

# 2024 HRSN Guidance Document



<b>Version date</b>	February 27, 2024
<b>Note:</b> This guidance document is intended to provide Coordinated Care Organizations (CCOs) with additional programmatic details and expectations for delivering HRSN Services starting 3/1/24. This document will be updated from time to time as needed. Contents of this document has been updated to reflect the CMS approved <a href="#">HRSN Services Protocol</a> , which was released on February 1, 2024.	

# Contents

- Background**..... 4
- Purpose**..... 4
- 2024 HRSN Guidance**..... 5
  - 1. Climate-Related Supports ..... 5
    - a. Clinically Appropriate Climate-Related Devices..... 5
    - b. Climate-Related Support Services..... 5
    - c. Requirements for Safe Use of Climate Devices ..... 6
  - 2. Eligibility for Climate-Related Supports ..... 7
    - a. HRSN Covered Populations ..... 7
    - b. HRSN Climate Device Clinical Risk Factors ..... 7
    - c. HRSN Climate Device Social Risk Factors ..... 10
  - 3. HRSN Outreach and Engagement Services ..... 10
  - 4. HRSN Service Delivery: Member Identification, Screening, Authorization, and Person-Centered Service Plan ..... 12
    - a. Member Identification ..... 12
    - b. HRSN Requests..... 13
    - c. Screening Members for HRSN Eligibility ..... 13
    - d. Documenting the HRSN Eligibility Screening ..... 14
    - e. Completing the HRSN Eligibility Screening Template Based on Self-Attestation ..... 14
    - f. Authorization or Denial of HRSN Services..... 15
    - g. CCO Protection from Liability..... 15
    - h. Person-Centered Service Plan (PCSP) ..... 15
    - i. Authorization for Disclosure of Protected Health Information (PHI) ..... 16
  - 5. Closed Loop Referrals ..... 17
    - a. Definitions..... 17
    - b. Requirement of Closed Loop Referrals ..... 18
    - c. Technology for Closed Loop Referrals ..... 18
    - d. Member Right to Opt Out of Technology for Closed Loop Referrals..... 19
    - e. Proposed Approach to Technology for Closed Loop Referrals ..... 19
  - 6. Other Requirements for Climate-Related Supports ..... 21
    - a. Timeframe for Delivery of Devices..... 21
    - b. Climate Device Restrictions ..... 21

c.	Climate Device Recommended Specifications.....	22
7.	Provider Qualifications.....	23
a.	Provider Qualifications Applicable to All HRSN Service Providers.....	23
b.	HRSN Service Provider Readiness .....	25
c.	Domain-Specific Provider Qualifications .....	25
d.	HRSN Service Provider Network Monitoring Report .....	28
8.	HRSN Non-Risk Settlement Procedure.....	29
a.	Manual Payment Process.....	29
b.	Automatic Payment Process .....	30
c.	Administrative Payment Process .....	30
d.	Billing guidance and required elements .....	31
9.	HRSN Data Collection and Reporting.....	32
10.	Health-Related Services (HRS) vs. Health-Related Social Needs (HRSN) Benefit.....	33
11.	SHARE (Supporting Health for All through Reinvestment) Initiative vs. HRSN Benefit .....	33
<b>Appendix</b>	.....	<b>35</b>
	Appendix A: HRSN Covered Populations .....	35
	Appendix B: HRSN Request Form.....	36
	Appendix C: HRSN Eligibility Screening Template.....	42
	Appendix D: Information Sharing Authorization Form .....	49
	Appendix E: Automatic Payment Process .....	55
	Appendix F: HRSN Payment Responsibility.....	58

# Background

In September 2022, the Centers for Medicare and Medicaid Services (CMS) approved Oregon’s [1115 Medicaid Demonstration Waiver](#) for a five-year timeframe, covering the period of October 2022-September 2027. The approved waiver includes ground-breaking authority to provide health related social needs (HRSN) services as a covered Oregon Health Plan (OHP) benefit to eligible Open Card/Fee-For-Service (FFS) and Coordinated Care Organization (CCO) Members, including individuals who are Members through the Healthier Oregon Program.

The approved HRSN Services include housing, nutrition, climate-related supports, and outreach and engagement services, which will be phased in according to the proposed timeline below. Per the 2024 CCO Contract Amendment, CCOs will be required to provide approved HRSN Climate-Related Supports and HRSN Outreach and Engagement Services beginning March 2024 to eligible Members enrolled in CCO-A or CCO-B. See [Appendix F](#) for information on CCO Plan Types.

March 2024	November 2024	January 2025
<b>Climate-Related Supports and Outreach and Engagement Services</b> go live for Members in HRSN Covered Populations	<b>Housing Services</b> go live for Members who are at-risk of homelessness*	<b>Nutrition Services</b> go live for Members in HRSN Covered Populations

\*The State is still determining when housing services will go live for other HRSN Eligible Members.

# Purpose

The HRSN Guidance Document is complementary to the CCO Contract and provides additional programmatic details and expectations for delivering HRSN Services. It should not be used independently of the CCO Contract. While additional details may be added in the future, at a minimum, this document provides information on the following:

1. Climate-Related Supports
2. Eligibility for Climate-Related Supports
3. HRSN Outreach and Engagement Services
4. HRSN Service Delivery: Member Identification, Screening, and Authorization
5. Closed Loop Referrals
6. Other Requirements for Climate-Related Supports
7. Provider Qualifications
8. HRSN Non-Risk Settlement Procedure
9. HRSN Data Collection and Reporting

This document will be stored on the [CCO Contracts Form Website](#) and will be updated as needed.

# 2024 HRSN Guidance

---

## 1. Climate-Related Supports

Climate-Related Supports are climate-related devices and services provided to HRSN Authorized Members in their own home or non-institutional, non-congregate primary residence, and for whom such equipment and support are Clinically Appropriate as a component of health services treatment or prevention. Subject to Ex. B, Part 2, Sec. 15, Paragraph (1) of the CCO Contract Amendment, HRSN Eligible Members are only eligible for new climate-related devices every thirty-six (36) months.

### a. Clinically Appropriate Climate-Related Devices

Clinically Appropriate climate-related devices for Members residing in their home non-institutional, non-congregate primary residence 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 and, as needed, replacement air filters for individuals at health risk due to compromised air quality,
- (iv) Mini refrigeration units as needed for individuals for medication storage, and
- (v) 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.

A list of diagnoses or other conditions that establish clinical need for each device type listed above is included in *Table 1* in Section 2: Eligibility for Climate-Related Supports. The list is not exhaustive, and other conditions may be approved through an individual review for medical exception aligned with OHA's Medical Management Committee Process and/or existing CCO processes for approving covered services through medical exception review.

Additionally, recommended specifications for each climate device are included in *Table 3* in Section 6: Other Requirements for Climate-Related Supports.

