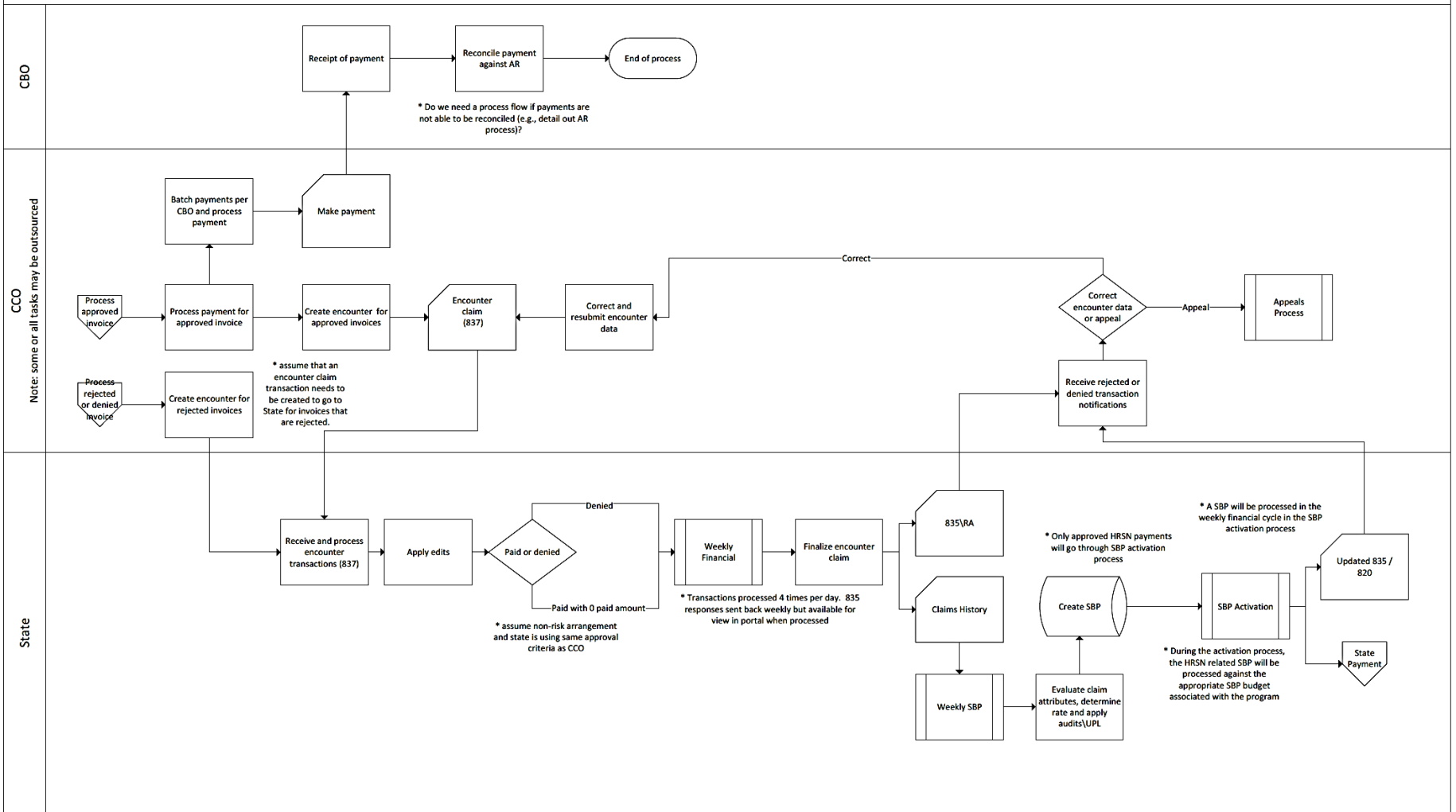
List of carceral facilities for health related social needs (HRSN) covered population identification

