

OAR 410-120-XXXX

OHP HRSN Program Rules

(1) For the purpose of this rule, the following definitions apply:

- a. **“Adults and Youth Discharged from an Institution for Mental Disease (IMD)”** means:
 - i. Members that were discharged from an IMD, as defined in 42 CFR 435.1010 and OAR 410-141-3500 or qualifying non-IMD residential behavioral health setting in the last 12 months.
 - ii. The State will determine based on licensure status the universe of facilities that will be considered qualifying non-IMD residential behavioral health setting for purposes of this definition.

Eligibility for services shall be determined within 12 months after discharge from an IMD, and such eligibility may extend for up to 12 months after such initial determination of eligibility for services.
- b. **“Adults and Youths Released from Incarceration”** means Members released from incarceration within the past 12 months, including those released from state and federal prisons, local correctional facilities, juvenile detention facilities, Oregon Youth Authority closed custody corrections, and tribal correctional facilities, and immigration detention facilities. Eligibility for services must be determined within 12 months after release from a carceral facility, and such eligibility may extend for up to 12 months after such initial determination of eligibility for services
- c. **“Area that is Experiencing Extreme Weather Events”** means, an area where a significant weather event, such as unusually high or low temperatures, wildfires, or compromised air quality, is (i) currently taking place as determined by a federal, state, local, or tribal government authority, or (ii) reasonably predicted to occur by a state or federal government authority, such as the National Weather Service.
- d. **“At Risk of Homelessness”** means Members who meet the definition of At Risk of Homelessness as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5.
- e. **“Climate-Related Supports”** means Medically Necessary air conditioners, heaters, air filtration devices, portable power supplies (PPSs), and refrigeration units, inclusive of the provision, service delivery, and installation, as needed, of one or more of the following “home devices” to individuals for whom the device is needed for medical treatment or prevention. Medically Necessary home devices include:
 - i. Air conditioners for individuals at health risk due to significant heat;
 - ii. Heaters for individuals at increased health risk due to significant cold;
 - iii. Air filtration devices for individuals at health risk due to compromised air quality, and replacement air filters as needed;
 - iv. Refrigeration units for individuals who lack a working refrigeration unit or a unit that meets their medical needs (e.g., because it has inadequate temperature controls to meet their medication storage needs, etc.); or
 - v. Portable power supplies 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.

- f. **“Closed Loop Referral”** means that referring and receiving organizations, or a Member in the case of self-referral, use technology, such as community information exchange (CIE), to communicate information for and about the status of a Member’s Referrals for HRSN Services.
- g. **“High Risk Clinical Need for Climate-Related Supports”** means members who do not live in a congregate care facility, community health facility, or other institutional setting and:
 - i. Are age 65 or over;
 - ii. Are homebound;
 - iii. Need assistance with Activities of Daily Living as defined in OAR 411-015-0006 or Instrumental Activities of Daily Living as defined in OAR 411-015-0007 (ADL/IADL)
 - iv. Receive Medicaid-Funded Long-Term Services and Supports (LTSS) as defined in OAR 410-141-3500;
 - v. Have medical conditions that make them at greater health risk due to weather events such as significant heat or cold, PSPS, or poor air quality; or
 - vi. Have a complex physical or behavioral health need;
 - vii. Are pregnant; or up to 12 months postpartum; or
 - viii. Are less than six years of age.
- h. **“HRSN Clinical Risk Factors”** means the following:
 - i. Complex Behavioral Health Need:
 - 1. An individual with a diagnosed or undiagnosed mental health condition or substance use disorder, that requires treatment and/or supports for the individual to achieve and maintain health goals and stability.
 - ii. Developmental Disability Need:
 - 1. An individual with an Intellectual Disability or Developmental Disability (as defined by OAR 411-320-0080) that requires services or supports for the individual to achieve and maintain care goals.
 - iii. Complex Physical Health Need:
 - 1. A Member with a persistent, disabling, progressively or life-threatening physical health condition(s) requiring treatment for, stabilization, or prevention of exacerbation. Examples may include chronic conditions such as: congenital anomalies that adversely impact health or function, blindness, disabling dental disorders, chronic neurological diseases, chronic cardiovascular diseases, chronic pulmonary diseases, chronic gastrointestinal diseases, chronic liver diseases, chronic renal diseases, chronic endocrine diseases, chronic hematologic disorders, chronic musculoskeletal conditions, chronic infectious diseases, cancers, autoimmune disorders, immunodeficiency disorders or chronic immunosuppression.
 - iv. Needs Assistance with ADLs/iADLs or Eligible for LTSS:
 - 1. An individual who needs assistance with one or more Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (iADLs); or
 - 2. An individual who receives or is determined eligible for LTSS such as services through Oregon Department of Human Services’ (ODHS) Aging and People with Disabilities (APD) or ODHS’ Office of Developmental Disabilities Services (ODDS).
 - v. Interpersonal Violence Experience: An individual who is experiencing or has experienced interpersonal violence (IPV), including domestic violence (DV), sexual violence (SV), or psychological violence.