### b. Climate-Related Support Services

Climate-Related Support services include, as may be needed by the Member, the provision and service delivery of the climate-related devices identified above. For air conditioners, Climate-Related Support services also include installation as needed by the Member. In addition, HRSN climate device maintenance shall be comprised of the following:

- (i) Air Filtration Devices (AFDs) – AFDs require replacement filters for effective air filtration. The rate at which filters need replacing is dependent on variables such as hours of use and the amount of smoke or other harmful particles in the air requiring filtration. The initial device shall be delivered with no less than one additional replacement filter. HRSN Authorized Member request for additional air filter replacements shall be limited to three

filter replacement fulfillments for the twelve (12) months following the delivery of the climate-related device, provided they do not become ineligible for Climate-Related Supports during such period. Subject to an HRSN Authorized Member being reassessed as eligible for Climate-Related Support Services at the end of each twelve (12) month period, CCOs must provide such Members with air filter replacements in accordance with the standard for the initial twelve (12) month period following the delivery of the climate-related device.

- (ii) Device failure – If a covered device is damaged or defective upon arrival or fails to function properly within one year from the date on which the HRSN Authorized Member received their device, the manufacturer warranty shall be the first step towards a resolution. If either (i) the device is no longer within the manufacturer’s warranty period or (ii) the warranty does not cover the necessary repairs, and the HRSN Authorized Member is still eligible for the climate-related device at the time the climate-related device ceased to function properly, CCOs shall replace or repair the device at least once. CCOs shall not be required to repair or replace a climate-related device more than once when the climate-related device is outside the warranty period or the reason for failure is not covered by the warranty.
- (iii) Warranty Process – CCOs shall support all HRSN Authorized Members with service call coordination or device replacement coordination for a period of twelve (12) months from the date the on which the applicable Member received their device.
- (iv) Replacement Climate-Related Devices – In the event an HRSN Authorized Member advises the CCO that (i) their climate-related device was stolen, or (ii) they moved to a new residence without taking the climate-related device with them, the climate-related device may be replaced by a CCO subject to its reasonable discretion. However, in no event shall an HRSN Authorized Member be entitled to receive a replacement more than once during any thirty-six (36) month period.

### **c. Requirements for Safe Use of 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 a non-institutional, non-congregate housing or “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.

In the event the foregoing conditions cannot be met, the HRSN Eligible Member may not be Authorized for receipt of the Climate-Related device.

**Note:** The HRSN Request Form, located in Appendix B, and the HRSN Service Eligibility Screening Template, located in Appendix C, include a section for attesting to safe use of climate devices.

## 2. Eligibility for Climate-Related Supports

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

1. Be enrolled in the OHP either through a CCO or Open Card/Fee-for-Service Program;
2. Be in at least one HRSN Covered Population;
3. Meet at least one of the HRSN Climate Device Clinical Risk Factors;
4. Meet the criteria for an HRSN Climate Device Social Risk Factor, which includes meeting safe use requirements for the device(s) and not already receiving the same or substantially similar services from a local, state, or federally-funded program.

Definitions of the HRSN Climate Device Clinical Risk Factors and HRSN Climate Device Social Risk Factors are in [OAR 410-120-0000](#) and detailed further below.

### a. HRSN Covered Populations

Member must be in one of the HRSN Covered Populations, as further specified in [Appendix A](#):

- Young Adults with Special Health Care Needs (YSHCN) (*not eligible for HRSN until 2025*)
- Adults and Youths Discharged from an IMD<sup>1</sup>
- Adults and Youths Released from Incarceration
- Individuals Involved with Child Welfare
- Individuals Transitioning to Dual Status
- Individuals who are Homeless or At Risk of homelessness

### b. HRSN Climate Device Clinical Risk Factors

OHA appreciates that the clinical conditions specified for the age and pregnancy-related HRSN Climate Device Clinical Risk Factors are broad. CMS required the identification of particular conditions that place pregnant people, young children, and elders at higher risk for morbidity and mortality during extreme weather.

When considering how to focus outreach to Members about this benefit, CCOs should consider Priority Populations<sup>2</sup>, and may further consider Members with

---

<sup>1</sup> The State proposed to also cover non-IMD facilities that provide mental health and SUD treatment (e.g., facilities with fewer than 16 beds). CMS denied this request on the grounds that coverage of individuals discharged from non-IMD facilities would exceed the authority provided in the STCs (which refer to IMD facilities only).

<sup>2</sup> Regional Health Equity Coalition definition of priority populations: ORS 413.042: "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.

unstable or severe symptoms, Members with more than one of the following conditions, and individuals at the extremes of age. CCOs should also consider other medical conditions for review by exception including hyperthyroidism, autoimmune conditions, immunosuppression, fluid/electrolyte/acid-based conditions, and use of medication that impacts thermoregulation.

In addition, CCOs will utilize different outreach methods depending on the population they are contacting, ranging from low intensity outreach (e.g., general information across MyChart) to high intensity outreach (e.g., text messages, phone calls, etc.).

*Table 1: Climate Device Clinical Risk Factors*

<u>Climate Device Clinical Risk Factors</u> (Condition must have been active in the past 12 months. Members must meet age or pregnancy criteria at the time of eligibility determination, as relevant.)	Eligible Climate Device
Schizophrenia spectrum and other psychotic disorders	<b>Air Conditioner, Air Filtration Device, Heater</b>
Bipolar and related disorders	
Major depressive disorder with an acute care need in the past 12 months including a suicide attempt, crisis services utilization (emergency department, mobile crisis team, etc.), acute psychiatric hospitalization, or residential treatment	
One or more of the following substance use disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder	
Major neurocognitive disorders	
Chronic lower respiratory condition including chronic obstructive pulmonary disease (COPD), asthma requiring regular use of asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis	
Chronic cardiovascular disease, including cerebrovascular disease and heart disease	
Spinal cord injury	
In-home hospice	
Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events	
Child less than 6 years of age and currently has, has a history of, or is at risk for at least one of the following: <ul style="list-style-type: none"> <li>• Heat stroke or heat exhaustion</li> <li>• Hypothermia, frostbite, or chilblains</li> <li>• Malnutrition</li> <li>• Dehydration</li> <li>• Child maltreatment as defined by the CDC (<a href="https://www.cdc.gov/violenceprevention/pdf/CM_Surveillance-a.pdf">https://www.cdc.gov/violenceprevention/pdf/CM_Surveillance-a.pdf</a>)</li> </ul>	



<ul style="list-style-type: none"> <li>• Is a child with a special healthcare need (CYSHCN) as defined by the Health Resources and Services Administration (HRSA) (<a href="https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn#i">https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn#i</a>)</li> <li>• An acute or chronic respiratory condition</li> <li>• A respiratory or gastrointestinal infectious disease, or becoming febrile with an infectious illness</li> <li>• Low birth weight of &lt;2500 grams</li> </ul>	
<p>Pregnant and currently has, has a history of, or is at risk for at least one of the following:</p> <ul style="list-style-type: none"> <li>• Heat stroke or heat exhaustion</li> <li>• Hypothermia, frostbite, or chilblains</li> <li>• An acute or chronic respiratory condition</li> <li>• Infection</li> <li>• High-risk pregnancy as defined by the NIH (<a href="https://www.nichd.nih.gov/health/topics/high-risk/conditioninfo">https://www.nichd.nih.gov/health/topics/high-risk/conditioninfo</a>)</li> <li>• History of previous pregnancy, delivery, or birth complication including gestational diabetes, preeclampsia, preterm labor, preterm birth, placental abruption, newborn low birth weight, stillbirth</li> <li>• Abuse or interpersonal violence</li> <li>• Malnutrition</li> <li>• Hyperemesis gravidarum and other causes of dehydration</li> <li>• Maternal low birth weight of &lt;2500 grams</li> <li>• Multiple pregnancy</li> <li>• Mental health condition</li> </ul>	
<p>Adult 65 years and older and currently has, has a history of, or is at risk for at least one of the following:</p> <ul style="list-style-type: none"> <li>• Heat stroke or heat exhaustion</li> <li>• Hypothermia, frostbite, or chilblains</li> <li>• Malnutrition</li> <li>• Dehydration</li> <li>• Currently taking medications that impact heat tolerance, including for upper respiratory infections, allergies, COPD, muscle spasms, blood pressure, diuresis, diarrhea, constipation, anti-inflammation, mental health conditions, and sleep</li> <li>• Abuse or neglect</li> <li>• A respiratory or gastrointestinal infectious disease, or becoming febrile with an infectious illness</li> <li>• Mental health condition</li> <li>• Two or more chronic health conditions</li> </ul>	
Chronic kidney disease	<b>Air Conditioner, Heater</b>
Diabetes mellitus, requiring any medication, oral or insulin	
Multiple sclerosis	
Parkinson's disease	