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

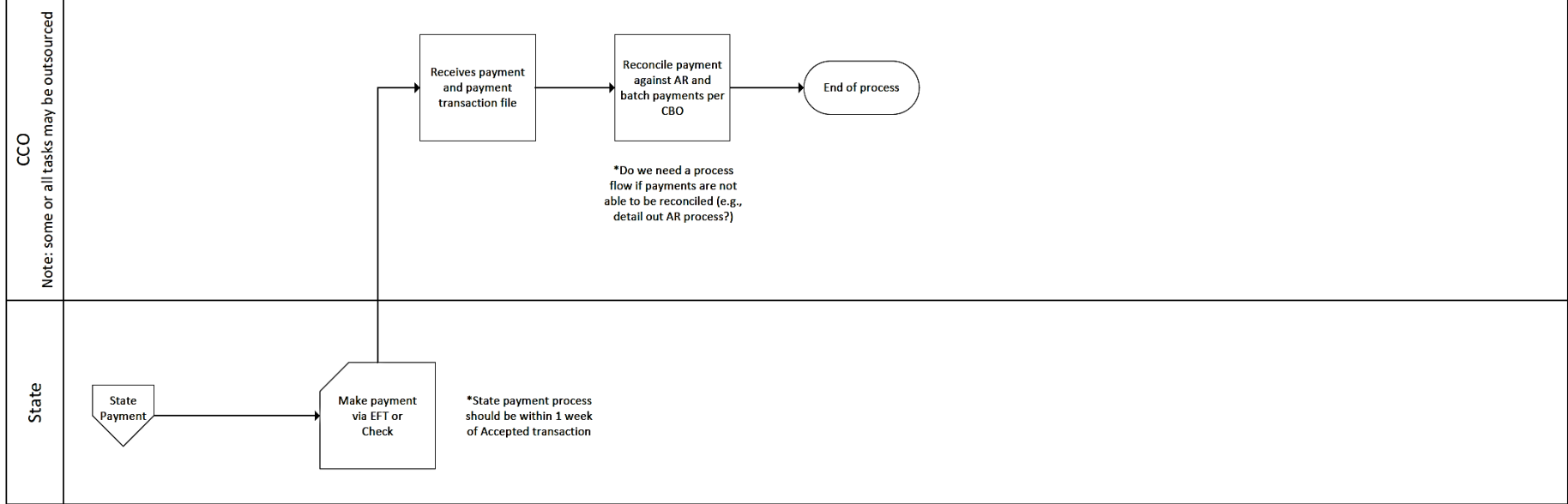
Appendix E: Automatic Payment Process



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



CCO Invoicing – State Reimbursement



Appendix F: At-Risk Income – Documentation

To meet the At-Risk Definition, an individual or household must have an annual income below 30% of the median income of the area, as defined by the Department of Housing and Urban Development. You can find Area Median Incomes at <https://www.huduser.gov/portal/datasets/il/il24/IncomeLimits-30-FY24.pdf>, and Oregon is on page 101-102.

See below for the sources of income to include and exclude from the income calculation, and acceptable documentation by income source. Income should reflect the gross income for all adults in the household. Income should reflect the previous two months.

Income Inclusions

| General Category | Description |
|--|--|
| 1. Earned Income | The full amount of gross income earned before taxes and deductions. |
| 2. Business Income | The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use. |
| 3. Interest and Dividend Income | Monthly interest and dividend income credited to an applicant's bank account and available for use by the household (not just the applicant). |
| 4. Pension/Retirement Income | The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability, and other similar types of periodic payments. (Exception: SSI is excluded for HSP; however, income, regardless of source, will be used to meet the need.) |
| 5. Unemployment and Disability Income | Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation. (Exception: SSI is excluded for HSP; however, income, regardless of source, will be used to meet the need.) |
| 6. TANF/Public Assistance | Monthly income from government agencies excluding amounts designated for shelter. |
| 7. Alimony, Child Support and Foster Care Income | Alimony, child support, and foster care payments received from organizations or from persons not residing in the dwelling. |
| 8. Armed Forces Income | All basic pay, special pay and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire (hazard pay). |

Income Exclusions

| General Category | Description |
|-------------------------------------|--|
| 1. Income of Children | Income from employment of children (including foster children) under the age of 18 years. |
| 2. Inheritance and Insurance Income | Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except as provided in number 5 of Income Inclusions). |
| 3. Medical Expense Reimbursements | Amounts received by the household that are specifically for, or in reimbursement of, the cost of medical expenses for any household member. |
| 4. Income of Live-in Aides | Income of a live-in aide (as defined in 24 CFR 5.403). |
| 5. Disabled Persons | Certain increases in income of a disabled member of a qualified household (24 CFR 5.671(a)). |
| 6. Student Financial Aid | The full amount of student financial assistance paid directly to the student or to the educational institution. |
| 7. Armed Forces Hostile Fire Pay | The special pay to a family member serving in the Armed Forces who is exposed to hostile fire. |

Acceptable Types of Documentation by Income Source

| Type of Income | Acceptable Types of Documentation | Documentation |
|----------------------------|---|---|
| Wages, salary, etc. | Copy of most recent paystub(s) | <ul style="list-style-type: none"> Obtain copy(ies) of most recent pay stub(s) from applicant. Include copy(ies) in participant file. |
| | OR | |
| | Written verification of income. | <ul style="list-style-type: none"> Mail, fax, email written verification of income request directly to employer(s). Obtain signed and dated verification of income from employer(s). Include verification of income in file. |
| | OR <i>(if written third-party documentation cannot be obtained)</i> | |
| | Oral verification of income. | <ul style="list-style-type: none"> Contact employer(s) by phone or in person to obtain oral verification. Document oral verification of income. Include verification of Income in file. |
| | OR <i>(if written documentation or oral third-party verification is not obtained)</i> | |
| | Self-declaration of income. | <ul style="list-style-type: none"> Obtain signed and dated original self-declaration of income from applicant. Worker documents attempt to obtain third-party verification (written or oral) and signs self-declaration of income. Include self-declaration of income in file. |
| Business income | Copy of most recent federal or state tax return showing <u>net</u> business income | <ul style="list-style-type: none"> Obtain copy of most recent federal or state tax return from applicant. Include copy in file. |
| | OR <i>(if written documentation cannot be obtained)</i> | |