- vi. Repeated Emergency Department Use and Crisis Encounters:
 1. An individual with repeated use of emergency department care (defined as two or more visits in the past six months or four or more visits within the past 12 months);
 2. An individual with one crisis encounter in the past six months or two crisis encounters in the past 12 months, defined to include: receipt of crisis/outreach team services; use of behavioral health mobile crisis, crisis respite services, or school behavioral health crisis services; any length of stay in an adult or youth carceral setting; any length of stay in an emergency shelter; or any length of stay in emergency foster care.
 3. An individual who was exited from a housing or behavioral healthcare program (e.g., shelter setting, day habilitation program, etc.) or from a school or an early childhood program in the past 12 months.
- vii. Currently Pregnant or up to 12 months Postpartum
- viii. Children Less than 6 Years of Age
- ix. Adults 65 Years of Age or Older
- x. Young Adult with Special Health Care Needs
- i. **“HRSN Covered Populations”** means Members belonging to one or more populations:
 - i. Young Adults with Special Health Care Needs ages 19-26 (YSHCN);
 - ii. Adults and Youth Discharged from an Institution for Mental Diseases (IMD);
 - iii. Adults and Youth Released from Incarceration;
 - iv. Youth involved in the Child Welfare system;
 - v. Individuals transitioning to Dual Status;
 - vi. Individuals who are HUD Homeless or At Risk of Homelessness, as such terms are defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5; and
 - vii. Individuals with a High Risk Clinical Need for Climate-Related Supports in an Area Experiencing Extreme Weather Events.
- j. **“HRSN Eligible”** means a Member who:
 - i. Belongs to one of the HRSN Covered Populations;
 - ii. Has at least one HRSN Clinical Risk Factor;
 - iii. Has at least one HRSN Social Risk Factor; and
 - iv. Meet any additional eligibility criteria and requirements that apply in connection with the specific HRSN Service (e.g., utility costs may only be provided for members who are also receiving rent/temporary housing).
- k. **“HRSN Fee Schedule”** means the OHA document that identifies the reimbursement rates paid to HRSN Service Providers for HRSN Services furnished to HRSN Eligible Members who receive such services.
- l. **“HRSN Outreach and Engagement”** means:
 - i. Attempting to locate, contact, and engage Members who may be eligible for HRSN Services;
 - ii. Documenting outreach and engagement attempts, outcomes, and modalities;
 - iii. Working with the member to provide the information necessary for assessment of HRSN Service need, including through multiple engagements with the member as necessary; and
 - iv. Determining whether the member is enrolled in the Fee-for-Service (FFS) Program or a Coordinated Care Organization (CCO), and if a CCO which one