Previous heat-related or cold-related illness requiring urgent or acute care, e.g., emergency room and urgent care visits	
Individual requires home oxygen use: home oxygen, oxygen concentrators, home ventilator	<b>Air Filtration Device</b>
Individual uses medications requiring refrigeration. Examples include medications for diabetes mellitus, glaucoma, and asthma; TNF inhibitors	<b>Mini refrigerator</b>
Enteral and parenteral nutrition	
Individual needs durable medical equipment (DME) requiring electricity for use. Examples include but are not limited to: <ul style="list-style-type: none"> <li>• Oxygen delivery systems, including concentrators, humidifiers, nebulizers, and ventilators</li> <li>• Intermittent positive pressure breathing machines</li> <li>• Cardiac devices</li> <li>• In home dialysis and automated peritoneal dialysis</li> <li>• Feeding Pumps</li> <li>• IV infusions</li> <li>• Suction pumps</li> <li>• Power wheelchair and scooter</li> <li>• Lift systems and electric beds</li> <li>• Breast pumps for first 6mo post-partum</li> <li>• Other DME medically required for sustaining life</li> </ul>	<b>Portable Power Supply</b>
Individual requires assistive technologies requiring electricity necessary for communication or ADLs.	
Other conditions approved through an individual review for medical exception aligned with OHA’s Medical Management Committee Process and/or CCO exception review process.	<b>Any device</b>

**c. HRSN Climate Device Social Risk Factors**

A Member meets the HRSN Climate Device Social Risk Factor requirement if they reside in their own home or a non-institutional, non-congregate primary residence and for whom an air conditioner, heater, air filtration device, portable power supply (PPSs), and/or mini refrigeration units for medications is Clinically Appropriate as a component of health services treatment or prevention.

**3. HRSN Outreach and Engagement Services**

HRSN Service Providers may provide HRSN Outreach and Engagement Services for OHP enrolled individuals presumed eligible for HRSN Climate-Related Services and receive compensation. HRSN Outreach and Engagement Services must include, at a minimum, the HRSN Service Provider performing activities described in a and b below, and may include the provision of activities described in c and d:

- a. Attempting to contact and engage Members who belong to one or more HRSN Covered Populations and who are presumed eligible for HRSN Climate-Related Supports;
- b. Determining whether the Member is enrolled in the FFS Program or a CCO and, if a CCO, which one;
- c. Transmitting the partially or fully completed [HRSN Request Form](#), or information contained within to the Member's CCO or to OHA's FFS Program (or its designated third-party contractor) for HRSN eligibility determination and HRSN Service authorization;
- d. Providing HRSN Eligible Members who may have a need for medical, peer, social, educational, legal, or other related services with information and logistical support necessary to connect them with the needed resource and services.

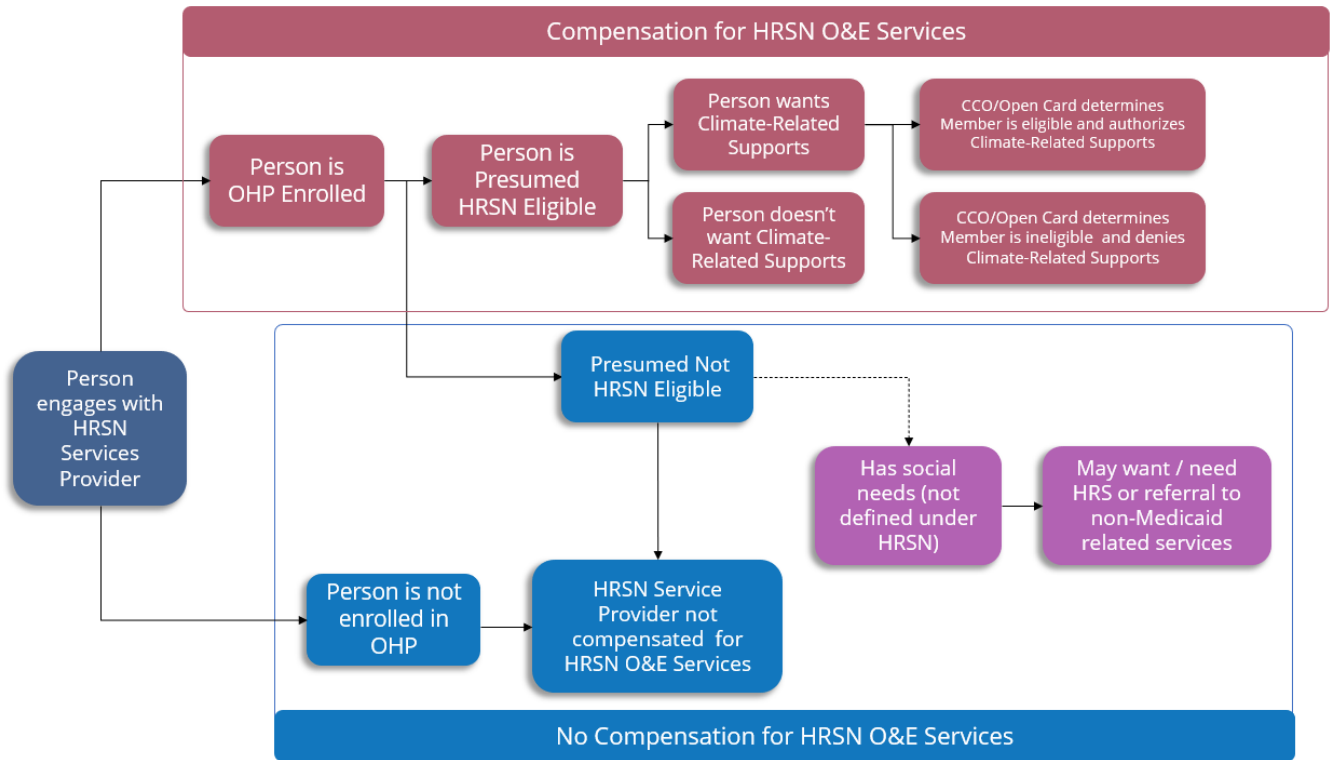
**Note:** Payment for Outreach and Engagement activities performed by the CCO or subcontractor are included in CCO Administrative Payments.