| Type of Income | Acceptable Types of Documentation | Documentation |
|---|---|---|
| | Self-declaration of income. | <ul style="list-style-type: none"> Obtain signed and dated original self-declaration of income from applicant. Worker documents attempt to obtain third-party verification (written or oral) and signs self-declaration of income. Include self-declaration of income in file. |
| Interest and dividend income | Copy of most recent interest or dividend income statement | <ul style="list-style-type: none"> Obtain copy(ies) of most recent interest or dividend income statement from applicant. Include copy(ies) in file. |
| | OR | |
| | Copy of most recent federal or state tax return showing interest, dividend or other net income | <ul style="list-style-type: none"> Obtain copy of most recent federal or state tax return from applicant. Include copy in file. |
| | OR <i>(if written documentation cannot be obtained)</i> | |
| | Self-declaration of income. | <ul style="list-style-type: none"> Obtain signed and dated original self-declaration of income from applicant. Worker documents attempt to obtain third-party verification (written or oral) and signs self-declaration of income. Include self-declaration of income in file. |
| Pension and/or retirement income | Copy of recent statement or benefit notice from Social Security Administration (SSA), pension provider, or other source | <ul style="list-style-type: none"> Obtain copy(ies) of most recent benefit notice, pension statement or other payment statement from applicant. Include copy(ies) in file. |
| | OR | |

| Type of Income | Acceptable Types of Documentation | Documentation |
|---|--|---|
| | Written verification of income. | <ul style="list-style-type: none"> • Mail, fax, email verification of income request directly to Social Security, pension provider or other source. • Obtain signed and dated verification of income from income source. • Include Verification of Income in file. |
| | OR <i>(if written third party documentation cannot be obtained)</i> | |
| | Oral verification of income. | <ul style="list-style-type: none"> • Contact source(s) by phone or in person to obtain oral verification of income. • Document oral verification of income. • Include Verification of Income in file. |
| | OR <i>(if written documentation or oral third-party verification cannot be obtained)</i> | |
| | Self-declaration of income. | <ul style="list-style-type: none"> • Obtain signed and dated original self-declaration of income from applicant. • Worker documents attempt to obtain third-party verification (written or oral) and signs self-declaration of income. • Include self-declaration of income in file. |
| Unemployment and disability income | Copy of most recent unemployment, worker's compensation, SSI, SSDI, or severance payment statement or benefit notice | <ul style="list-style-type: none"> • Obtain copy(ies) of most recent payment statement(s) and/or benefit notice(s) from applicant. • Include copy(ies) in file. |
| | OR | |
| | Written verification of income. | <ul style="list-style-type: none"> • Mail, fax, email verification of income request directly to unemployment administrator, worker's compensation administrator, or former employer. |

| Type of Income | Acceptable Types of Documentation | Documentation |
|--|--|---|
| | | <ul style="list-style-type: none"> • Obtain signed and dated verification of income from income source. • Include verification of income in file. |
| | OR <i>(if written third party documentation cannot be obtained)</i> | |
| | Oral verification of income. | <ul style="list-style-type: none"> • Contact source(s) by phone or in person to obtain oral verification of income. • Document oral verification of income. • Include Verification of Income in file. |
| | OR <i>(if written documentation or oral third-party verification cannot be obtained)</i> | |
| | Self-declaration of income. | <ul style="list-style-type: none"> • Obtain signed and dated original self-declaration of income from applicant. • Worker documents attempt to obtain third-party verification (written or oral) and signs self-declaration of income. • Include self-declaration of income in file. |
| TANF/ public assistance | Copy of most recent TANF payment statement or benefit notice | <ul style="list-style-type: none"> • Obtain copy(ies) of most recent benefit notice(s) or payment statement(s) from applicant. • Include copy(ies) in file. |
| | OR | |
| | Written verification of income. | <ul style="list-style-type: none"> • Mail, fax, email verification of income request directly to TANF administrator. • Obtain signed and dated verification of income from income source. • Include verification of income in file. |
| | OR <i>(if written third party documentation cannot be obtained)</i> | |