- v. Transmitting the partially or fully completed Eligibility and Service Need Form to the member’s CCO or to the FFS program (or its designated third-party contractor) for eligibility determination and HRSN Service authorization; and
 - vi. Assisting individuals in gaining access to other necessary medical, peer, social, educational, legal, and other services.
- m. **“HRSN Services”** means specific Climate-Related Supports to address a Member’s Health-Related Social Needs (“HRSN”), as approved by CMS in the State 1115 Waiver. Specific services and their descriptions are in the HRSN Guidance Document.
- n. **“HRSN Service Referral”** means that referring and receiving organizations, or a Member in the case of self-referral, share a Member’s information through a Closed Loop Referral or alternative mechanism (e.g., email, regular mail, fax) for and about the status of a Member’s Referrals for HRSN Services.
- o. **“HRSN Service Provider”** means a Provider that provides HRSN Services to Members.
- p. **“HRSN Service Vendor”** means any Person that that is contracted or procured by Contractor or HRSN Service Provider to deliver or provide HRSN Services.
- q. **“HRSN Social Risk Factor”** means a social risk that may cause a Member to have a health-related condition that requires the social risk to be ameliorated concurrently with medical or behavioral health services in order for the Member to experience improved health, including the following:
 - i. HRSN Device Needs: Means a Member has a need that will be aided by one of the following devices: air conditioners, heaters, air filtration devices, PPSs, and refrigeration units.
- r. **“Individuals Transitioning to Dual Status”** means Members enrolled in Medicaid that are transitioning to dual status with Medicare and Medicaid coverage. Members shall be included in this HRSN covered population for the 90 days (3 months) preceding the date Medicare coverage is to take effect and the 9 months after it takes effect. Eligibility for services must be determined within 9 months after transition to dual status and such eligibility may extend for up to 12 months after such determination.
- s. **“HUD Homeless”** each mean Members who meet the definition of homeless as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5.
- t. **“Person-Centered Service Plan”** and **“PCSP”** means the care plan¹ that is developed in consultation with the Member upon HRSN Service authorization. The PCSP must be reviewed and revised upon reassessment of need at least every twelve (12) months, when the Member’s circumstances or needs change significantly, or at the request of the Member. Also see definition of “Care Management” above in this Exhibit A.
- u. **“Youth Involved with Child Welfare”** members who are currently or have previously been:
 - i. In foster/substitute care;
 - ii. Receiving adoption or guardianship assistance; or
 - iii. The subject of an open child welfare case in any court.
- v. **“Young Adult with Special Healthcare Needs”** and **“YSHCN”** each means a Member ages 19-26 who:
 - i. Has one or more complex chronic conditions as represented by the Pediatric Medical Complexity Algorithm (PCMA)’s list of complex chronic conditions;
 - ii. Has a serious emotional disturbance or serious mental health issue indicated by qualifying behavioral health diagnosis;

¹ In accordance with forthcoming OAR 410-141-3870

- iii. Has a diagnosed intellectual or developmental disability in accordance with Oregon Administrative Rules governed by Oregon’s Office of Developmental Disabilities Services;
 - iv. Has an “Elevated Service Need” or functional limitations as determined by two or more affirmative responses to a screener.
- (2) Health-Related Social Needs (HRSN) Services is a Medicaid Covered Service, as defined in OAR 410-141-3820.
- (3) Member Identification: The MCE or FFS HRSN third party administrator shall, at the Authority’s direction, ensure multiple pathways for Members to be identified as potentially eligible for HRSN Services. Pathways include:
 - a. proactively identifying Members through a review of the MCE or FFS HRSN third party administrator’s encounter and claims data;
 - b. engaging HRSN Service Providers to conduct Outreach and Engagement to identify Members;
 - c. receiving HRSN Service Referrals from other entities; and
 - d. accepting Members’ self-referral.
- (4) Member Screening: The MCE or FFS HRSN third party administrator shall ensure that
 - a. potentially eligible Members are screened for HRSN Social Risk Factors and
 - b. if an HRSN Service need is identified as a result of such screening, the MCE or FFS HRSN third party administrator or HRSN Service Provider assesses the Member for HRSN Clinical Risk Factors and for whether the Member belongs to a HRSN Covered Population, by using existing data and information or by obtaining the relevant information from the Member. The MCE or FFS HRSN third party administrator must accept the screening tools used by the HRSN Service Provider instead of requiring their own template. The MCE or FFS HRSN third party administrator must also accept, but not require, the standard screening template provided by the state, the Eligibility and Service Need Form, located CCO Contract Forms Website. If the potentially eligible individual is not a Member of the OHP, the MCE or FFS HRSN third party administrator shall connect individuals to resources to determine OHP Eligibility.
- (5) HRSN Eligibility: The MCE or FFS HRSN third party administrator must compile all necessary eligibility information to determine whether the Member is HRSN Eligible. The MCE or FFS HRSN third party administrator must document attempts to collect information needed to determine eligibility.
- (6) Authorization of HRSN Services: The MCE or FFS HRSN third party administrator shall:
 - a. Verify the Member’s eligibility for HRSN Services
 - i. For Members who satisfy conditions of HRSN Eligibility and have an HRSN Service need, the MCE or FFS HRSN third party administrator shall authorize HRSN Services that are appropriate and relevant to the HRSN Clinical Risk Factors and HRSN Social Risk Factors. Authorization for HRSN Services includes:
 - 1. Confirmation that the Member is enrolled in the Oregon Health Plan;
 - 2. Determination of the service duration, not to exceed twelve months for an initial authorization.
 - b. Document the approval or denial of HRSN Services. If an HRSN Service Referral is sent to the MCE or FFS HRSN third party administrator by an external organization, the MCE or FFS