**Fees Payable for HRSN Outreach and Engagement Services:** CCOs may compensate HRSN Service Providers for conducting HRSN Outreach and Engagement Services to Members presumed eligible for HRSN Climate-Related Supports up to a maximum of five hours per Member over a 36-month period, in accordance with the HRSN Fee Schedule. After the 36-month period has expired, a Member may be rescreened for HRSN Climate-Related Supports Eligibility.

This means the HRSN Service Provider must have confirmation the individual is enrolled in the OHP, and have reason to believe the individual is eligible for HRSN Climate-Related Supports from known information, or the result of a Member's attestation that they are in an HRSN Covered Population, meet HRSN Climate Device Clinical Risk Factor criteria, and meet HRSN Climate Device Social Risk Factor criteria.

**Documentation Requirement:** CCOs must require all HRSN Service Providers to document the date, time, duration, and description of the Outreach and Engagement Services.

The diagram below provides additional details on how HRSN Service Providers may receive compensation for HRSN Outreach and Engagement Services



#### 4. HRSN Service Delivery: Member Identification, Screening, Authorization, and Person-Centered Service Plan

##### a. Member Identification

To promote health equity, it is critical to have many paths that lead to a referral for HRSN Services. Each path will be able to collect different amounts of information. CCO proactive identification of potentially HRSN eligible Members may not be appropriate for all HRSN Services, nor will all HRSN Services require that contracted HRSN Service Providers conduct outreach. However, 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:

- (i) Contractor proactively identifying Members who belong to a Covered Population and who also have at least one HRSN Clinical Risk Factor for an HRSN Service through a review of Contractor’s encounter and claims data;
- (ii) Contracting with HRSN Service Providers to conduct HRSN Outreach and Engagement Services to identify Members who belong to a Covered Population and are presumed eligible for an HRSN Service and make HRSN Requests;

- (iii) Engaging with and receiving HRSN Requests from HRSN Connectors other than HRSN Service Providers;
- (iv) and Accepting Members' self-referral.

In addition to the aforementioned pathways, CCOs may also consider using other pathways to help proactively identify Members including, but not limited to:

- (i) Enrollment data (834 file)
- (ii) PERC (Program Eligibility Resource Code)
- (iii) CCO Transition of Care claims
- (iv) Substitute Care report
- (v) Address files

#### **b. HRSN Requests**

- (i) CCOs must accept HRSN Requests by any delivery method used by HRSN Connectors (includes HRSN Service Providers or self-referring Members), including, but not limited to email, fax, mail, personal delivery, community information exchange, or any other reliable delivery method.
- (ii) HRSN Connectors may, but are not required to, use the HRSN Request Form, which will be provided on the CCO Forms website and is also included in the [Appendix B](#).
- (i) An HRSN Connector may use a tool or template other than the HRSN Request Form if it allows the HRSN Connector to obtain the following information and transmit it to the CCO: (i) the name and contact information for the Member requesting the HRSN Service; and (ii) identification of one or more HRSN Service needs the individual has.
- (iii) CCOs must make a good-faith effort to conduct eligibility screenings of all individuals for whom they receive HRSN Requests that include the individual's name, contact information, and identification of one or more HRSN Service needs.

#### **c. Screening Members for HRSN Eligibility**

- (i) The CCO shall first confirm OHP Medicaid enrollment and, if confirmed, ensure such Member is enrolled with their CCO 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 health plan for the purpose of participating in HRSN Eligibility Screening.
- (ii) 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 Connector.

- (iii) The CCO will be required to document its attempts to collect the information needed to determine eligibility.
- (iv) 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 for the following plausible: IMD discharge, carceral release, current or former child welfare involvement, transition to dual status, and HRSN social need.

**d. Documenting the HRSN Eligibility Screening**

The CCO shall document the results of the HRSN Eligibility Screening, including at minimum, the information listed below:

- (i) The Member's OHP Medicaid Number,
- (ii) The HRSN Covered Population to which they belong,
- (iii) The Member's HRSN Climate Device Clinical Risk Factor(s),
- (iv) The Member's HRSN Climate Related Device Service(s) authorized,
- (v) The Member's HRSN Climate Device Social Risk Factor(s), and
- (vi) Whether the Member is receiving the same or substantially similar service as the identified HRSN Services need from a state or federally funded program.

With respect to (f) above, CCOs must make reasonable efforts to determine whether the Member is receiving the same or substantially similar service as the identified HRSN Services need 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.

When determining whether the Member is receiving the same or substantially similar service as the identified HRSN Services need from a local, state, or federally funded program, CCOs should use a look-back period of 36 months, in alignment with the Climate Device replacement policy detailed in Section 1: Climate-Related Supports, Para. B, Sub. Para iv.

**e. Completing the HRSN Eligibility Screening Template Based on Self-Attestation**

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. If the CCO cannot, using good faith efforts, verify the Member's Self-Attestation within a reasonable period of time, the CCO shall, if it determines in its reasonable discretion, the Self-Attestation is truthful, authorize the identified HRSN Services need. The CCO shall document its good faith efforts to verify the Member's Self-Attestation and the reasonable basis for authorizing the HRSN Services in the HRSN Eligibility Screening Template or tool of their choosing, provided it captures data elements described in Section 4: HRSN Service Delivery: Member Identification, Screening, and Authorization, Para. d, Sub. Para (i).

#### **f. Authorization or Denial of HRSN Services**

- (i) After completion of the HRSN eligibility determination, CCOs should make an authorization determination as expeditiously as the circumstances require, and shall notify members within fourteen (14) calendar days from the date of, as applicable, authorization or denial.
- (ii) 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.
- (iii) 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, including informing the Member by sending a Notice of Adverse Benefit Determination (NOABD).
- (iv) If the HRSN Connector who submitted the HRSN Request will be or would have been the HRSN Service Provider, CCOs must notify the HRSN Connector of the approval or denial of the HRSN Request through a Closed Loop Referral.
- (v) Quarterly and as reasonably requested by OHA from time to time and as requested by CMS, CCO shall submit information listed in (a) – (d) in Para. d, Sub.Para (i) above to OHA using the HRSN specific tabs on Exhibit L.
- (vi) Quarterly, CCOs will report denial of HRSN Services to OHA using the CCO Grievance and Appeal Log.

#### **g. CCO Protection from Liability**

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. However, failure to document the information as required under Para. d, Sub.Para (i) of this section may result in liability to OHA.

#### **h. Person-Centered Service Plan (PCSP)**

The CCO is responsible for updating and managing the HRSN Authorized Member's Person-Centered Service Plan (PCSP).

- (i) The PCSP shall be contained within the same document as the Member's Care Plan, and developed and revised in the same manner as the Care Plan, as described in OAR 410-141-3870.
- (ii) Regardless of whether the Member participates in the development of the PCSP, they are still entitled to receive the HRSN Services for which they have been authorized.
- (iii) The HRSN PCSP must include the following:
  - a. The recommended HRSN Service(s),
  - b. The authorized HRSN Service duration,
  - c. The HRSN Service Provider, supporting member choice of provider,
  - d. The goals of the HRSN Service(s), identifying other HRSN services, other OHP services the member may need, and
  - e. The follow-up and transition plan, including conducting reassessment for HRSN Services prior to the conclusion of the service.