| Type of Income | Acceptable Types of Documentation | Documentation | |
|--|---|---|--|
| | Oral verification of income. | <ul style="list-style-type: none"> • Contact source(s) by phone or in person to obtain oral verification of income. • Document oral verification of income. • Include Verification of Income in file. | |
| OR <i>(if written documentation or oral third-party verification cannot be obtained)</i> | | | |
| | Self-declaration of income. | <ul style="list-style-type: none"> • Obtain signed and dated original self-declaration of income from applicant. • Worker documents attempt to obtain third-party verification (written or oral) and signs self-declaration of income. • Include self-declaration of income in file. | |
| Armed Forces income | Copy of pay stubs, payment statement, or other government-issued statement indicating income amount | <ul style="list-style-type: none"> • Obtain copy(ies) of most recent payment stubs(s), statements, or other government-issued statement from applicant. • Include copy(ies) in file. | |
| | OR | | |
| | Written verification of income. | <ul style="list-style-type: none"> • Mail, fax, email verification of income request directly to appropriate armed services representative. • Obtain signed and dated verification of income from income source. • Include Verification of Income in file. | |
| | OR <i>(if written third-party documentation cannot be obtained)</i> | | |
| | Oral verification of income. | <ul style="list-style-type: none"> • Contact source(s) by phone or in person to obtain oral verification of income. • Document oral verification of income. • Include Verification of Income in file. | |

| Type of Income | Acceptable Types of Documentation Documentation | |
|---------------------------|--|---|
| | OR <i>(if written documentation or oral-third party verification cannot be obtained)</i> | |
| | Self-declaration of income. | <ul style="list-style-type: none"> • Obtain signed and dated original self-declaration of income from applicant. • Worker documents attempt to obtain third-party verification (written or oral) and signs self-declaration of income. • Include self-declaration of income in file. |
| No Income Reported | Self-declaration of income. | <ul style="list-style-type: none"> • Obtain signed and dated original self-declaration of income from applicant. • Worker documents attempt to obtain third-party verification (written or oral) and signs self-declaration of income. • Include self-declaration of income in file. |

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

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

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

ICD-10 Diagnosis Code Description

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

ICD-10 Diagnosis Code
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ICD-10 Diagnosis Code Description

| | |
|--------|---|
| F22 | Delusional disorders |
| F23 | Brief psychotic disorder |
| F24 | Shared psychotic disorder |
| F31 | Bipolar disorder |
| F31.0 | Bipolar disorder, current episode hypomanic |
| F31.1 | Bipolar disorder, current episode manic without psychotic features |
| F31.10 | Bipolar disorder, current episode manic without psychotic features, unspecified |
| F31.11 | Bipolar disorder, current episode manic without psychotic features, mild |
| F31.12 | Bipolar disorder, current episode manic without psychotic features, moderate |
| F31.13 | Bipolar disorder, current episode manic without psychotic features, severe |
| F31.2 | Bipolar disorder, current episode manic severe with psychotic features |
| F31.3 | Bipolar disorder, current episode depressed, mild or moderate severity |
| F31.30 | Bipolar disorder, current episode depressed, mild or moderate severity, unspecified |
| F31.31 | Bipolar disorder, current episode depressed, mild |
| F31.32 | Bipolar disorder, current episode depressed, moderate |
| F31.4 | Bipolar disorder, current episode depressed, severe, without psychotic features |
| F31.5 | Bipolar disorder, current episode depressed, severe, with psychotic features |
| F31.6 | Bipolar disorder, current episode mixed |
| F31.60 | Bipolar disorder, current episode mixed, unspecified |
| F31.61 | Bipolar disorder, current episode mixed, mild |

ICD-10 Diagnosis Code
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ICD-10 Diagnosis Code Description

| | |
|--------|---|
| F31.62 | Bipolar disorder, current episode mixed, moderate |
| F31.63 | Bipolar disorder, current episode mixed, severe, without psychotic features |
| F31.64 | Bipolar disorder, current episode mixed, severe, with psychotic features |
| F31.7 | Bipolar disorder, currently in remission |
| F31.71 | Bipolar disorder, in partial remission, most recent episode hypomanic |
| F31.72 | Bipolar disorder, in full remission, most recent episode hypomanic |
| F31.73 | Bipolar disorder, in partial remission, most recent episode manic |
| F31.75 | Bipolar disorder, in partial remission, most recent episode depressed |
| F31.77 | Bipolar disorder, in partial remission, most recent episode mixed |
| F31.78 | Bipolar disorder, in full remission, most recent episode mixed |
| F31.8 | Other bipolar disorders |
| F31.81 | Bipolar II disorder |
| F31.89 | Other bipolar disorder |
| F31.9 | Bipolar disorder, unspecified |
| F34.0 | Cyclothymic disorder |
| F33.1 | Major depressive disorder, recurrent, moderate |
| F33.2 | Major depressive disorder, recurrent severe without psychotic features |
| F33.3 | Major depressive disorder, recurrent, severe with psychotic symptoms |
| F33.4 | Major depressive disorder, recurrent, in remission |
| F33.41 | Major depressive disorder, recurrent, in partial remission |
| F33.8 | Other recurrent depressive disorders |
| F33.9 | Major depressive disorder, recurrent, unspecified |
| F34.8 | Disruptive mood dysregulation disorder |
| F06.4 | Anxiety disorder due to another medical condition |