HRSN third party administrator must communicate the approval or denial back through the HRSN Service Referrals mechanism through which the MCE or FFS HRSN third party administrator received the HRSN Service Referral; and

- c. Refer the Member to an HRSN Service Provider through HRSN Service Referrals as necessary for the approved HRSN Service, support the Member's choice of HRSN Service Provider, ensure the Member needs are met by the HRSN Service Provider, and find alternative HRSN Service Providers if needed;²
- d. Determine availability of the Climate-Related Supports and notify the member of anticipated availability date. Upon limited availability of devices due to unforeseen circumstances, such as supply chain issues, the MCE or FFS HRSN third party administrator shall notify the State of the limitations and of its plan to obtain additional equivalent devices.

(7) The MCE or FFS HRSN third party administrator shall inform all Members that HRSN Services are Covered Services consistent with the State 1115 Waiver, using National Culturally and Linguistically Appropriate Services (CLAS) Standards at <https://thinkculturalhealth.hhs.gov/clas/standards>,

(8) HRSN Service Referrals.

- a. While the MCE or FFS HRSN third party administrator and HRSN Service Providers may elect to use Closed Loop Referrals to conduct HRSN Service Referrals, the MCE or FFS HRSN third party administrator shall allow Members to opt out of Closed Loop Referrals and use other HRSN Service Referral processes and still receive HRSN Services.

(9) *Conflict of Interest*:

- a. The MCE or FFS HRSN third party administrator shall not Subcontract or otherwise Delegate HRSN Service authorization or service planning or both to an HRSN Service Provider.

(10) *Person-Centered Service Plan (PCSP)*:

- a. Upon the MCE or FFS HRSN third party administrator's authorization of HRSN Services, the MCE or FFS HRSN third party administrator and the Member shall update the Member's Care Plan as outlined in OAR 410-141-3870³, to include a PCSP for the Member to obtain the HRSN Service(s).
 - i. The PCSP shall be in writing and developed with and agreed upon by the Member (or the Member's guardian, as applicable).
 - ii. The MCE or FFS HRSN third party administrator shall, at a minimum, have one meeting with the Member (or the Member's guardian, as applicable), either in person or by telephone or videoconference, during development of the PCSP. If efforts to have a meeting are unsuccessful, the MCE or FFS HRSN third party administrator shall document connection attempts, barriers to having a meeting, and justification for continued provision of HRSN Service
 - iii. At a minimum, conducting a 6-month check-in to understand if HRSN services are meeting their needs, or if additional/new services are needed, if the service duration is longer than 6 months.

² In accordance with forthcoming Care Coordination requirements to be outlined in OAR 410-141-3860, 410-141-3865, 410-141-3870.

³ Revised OAR 410-141-3870 forthcoming

- iv. The HRSN PCSP must include the following:
 - 1. The recommended HRSN Service(s);
 - 2. The HRSN Service duration;
 - 3. The HRSN Service Provider;
 - 4. The goals of the HRSN Service(s);
 - 5. The follow-up and transition plan;
 - 6. The MCE or FFS HRSN third party administrator is responsible for managing the member's HRSN Services.
- b. A parent, guardian, or caregiver of a child may receive an HRSN Service on the child's behalf if the parent, guardian, or caregiver lives with the child and it is in the best interest of the child as determined through the PSCP.