- (iv) The CCO care manager or coordinator must have at least one meeting with the Member while developing the PCSP. If efforts to have a meeting are unsuccessful, the care manager or coordinator is required to document connection attempts, barriers to having a meeting, and justification for continued provision of service.
- (v) The CCO should check in with the Member to understand if HRSN services are meeting their needs at least once every 6-months. This should include if additional or new services are needed or if HRSN services are duplicating other services they are receiving.

**i. Authorization for Disclosure of Protected Health Information (PHI)**

The Health Insurance Portability and Accountability Act (HIPAA) makes a distinction between *consent* and *authorization* to share Protected Health Information (PHI) ([45 CFR 164.506](#) and [45 CFR 164.508](#)). Authorization that meets the requirements of [45 CFR 164.508](#) permits a covered entity to disclose PHI for purposes of HRSN Services.

OHA will not mandate how CCOs share the PHI of their HRSN authorized Members with HRSN Service Providers. However, 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 OHP Members and HRSN Service Providers to the extent possible.

All OHP Open Card/FFS Members who are authorized to receive HRSN Services will be offered an Information Sharing Authorization Form (ISAF). By signing the ISAF, the HRSN Authorized Member authorizes the sharing of their PHI between the FFS Third Party Contractor (TPC), HRSN Service Provider(s), and health care providers as needed for the HRSN-related purposes specified in Part 1 of the form. This form is included in [Appendix D](#).

The ISAF authorizes the sharing of only the information necessary and only for the purposes outlined in the ISAF. This means that sharing a Member's information should occur on a need-to-know basis.

OHA will provide an Information Sharing Authorization Form on which, when executed by an HRSN Authorized Member, the FFS TPC may rely to enable the sharing of such HRSN Authorized Member's PHI, as necessary, by and between the FFS TPC 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 FFS TPC and HRSN Service Providers, but only when a an HRSN Authorized Member specifically authorizes the sharing (i.e., "opts-in" by checking a box) as necessary for the provision of HRSN Services.

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 FFS TPC will notify the Member of their HRSN Service authorization and will send the Member the referral and contact information for relevant HRSN Service Provider(s). That Member will be responsible for connecting with the HRSN Service Provider to receive their HRSN Service. The FFS TPC will be responsible for ensuring their HRSN Service Providers accept referrals from the TPC and from HRSN Authorized Members. Under HIPAA's exceptions, such as for health care operations purposes (e.g., coordinating a Member's care and treatment) and payment, a health plan and their respective business associates may use or disclose the Member's PHI to their business associates without the Member's consent, and, as explained in the 2021 guidance from the Office of Civil Rights at HHS, to HRSN Service Providers without the Member's consent even without having entered into a Business Associates Agreement. Although OHA follows this guidance, OHA also believes it is important to respect the privacy of their Open Card/FFS Members and therefore uses the ISAF at the commencement of the HRSN Service eligibility and approval process to provide its Open Card/FFS Members with a choice about whether their PHI is shared in determining eligibility, approving, and arranging for HRSN Services.

## 5. Closed Loop Referrals

### a. Definitions

- (i) **"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 specific methods like technology. Various methods could be used to meet this requirement such as, but not exclusively, community information exchange (CIE).
  - For purposes of HRSN, a referral loop is considered closed once the referring organization is notified of the referral status. This is to provide enough clarity around the point at which the loop needs to be closed so CCOs can operationalize the requirement without being too prescriptive.
- (ii) **"Community Information Exchange" and "CIE"** each means a software application that is utilized by a network of collaborative partners using technology systems 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 is proposing a phased in approach to technology for Closed Loop Referral requirements. There will always be exceptions for Members and HRSN Service Providers who cannot or do not want to participate in technology to meet Closed Loop Referral requirements like CIE.

## **b. Requirement of Closed Loop Referrals**

- (i) 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.
- (ii) HRSN Service Providers must have the ability to fulfill all obligations related to participating in the Closed Loop Referrals process (acceptance and confirmation).
- (iii) 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.
- (iv) CCO must expressly require all HRSN Service Providers to provide notice to Contractor of their acceptance or denial of each HRSN Authorized Member referred to the HRSN Service (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. This notification completes the Closed Loop Referral process.

If the HRSN Connector who submitted the HRSN Request will be or would have been the HRSN Service Provider, CCOs must notify the HRSN Connector of the approval or denial of the HRSN Request through a Closed Loop Referral.

- (v) Contractor must expressly require all HRSN Service Providers to provide Contractor with confirmation that the HRSN Services have been delivered to the referred HRSN Authorized Member. In the future, this may be required through a Closed Loop Referral.

## **c. Technology for Closed Loop Referrals**

- (i) There are no requirements of CCOs and HRSN Service Providers to use technology for Closed Loop Referrals, like CIE, in 2024. CCOs and HRSN Service Providers may elect to use technology for Closed Loop Referrals like CIE.
- (ii) HRSN Service Providers should be incentivized rather than required to participate in technology, like CIE, in 2024 which is why CCOs cannot require that technology, like CIE, be the sole referral method in 2024 Subcontracts for HRSN Service Providers.
- (iii) 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.

- (iv) 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, and referring Members to services.

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

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.

- (i) The Member handbooks must include language that referrals for HRSN Services will be sent using Closed Loop Referrals. Member handbooks must include language 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.
- (ii) 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.
- (iii) 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.
- (iv) 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.

**e. 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.

OHA wants to support HRSN Service Providers that play a critical role in their communities including those serving Priority Populations. Regardless of supports that may be provided, some may require or desire exceptions to participating in technology like CIE. Members will always have the right to not have their data be included in technology like CIE. See *Table 2* below for details on the proposed phased approach.

The requirements in the table below 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 that play a critical role in their communities including those serving Priority Populations.

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

CCO Contract Year	Closed Loop Referral Requirements	CCO Support & Incentives
<b>2024</b>	<ul style="list-style-type: none"> <li>Define Closed Loop Referrals and CIE</li> <li>CCOs and HRSN Service Providers are not required to use technology like CIE</li> <li>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</li> </ul>	<ul style="list-style-type: none"> <li>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 will be reported in the HIT Roadmaps.</li> </ul>
<b>2025</b>	<ul style="list-style-type: none"> <li>HRSN Service Providers are not required to use technology like CIE</li> <li>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</li> <li>Initial measure* TBD with exceptions for Members who opt out of technology like CIE.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>2026</b>	<ul style="list-style-type: none"> <li>Measure* performance increases with exceptions for Members who opt out of technology like CIE</li> <li>While CCOs may require technology for Closed Loop Referrals, like CIE, in subcontracts with HRSN Service Providers, they must allow for exceptions**.</li> </ul>	<ul style="list-style-type: none"> <li>CCOs report on progress of 2025, their plans for 2026, and any challenges or lessons learned.</li> </ul>
<b>2027</b>	<ul style="list-style-type: none"> <li>Measure* performance increases over 2026 requirements with exceptions for Members who opt out of technology like CIE</li> <li>While CCOs may require technology for Closed Loop Referrals, like CIE, in subcontracts with HRSN Service Providers, they must allow for exceptions**</li> </ul>	<ul style="list-style-type: none"> <li>CCOs report on progress of 2026 and any challenges or lessons learned.</li> </ul>

## 6. Other Requirements for Climate-Related Supports

### a. Timeframe for Delivery of Devices

For transition populations, CCOs will be expected to deliver a device to an HRSN Authorized Member within a reasonable period of time, such as 2 to 3 weeks.