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

ICD-10 Diagnosis Code Description

| | |
|--------|---|
| F40.0 | Agoraphobia |
| F41.0 | Panic disorder |
| F41.1 | Generalized anxiety disorder |
| F41.9 | Unspecified anxiety disorder |
| F93 | Separation anxiety disorder |
| F94 | Selective mutism |
| F06.8 | Obsessive-compulsive and related disorder or other specified mental disorder due to another medical condition |
| F42 | Obsessive compulsive disorder, hoarding, and related disorders |
| F42.2 | (Mixed obsessional thoughts and acts) |
| F42.3 | (Hoarding disorder) |
| F42.4 | (Excoriation [skin-picking] disorder) |
| F42.8 | (Other obsessive-compulsive disorder) |
| F42.9 | Obsessive-compulsive disorder, unspecified |
| F45.22 | Body dysmorphic disorder |
| F63.3 | Trichotillomania (hair pulling disorder) |
| F43 | Acute stress disorder |
| F43.1 | PTSD |
| F43.12 | (PTSD, chronic) |
| F94.1 | Reactive attachment disorder |
| F44.0 | Dissociative amnesia |
| F44.81 | Dissociative identity disorder |
| F44.89 | (Other specified dissociative disorder) |
| F45.22 | Body dysmorphic disorder |
| F45.8 | (Other specified somatic symptom and related disorder) |
| F48.1 | (Dissociative disorders. Depersonalization/Derealization disorder) |
| F44.4 | Conversion disorder with motor symptom or deficit |
| F44.5 | Conversion disorder with seizures or convulsions |
| F44.6 | Conversion disorder with sensory symptom or deficit |

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adult with the condition
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ICD-10 Diagnosis Code Description

| | |
|--------|--|
| F44.7 | Conversion disorder with mixed symptom presentation |
| F45.21 | Hypochondriasis / (Somatic symptom and related disorders. Illness anxiety disorder) |
| F50 | Eating disorders |
| F50.0 | Anorexia nervosa |
| F50.01 | Anorexia nervosa, restricting type |
| F50.02 | Anorexia nervosa, binge eating/purging type |
| F50.2 | Bulimia nervosa |
| F50.8 | (Feeding and eating disorders. In adults) / Other eating disorders |
| F50.81 | Binge eating disorder |
| F50.89 | (Other specified feeding or eating disorder) |
| F98.3 | (Feeding and eating disorders. In children) [Pica] |
| F98.1 | Encopresis not due to a substance or known physiological condition |
| F64 | Gender dysphoria |
| F63 | Impulse disorders |
| F63.1 | Pyromania / (Disruptive, impulse control, and conduct disorders. Pyromania) |
| F63.2 | Kleptomania |
| F63.81 | Intermittent explosive disorder |
| F91.1 | Conduct disorder, childhood-onset type |
| F91.2 | Conduct disorder, adolescent-onset type |
| F91.3 | Oppositional defiant disorder |
| F91.8 | Other conduct disorders |
| F91.9 | Conduct disorder, unspecified |
| F10.2* | F10.22-.288 Now alcohol use disorder moderate, severe, alcohol intoxication with severe Sx, alcohol withdrawal with severe Sx, alcohol-induced disorders |
| F10.21 | Alcohol dependence, in remission |
| F10.9* | Alcohol induced disorders; F10.96 Alcohol use, unspecified with alcohol-induced persisting amnesic disorder |

ICD-10 Diagnosis Code
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circumstances. A young
adult with the condition
should automatically be
eligible for the Medicaid
benefits.