Should a device be delayed due to extraordinary circumstances that result in delivery times that exceed more than 30 days, the CCO will be expected to notify the State of the delay and inciting reason to participate in problem solving. The expectation that CCOs notify the State of delayed deliveries to Members is not to penalize CCOs but to allow the State and CCOs to partner to meet Members' needs.

Upon obtaining information that device delivery will exceed 30 days, CCOs should send notifications of delay to the 1115 Waiver Climate Services Team:

Amelia Reynolds: [amelia.reynolds@oha.oregon.gov](mailto:amelia.reynolds@oha.oregon.gov)

Josh Thompson: [joshua.r.thompson@oha.oregon.gov](mailto:joshua.r.thompson@oha.oregon.gov)

### b. Climate Device Restrictions

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

- (i) There is a standard limit of one device type per household among HRSN Authorized Members as the goal of the climate device is to be able to create a zone of respite in the home. However, exceptions can be made based on consideration of individual need. CCOs should use the same process employed for review for medical exception. OHA's goal is that individuals who meet the eligibility criteria and have an exceptional need receive a device.
- (ii) For devices such as heaters, AC units, and air filtration devices, devices can be used to create a clean air or warm/cool space in the home as a place of respite.
- (iii) Reviews for approval by medical exception to climate device clinical guidance must be allowed to ensure considerations of an individual's or family's specific needs. Examples of exceptions to review include requests for more than two 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. Another example is a request for two air conditioners within a household to accommodate sleeping quarters for multiple recipients who have a medical need.
- (iv) Air Conditioners – portable, standalone units are recommended for purchase. Window units are permitted but not recommended.
- (v) Space Heaters – space heaters should be rated for indoor use only and have appropriate safety features such as tip over and overheating auto shutoffs.
- (vi) Utility costs – these devices may cause an increase in utility charges; energy efficiency models should be made a priority. The Person-

Centered Service Plan (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.

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.

**c. Climate Device Recommended Specifications**

The following devices are 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 may be 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 3: Climate Device Recommended Specifications*

Device	Specifications	Example
<b>Air Conditioner (ACs)</b>	<ul style="list-style-type: none"> <li>• Recommend a standalone, portable unit (window units are not recommended)</li> <li>• Minimum 8,000 BTUs (~400 sq/ft)</li> <li>• EnergyStar rated - high efficiency rating</li> <li>• Minimum 1 year warranty, 3-year warranty preferred</li> </ul>	<a href="#">FRIEDRICH Portable Air Conditioner: 8,000 BtuH, 450 to 550 sq ft, 115V AC, 5-15P</a>
<b>Air Filtration Devices (AFDs)</b>	<ul style="list-style-type: none"> <li>• Must not create ozone</li> <li>• Rated for PM2.5</li> <li>• AHAM certified, tested by <a href="#">US standards for CADR ratings</a></li> <li>• HEPA filter</li> <li>• EnergyStar rated - high efficiency rating</li> <li>• &lt;20lbs</li> <li>• &gt;300cfm</li> <li>• CADR &gt;200 for smoke</li> </ul>	<a href="#">GroVPure Aspen HEPA Air Cleaner for Large Rooms</a>
<b>Mini refrigeration units</b>	<ul style="list-style-type: none"> <li>• Minimum .5 Cu Ft capacity</li> <li>• Cools down to 36F</li> <li>• EnergyStar rated - high efficiency rating</li> <li>• No freezer compartment</li> <li>• Minimum 1 year warranty</li> </ul>	<a href="#">Danby Mini Fridge - 1.6 cu ft</a>
<b>Portable Power Supply (PPS)</b>	<ul style="list-style-type: none"> <li>• Emission free</li> <li>• Minimum 1500W, 12amp</li> <li>• &lt; 50lbs</li> <li>• 3+ month shelf life (battery)</li> <li>• Note: gas generators are permitted but are not recommended.</li> </ul>	<a href="#">GENERAC Powerstation</a>

	<ul style="list-style-type: none"> <li>• 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</li> </ul>	
<b>Space Heater</b>	<ul style="list-style-type: none"> <li>• Automatic Safety Shut-off System</li> <li>• Tip Over Protection</li> <li>• Low/High settings</li> <li>• Max surface temp &lt;130F</li> <li>• Heats ~200sq/ft</li> <li>• Portable</li> </ul>	<a href="#">VH2 Whole Room Heater</a>

## 7. Provider Qualifications

### a. Provider Qualifications Applicable to All HRSN Service Providers.

The CCO must ensure that all contracted HRSN Service Providers meet the provider qualifications to provide HRSN Services to qualifying members, as listed below. However, CCOs are not required to ensure Vendors supporting the provision of HRSN Services (e.g., for climate devices) meet provider qualifications so long as the Vendors can support service delivery in accordance with service definitions as defined in this HRSN Guidance document, and related service delivery requirements in the CCO contract.

- (i) HRSN Service Provider Experience and Expertise: The HRSN Service Provider must:
  - a. Be accessible to HRSN participants, including having the operating hours and the staff necessary to meet participant need.
  - b. Demonstrate their ability and/or experience with effectively serving at least one of OHA’s Priority Populations.<sup>3</sup> If needed to ensure sufficient networks of HRSN Service Providers in certain areas of the state, CCOs may deem Service Providers as having adequate ability and experience based on effectively serving the diversity of the local community. HRSN Service Providers may demonstrate these abilities and/or experience through a one-time submission of, for example:
    - 1. Providing letter(s) of support from community members being served or other entities in the community, describing

---

<sup>3</sup> Regional Health Equity Coalition definition of priority populations: ORS 413.042: “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.

- the HRSN Service Provider's presence in the community and impact on individual community members and/or the community as a whole (e.g., success stories from members or other partner entities).
2. Submitting an annual report or similar document that describes the HRSN Service Provider's relevant capabilities and activities.
  3. Other methods identified by the CCO (e.g., a statement of which communities the provider has served in the recent past).
  4. Demonstrate that it has qualified service delivery and administrative staff, as determined at CCO discretion.
- c. Provide culturally and linguistically appropriate, responsive, and trauma-informed<sup>4</sup> service delivery, including by ensuring their ability to:
1. Comply with all laws applicable to their business operations as set forth in Section 16, Paragraph e of the Contract Amendment. This obligation requires the CCOs to provide, and to ensure the HRSN Service Providers provide: (i) language interpretation and translation services to those members who have limited English proficiency, and (ii) American Sign Language (ASL) services for to those members who have a disability that requires ASL in order to communicate.
  2. Respond to the cultural needs of the community for whom it provides services by following the National Standards for Culturally and Linguistically Appropriate Services (CLAS), to the maximum extent possible.
  3. Provide description of how cultural responsiveness and trauma informed care trainings are impacting organizational policies and staff practices.
  4. Actively exercise concerted, sustained effort that demonstrates a commitment to employ or contract with staff who reflect the OHP population, including individuals with similar demographics, lived experience, background, and language fluency.
- d. Demonstrate a history of responsible financial administration via recent annual financial reports, an externally conducted audit, and/or other similar documentation.