ICD-10 Diagnosis Code Description

| | |
|---------|---|
| F10.96 | Alcohol use, unspecified with alcohol-induced persisting amnestic disorder |
| F11.1* | Opioid use disorder and intoxication, mild |
| F11.2* | Opioid use disorder and intoxication, severe |
| F11.20 | Opioid dependence, uncomplicated |
| F11.21 | Opioid dependence, in remission |
| F11.9* | Opioid induced disorders |
| F12.2* | Cannabis dependence |
| F12.20 | (Substance-related and addictive disorders. Moderate, severe) |
| F13.1* | Sedative, hypnotic, or anxiolytic-related abuse |
| F13.2* | Sedative, hypnotic, or anxiolytic-related dependence |
| F13.20 | Sedative, hypnotic or anxiolytic dependence, uncomplicated |
| F13.21 | Sedative, hypnotic or anxiolytic dependence, in remission |
| F14.2* | Cocaine dependence |
| F14.20 | Cocaine dependence, uncomplicated |
| F15.2* | Other stimulant dependence |
| F15.20 | Other stimulant dependence, uncomplicated |
| F15.21 | Other stimulant dependence, in remission |
| F16.2* | Hallucinogen dependence |
| F16.20 | Hallucinogen dependence, uncomplicated |
| F16.21 | Hallucinogen dependence, in remission |
| F18.2* | Inhalant dependence |
| F18.20 | Inhalant dependence, uncomplicated |
| F18.21 | Inhalant dependence, in remission |
| F19.2* | Other psychoactive substance dependence |
| F19.20 | Other psychoactive substance dependence, uncomplicated |
| F19.21 | Other psychoactive substance dependence, in remission |
| F63.0 | Pathological gambling |
| F02.811 | Dementia in other diseases classified elsewhere, unspecified severity, with agitation |

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ICD-10 Diagnosis Code Description

| | |
|---------|---|
| F02.818 | Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance |
| F02.82 | Dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance |
| F02.83 | Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance |
| F02.84 | Dementia in other diseases classified elsewhere, unspecified severity, with anxiety |
| F02.A0 | Dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |
| F02.A11 | Dementia in other diseases classified elsewhere, mild, with agitation |
| F02.A18 | Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance |
| F02.A2 | Dementia in other diseases classified elsewhere, mild, with psychotic disturbance |
| F02.A3 | Dementia in other diseases classified elsewhere, mild, with mood disturbance |
| F02.A4 | Dementia in other diseases classified elsewhere, mild, with anxiety |
| F02.B0 | Dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |
| F02.B11 | Dementia in other diseases classified elsewhere, moderate, with agitation |
| F02.B18 | Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance |
| F02.B2 | Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance |
| F02.B3 | Dementia in other diseases classified elsewhere, moderate, with mood disturbance |
| F02.B4 | Dementia in other diseases classified elsewhere, moderate, with anxiety |
| F02.C0 | Dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |

ICD-10 Diagnosis Code
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ICD-10 Diagnosis Code Description

| | |
|---------|--|
| F02.C11 | Dementia in other diseases classified elsewhere, severe, with agitation |
| F02.C18 | Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance |
| F02.C2 | Dementia in other diseases classified elsewhere, severe, with psychotic disturbance |
| F02.C3 | Dementia in other diseases classified elsewhere, severe, with mood disturbance |
| F02.C4 | Dementia in other diseases classified elsewhere, severe, with anxiety |
| F03.911 | Unspecified dementia, unspecified severity, with agitation |
| F03.918 | Unspecified dementia, unspecified severity, with other behavioral disturbance |
| F03.92 | Unspecified dementia, unspecified severity, with psychotic disturbance |
| F03.93 | Unspecified dementia, unspecified severity, with mood disturbance |
| F03.94 | Unspecified dementia, unspecified severity, with anxiety |
| F03.A0 | Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |
| F03.A11 | Unspecified dementia, mild, with agitation |
| F03.A18 | Unspecified dementia, mild, with other behavioral disturbance |
| F03.A2 | Unspecified dementia, mild, with psychotic disturbance |
| F03.A3 | Unspecified dementia, mild, with mood disturbance |
| F03.A4 | Unspecified dementia, mild, with anxiety |
| F03.B0 | Unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |
| F03.B11 | Unspecified dementia, moderate, with agitation |
| F03.B18 | Unspecified dementia, moderate, with other behavioral disturbance |
| F03.B2 | Unspecified dementia, moderate, with psychotic disturbance |
| F03.B3 | Unspecified dementia, moderate, with mood disturbance |
| F03.B4 | Unspecified dementia, moderate, with anxiety |

ICD-10 Diagnosis Code
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characteristics and
circumstances. A young
adult with the condition
should automatically be
eligible for the Medicaid
benefits.