---

<sup>4</sup> "Trauma Informed" means a program, organization, or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.



## **b. HRSN Service Provider Readiness**

- (i) HRSN Service Providers must meet readiness standards defined by OHA in this Guidance Document.
  - a. CCO may use operational testing, readiness reviews or other mechanisms to assess HRSN Service Provider capabilities and readiness/ability to participate.
- (ii) HRSN Service Providers must demonstrate readiness to execute the following capabilities:
  - a. Fulfilling all obligations related to participating in the Closed Loop Referral process (acceptance and confirmation or notification of denial of providing HRSN Services).
  - b. Invoicing for services as agreed upon between Contractor and HRSN Service Provider.
- (iii) HRSN Service Providers must attest to compliance with all:
  - a. Reporting and oversight requirements established by OHA and/or Contractor;
  - b. Applicable laws relating to privacy and security.
- (iv) HRSN Service Providers must become “encounter only” providers in MMIS, OHA’s electronic system that processes Medicaid claims, if not already enrolled as Providers.
  - a. This will allow HRSN Service Providers to be registered as the rendering service provider. This also is the mechanism for OHA to perform the federally-required check to determine if HRSN Service Providers are on a CMS exclusion list due to past abuse.
  - b. It will not allow HRSN Service Providers to bill OHA or see claims submitted on their behalf.
  - c. CCOs will enroll their contracted HRSN Service Providers as encounter only providers in MMIS.
- (v) 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 listed in this Guidance, including, for example:
  - a. An investment of community capacity building funds to build necessary systems, capabilities, and functionalities.
  - b. Training and technical assistance

## **c. Domain-Specific Provider Qualifications**

- (i) **Climate.** HRSN Service Vendors of Climate-Related Supports must meet the following qualifications:
  - a. 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.
  
- (ii) **Housing.** In addition to provider qualifications that apply to all HRSN Service Providers, HRSN housing services providers must:
  - a. Have knowledge of principles, methods, and procedures of housing services covered under the waiver, or comparable services meant to support individuals in obtaining and maintaining stable housing.
  - b. 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.
  - c. 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.
  
- (iii) **Nutrition.** In addition to provider qualifications that apply to all HRSN Service Providers, HRSN nutrition providers must:
  - a. Have knowledge of principles, methods and procedures of the nutrition services covered under the waiver, or comparable services meant to support an individual in meeting their nutritional needs.
  - b. Comply with best practice guidelines, industry standards, and all applicable federal, state, and local laws governing food safety standards.
  - c. 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 service, 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
  2. Certification (e.g., Certified Nutrition & Wellness Educator by the American Association of Family & Consumer Sciences) or
  3. Licensure (e.g., Registered Dietitian Nutritionist).
- d. 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.
  - e. 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.
  - f. If a nutrition service 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.

(iv) **Outreach and Engagement.** In addition to provider qualifications that apply to all HRSN Service Providers, HRSN Outreach and Engagement service providers must:

- a. 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.
- b. Have knowledge of the following:
  4. Cultural specificity and responsiveness approaches
  5. Community outreach and engagement best practices
  6. Basic eligibility and enrollment policies and practices for OHP, the HRSN program, and Federal and state entitlements and benefits including SNAP, WIC, TANF, Social Security, Social Security Disability, and Veterans Affairs benefits, and other federal and state housing programs.

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

**d. HRSN Service Provider Network Monitoring Report**

CCOs must submit via Administrative Notice, additional information regarding their networks of HRSN Service Providers, in accordance with the requirements outlined in the HRSN Contract Amendment no later than 45 days following the end of calendar quarter three (Q3) (i.e., September 30).

- (i) CCO shall use the HRSN Service Provider Network Monitoring Report Template posted on the CCO Website to document information.
- (ii) CCO HRSN Service Provider Networking Monitoring Report Template will be at the HRSN Service Provider organization level and shall include the following elements, at a minimum:
  1. Total number of HRSN Service Providers offering services within Contractor’s Provider Network;
  2. Total number of HRSN Service Providers that have not previously provided HRS Services (i.e., new service providers);
  3. Total number of HRSN Service Providers per service domain (housing, nutrition, climate and outreach and engagement) and number of providers that are providing services across multiple service domains;
  4. Estimated HRSN network capacity (i.e., how many individuals the HRSN network can serve across all services, and culturally-specific HRSN provider capacity);
  5. Average time for an HRSN Service Provider to contact referred Member after receiving a referral, by service domain, disaggregated by REALD-SOGI and OHA priority populations;
  6. Average time for an HRSN Service Provider to initiate service to a Member after receiving a referral, by service domain, disaggregated by REALD-SOGI and OHA priority populations;

7. Percentage of completed delivered services, defined as total number of services delivered divided by total number of referrals accepted, by service domain;
8. Percentage of referrals accepted, defined as total number of referrals accepted divided by total number of referrals received, by service domain;
9. Percentage of services declined by Members after referral and initial outreach, by service domain, disaggregated by REALD-SOGI and OHA priority populations; and
10. Percentage of Members reporting their needs were met as documented in the Person-Centered Care Plan by service, by service domain, disaggregated by REALD-SOGI and OHA priority populations. CCOs to report on content from the Person-Centered Care Plan in accordance with OAR 410-141-3860, 410-141-3865, and 410-141-3870.

(iii) OHA will provide additional information about HRSN Service Provider Network Monitoring Report Template on the CCO Contract Forms Website at least ninety (90) days prior to the due date. In the event the additional information is not posted at least ninety (90) days prior to the due date, OHA will notify Contractor, via Administrative Notice, of a new due date for Contractor's HRSN Service Provider Network Monitoring Report that is at least ninety (90) days from the date of posting.

(iv) OHA will review Contractor's HRSN Service Provider Network Monitoring Report and may request additional detail or documentation.

## 8. HRSN Non-Risk Settlement Procedure

OHA will be using mixture of a manual and automatic payment processes to reimburse CCOs for the services they've provided through a non-risk arrangement. OHA encourages CCOs to start submitting encounter data based on the billing guidance to OHA starting March 1, 2024; however, encounter data will only be required once OHA notifies CCOs via administrative notice to start submitting encounter data with at least 90 days prior notice to start the automatic process of HRSN payment with encounter data.

### a. Manual Payment Process

The following details the manual process for payment

- (i) **Non-risk Service Manual Payment Process:** On August 30, 2024, CCOs will submit a HRSN settlement template of HRSN Services paid to HRSN Service Providers and vendors with all the required data elements on the billing guidance, which includes member information, CCO internal prior authorization numbers and paid amounts that meet the fee schedule parameters. This will include all HRSN Services that are provided between March to June 2024. The settlement will be posted to the CCO contract forms website. OHA will communicate

additional manual process deadlines at least 90 days prior to submission.

## **b. Automatic Payment Process**

The following details the automatic process for payment

- (ii) **Non-risk Service Automatic Payment Process:** Once CCOs are notified via administrative notice of the automatic payment process effective date, CCOs will be required to submit HRSN encounter data as specified by the billing guidance to OHA. HRSN Service Providers must receive payment prior to a CCO submitting an HRSN encounter to OHA for reimbursement. The automatic process in MMIS is currently being developed and the following general outline is subject to change of the process:
  - a. HRSN Service Providers or HRSN Vendors invoice CCOs and report required billing elements to CCO
  - b. CCOs reject or adjudicate payment
  - c. CCOs create an encounter claim with required billing elements and submit to OHA
  - d. OHA processes submitted encounters and typical acceptance/denial process occurs
  - e. OHA will take all clean encounters on a weekly basis and batch for payment
  - f. The following week a payment will be issued to CCOs

Please note, this is the final process after referral and authorization has occurred. An appendix is included showing the general flow of encounter data and payment. Please see the [Appendix E](#).