ICD-10 Diagnosis Code Description

| | |
|---------|--|
| F03.C0 | Unspecified dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |
| F03.C11 | Unspecified dementia, severe, with agitation |
| F03.C18 | Unspecified dementia, severe, with other behavioral disturbance |
| F03.C2 | Unspecified dementia, severe, with psychotic disturbance |
| F03.C3 | Unspecified dementia, severe, with mood disturbance |
| F03.C4 | Unspecified dementia, severe, with anxiety |
| G10 | Huntington's disease |
| F60 | Specific personality disorders |
| F60.0 | Paranoid personality disorder |
| F60.1 | Schizoid personality disorder |
| F60.2 | Antisocial personality disorder |
| F60.3 | Borderline personality disorder |
| F60.4 | Histrionic personality disorder |
| F60.5 | Obsessive-compulsive personality disorder |
| F60.6 | Avoidant personality disorder |
| F60.7 | Dependent personality disorder |
| F60.8 | Other specific personality disorders |
| F60.81 | Narcissistic personality disorder |
| F60.89 | Other specific personality disorders |
| F60.9 | Personality disorder, unspecified |
| F65* | Paraphilic disorder |
| G04 | Encephalitis, myelitis and encephalomyelitis |
| G04.0 | Acute disseminated encephalitis and encephalomyelitis (ADEM) |
| G04.3 | Acute necrotizing hemorrhagic encephalopathy |
| G04.31 | Postinfectious acute necrotizing hemorrhagic encephalopathy |
| G04.32 | Postimmunization acute necrotizing hemorrhagic encephalopathy |
| G04.8 | Other encephalitis, myelitis and encephalomyelitis |
| G04.81 | Other encephalitis and encephalomyelitis |

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ICD-10 Diagnosis Code Description

| | |
|--------|--|
| G04.9 | Encephalitis, myelitis and encephalomyelitis, unspecified |
| G04.90 | Encephalitis and encephalomyelitis, unspecified |
| G05 | Encephalitis, myelitis and encephalomyelitis in disease classified elsewhere |
| G05.3 | Encephalitis and encephalomyelitis in disease classified elsewhere |
| G09 | Sequelae of inflammatory diseases of central nervous system |
| G11.0 | Congenital nonprogressive ataxia |
| G11.1 | Early-onset cerebellar ataxia |
| G11.10 | Early-onset cerebellar ataxia, unspecified |
| G11.3 | Cerebellar ataxia with defective DNA repair |
| G11.8 | Other hereditary ataxias |
| G12 | Spinal muscular atrophy and related syndromes |
| G12.0 | Infantile spinal muscular atrophy, type I [Werdnig-Hoffman] |
| G12.1 | Other inherited spinal muscular atrophy |
| G12.2 | Motor neuron disease |
| G12.21 | Amyotrophic lateral sclerosis |
| G12.25 | Progressive spinal muscle atrophy |
| G12.29 | Other motor neuron disease |
| G12.8 | Other spinal muscular atrophies and related syndromes |
| G12.9 | Spinal muscular atrophy, unspecified |
| G14 | Postpolio syndrome |
| G23 | Other degenerative diseases of basal ganglia |
| G23.0 | Hallervorden-Spatz disease |
| G23.1 | Progressive supranuclear ophthalmoplegia [Steele-Richardson-Olszewski] |
| G23.2 | Striatonigral degeneration |
| G23.8 | Other specified degenerative diseases of basal ganglia |
| G25.82 | Stiff-man syndrome |
| G31.81 | Alpers disease |

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ICD-10 Diagnosis Code Description

| | |
|---------|--|
| G31.82 | Leigh's disease |
| G31.9 | Degenerative disease of nervous system, unspecified |
| G32.0 | Subacute combined degeneration of spinal cord in diseases classified elsewhere |
| G35 | Multiple sclerosis |
| G37.2 | Central pontine myelinolysis |
| G37.5 | Concentric sclerosis [Balo] of central nervous system |
| G37.8 | Other specified demyelinating diseases of central nervous system |
| G37.9 | Demyelinating disease of central nervous system, unspecified |
| G40.0 | Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset |
| G40.00 | Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable |
| G40.001 | Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus |
| G40.009 | Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus |
| G40.011 | Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus |

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ICD-10 Diagnosis Code Description

| | |
|---------|--|
| G40.101 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus |
| G40.109 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus |
| G40.11 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable |
| G40.2 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures |
| G40.209 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus |
| G40.21 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable |
| G40.219 | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus |
| G40.3 | Generalized idiopathic epilepsy and epileptic syndromes |
| G40.30 | Generalized idiopathic epilepsy and epileptic syndromes, not intractable |
| G40.301 | Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus |
| G40.309 | Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus |

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adult with the condition
should automatically be
eligible for the Medicaid
benefits.

ICD-10 Diagnosis Code Description

| | |
|---------|--|
| G40.31 | Generalized idiopathic epilepsy and epileptic syndromes, intractable |
| G40.311 | Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus |
| G40.319 | Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus |
| G40.4 | Other generalized epilepsy and epileptic syndromes |
| G40.40 | Other generalized epilepsy and epileptic syndromes, not intractable |
| G40.401 | Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus |
| G40.409 | Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus |
| G40.41 | Other generalized epilepsy and epileptic syndromes, intractable |
| G40.411 | Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus |
| G40.419 | Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus |
| G40.42 | Cyclin-Dependent Kinase-Like 5 Deficiency Disorder |
| G40.5 | Epileptic seizures related to external causes |
| G40.50 | Epileptic seizures related to external causes, not intractable |
| G40.501 | Epileptic seizures related to external causes, not intractable, with status epilepticus |
| G40.509 | Epileptic seizures related to external causes, not intractable, without status epilepticus |
| G40.511 | Special epileptic syndromes, intractable, with status epilepticus |
| G40.80 | Other epilepsy |
| G40.801 | Other epilepsy, not intractable, with status epilepticus |

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circumstances. A young
adult with the condition
should automatically be
eligible for the Medicaid
benefits.

ICD-10 Diagnosis Code Description

| | |
|---------|--|
| G40.809 | Other epilepsy, not intractable, without status epilepticus |
| G40.811 | Lennox-Gastaut syndrome, not intractable, with status epilepticus |
| G40.812 | Lennox-Gastaut syndrome, not intractable, without status epilepticus |
| G40.813 | Lennox-Gastaut syndrome, intractable, with status epilepticus |
| G40.814 | Lennox-Gastaut syndrome, intractable, without status epilepticus |
| G40.819 | Other epilepsy, intractable, without status epilepticus |
| G40.82 | Epileptic spasms |
| G40.821 | Epileptic spasms, not intractable, with status epilepticus |
| G40.822 | Epileptic spasms, not intractable, without status epilepticus |
| G40.823 | Epileptic spasms, intractable, with status epilepticus |
| G40.824 | Epileptic spasms, intractable, without status epilepticus |
| G40.833 | Dravet syndrome, intractable, with status epilepticus |
| G40.834 | Dravet syndrome, intractable, without status epilepticus |
| G40.9 | Epilepsy, unspecified |
| G40.90 | Epilepsy, unspecified, not intractable |
| G40.901 | Epilepsy, unspecified, not intractable, with status epilepticus |
| G40.909 | Epilepsy, unspecified, not intractable, without status epilepticus |
| G40.91 | Epilepsy, unspecified, intractable |
| I69.920 | Aphasia following unspecified cerebrovascular disease |
| I69.921 | Dysphasia following unspecified cerebrovascular disease |
| I69.922 | Dysarthria following unspecified cerebrovascular disease |
| I69.923 | Fluency disorder following unspecified cerebrovascular disease |
| B25.9 | Cytomegaloviral disease, unspecified |
| Q90.2 | Trisomy 21 |
| Q90.9 | Down syndrome, unspecified |
| Q99.2 | Fragile X chromosome |
| I169.31 | Cognitive deficits following cerebral infarction |

*** Indicates that all subcodes are included.**

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

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

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

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

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

5. Do you get treatment or counseling for a mental health, substance use, or emotional condition? Treatment or counseling can include talk therapy, group therapy, hospitalization, inpatient or outpatient care, exposure therapy, Applied Behavior Analysis, and other treatments.
- Yes → Go to Question 4b
 - Sometimes → Go to Question 4b
 - No → Go to Question 4a
- a. Do you need treatment or counseling for a mental health, substance use, or emotional condition that you do not get?
- Yes → Go to Question 4b
 - No → Go to Question 5
- b. Has this condition lasted for at least one year, or is it expected to last for at least one year?
- Yes → Go to Question 4c
 - No → Go to Question 5
- c. Did this condition begin before you turned 19 years old?
- Yes → Go to Question 5
 - No → Go to Question 5
 - I am younger than 19 years old → Go to Question 5

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

7. Do you often use medical equipment or assistive devices? Medical equipment and assistive devices include canes, communication devices, crutches, diabetes pumps, gastrointestinal tubes, hearing aids, nebulizers, note-taking systems, reminder systems, ventilators, vision aids, wheelchairs, and other equipment and devices.
- Yes → Go to Question 6b
 - No → Go to Question 6a
- a. Do you need medical equipment or assistive devices that you do not have?
- Yes → Go to Question 6b
 - No → End YSHCN Questions
- b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.
- Yes → Go to Question 6c
 - No → End YSHCN Questions
- c. Has this condition lasted for at least one year, or is it expected to last for at least one year?
- Yes → Go to Question 6d
 - No → End YSHCN Questions
- d. Did this condition begin before you turned 19 years old?
- Yes → End YSHCN Questions
 - No → End YSHCN Questions
 - I am younger than 19 years old → End YSHCN Questions

Appendix I: HRSN Guidance Document Version Tracker

| Version | Date sent to CCOs |
|---|-------------------|
| 1. CCO HRSN Guidance Document (draft for review) | 9/25/23 |
| 2. CCO HRSN Guidance Document (draft for review) | 1/25/24 |
| 3. CCO HRSN Guidance Document for 3/1/24 Implementation | 2/27/24 |
| 4. CCO HRSN Guidance Document for 3/1/24 Implementation (updated) | 6/12/24 |
| 5. CCO HRSN Guidance Document (draft for review) | 7/17/24 |
| 6. CCO HRSN Guidance Document for 11/1/24 Implementation | 9/07/24 |