## **c. Administrative Payment Process**

OHA will be paying CCOs for their administrative responsibilities using two payment methods. OHA will request, on at least a biannual basis, CCOs submit administrative cost information as specified by the settlement template posted to the CCO contract forms website.

- (i) **Capitation:** OHA will be paying CCOs through capitation a per-member, per-month for CY2024 for the HRSN administrative services that are typically fixed. This will include the consideration of managing the distribution and administration of Community Capacity- building Funds(CCBF).
- (ii) **Add-on to non-risk services payment process:** OHA acknowledges that additional administrative resources will be needed if more services are provided. OHA will also pay and allow a certain percentage, or dollar add, to pay for administrative costs be added to HRSN Services as defined in the fee schedule. This per-service administrative payment will consider variable costs.
- (iii) OHA will review HRSN direct administrative expenses as compared with administrative funding received by CCOs on an annual basis based

on HRSN Covered Services provided and review of administrative expenses against available revenue. The review may result in a change in the administrative funding on a retroactive basis.

**d. Billing guidance and required elements**

OHA will require either through the manual or automatic payment process, CCOs collect and report the following data. This list is subject to change:

- (i) Oregon Medicaid provider enrollment number,
- (ii) Member information,
- (iii) Rendering provider organization,
- (iv) Date(s) of service,
- (v) Location of service provision,
- (vi) A description of HRSN Services furnished,
- (vii) Applicable service codes as described in the HRSN Fee Schedule, including appropriate modifiers,
- (viii) If the HRSN Service provided is a Climate-Related Support, a description of the support device provided,
- (ix) If the HRSN Service provided is an Outreach & Engagement Service, a description of the activity and duration,
- (x) HRSN diagnosis code information, and
- (xi) Any other information as required by the State. This information must be made available to the State upon request.

- (xii) If installation support is provided, such as for an AC, CCOs should ensure a signature is collected from the Member to confirm receipt of service, as applicable.

**HRSN Devices Fee Schedule:**

**Climate-Related Supports**

Climate Devices Fee Schedule (Version 7, January 17, 2024)

Procedure Code	Modifiers	Service Description	Unit	OHA Expected Unit Costs	Rate <sup>12</sup>
S5165 - Home modifications; per service	U1 - HRSN Waiver Program V1 - Air conditioner	Medically necessary - Air conditioner, including delivery	Per Item	\$ 660.00	Actual cost, subject to maximum allowable
T2029 - Specialized medical equipment, NOS, waiver	U1 - HRSN Waiver Program	Medically necessary - Air filtration device, including delivery	Per Item	\$ 500.00	Actual cost, subject to maximum allowable
T2028 - Specialized supply, NOS, waiver	U1 - HRSN Waiver Program TS - Follow up service	Medically necessary - Air filter replacement, including delivery	Per Item	\$ 70.00	Actual cost, subject to maximum allowable
S5165 - Home modifications; per service	U1 - HRSN Waiver Program V3 - Generator	Medically necessary - Portable power supply, including delivery	Per Item	\$ 1,590.00	Actual cost, subject to maximum allowable
S5165 - Home modifications; per service	U1 - HRSN Waiver Program V4 - Heater	Medically necessary - Heater, including delivery	Per Item	\$ 290.00	Actual cost, subject to maximum allowable
S5165 - Home modifications; per service	U1 - HRSN Waiver Program V2 - Refrigeration	Medically necessary - Mini refrigerator, including delivery	Per Item	\$ 170.00	Actual cost, subject to maximum allowable
S5165 - Home modifications; per service	U1 - HRSN Waiver Program NU - New Equipment	Medically necessary climate device installation	Per Service	\$ 28.00	Actual cost, subject to maximum allowable
T1017 - Targeted case management, each 15 minutes	U1 - HRSN Waiver Program UD - Outreach and engagement	Outreach and Engagement by CBO or HRSN provider <sup>3</sup>	Per 15 Minutes	\$ 20.00	\$ 20.00
N/A	N/A	CCO variable administrative load <sup>4</sup>	Per Device	NA	\$ 78.00

**Footnotes:**

1. Rates listed as "Actual cost, subject to maximum allowable" will have an upper payment limit of 150% of the OHA Expected Unit Costs. The 150% factor is to allow for variation in device and shipping costs over time and across geographies.
2. A 2% MCO tax load will be added to all payments included in the fee schedule.
3. Outreach and Engagement applies to activities performed by CBOs and HRSN providers. This activity is only billable for HRSN-eligible members.
4. Must be billed in conjunction with a climate device.

## 9. HRSN Data Collection and Reporting

OHA is requiring CCOs gather information from providers and members as specified in the HRSN Eligibility Screening requirements, billing guidance, and network monitoring reporting requirements. CCOs must document the results of the HRSN Eligibility Screening, including at minimum, the information listed below:

- (i) The Member’s OHP Medicaid Number,
- (ii) The HRSN Covered Population to which they belong,
- (iii) The Member’s HRSN Climate Device Clinical Risk Factor(s),
- (iv) The Member’s HRSN Climate Related Device Service(s) authorized,
- (v) The Member’s HRSN Climate Device Social Risk Factor(s), and
- (vi) Whether the Member is receiving the same or substantially similar service as the identified HRSN Services need from a local, state, or federally funded program.

Quarterly, and as reasonably requested by OHA from time to time and as requested by CMS, Contractor shall submit the information listed in (a)-(d) above in this section



to OHA using the HRSN specific tab on Exhibit L. The Exhibit L Template is included on the CCO Forms website.

Additionally, on a quarterly basis, CCOs must report HRSN Service denials on the Grievance and Appeals Log.

## **10. Health-Related Services (HRS) vs. Health-Related Social Needs (HRSN) Benefit**

Climate devices and related services that are not covered as HRSN Services or devices could be Health-Related Services. Once some members become eligible for covered HRSN devices, CCOs should only report HRS spending on climate devices that were not provided to members 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.

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).

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).

Additional information about HRS and CCO HRS guidance is available on [OHA's HRS website](#). For HRS specific questions, please contact the HRS team at [Health.RelatedServices@oha.oregon.gov](mailto:Health.RelatedServices@oha.oregon.gov).

## **11. SHARE (Supporting Health for All through Reinvestment) Initiative vs. HRSN Benefit**

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.

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.

Additional information about SHARE is available on [OHA's SHARE Initiative webpage](#). For SHARE-specific questions, please contact [Transformation.Center@odhsoha.oregon.gov](mailto:Transformation.Center@odhsoha.oregon.gov).

# Appendix

## Appendix A: HRSN Covered Populations

Covered Population	Population Description
<b>Adults and youth discharged from an Institution for Mental Disease (IMD)</b>	Members who have been discharged from an IMD (as such term is defined in 42 CFR § 435.1010) 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 from the IMD.
<b>Adults and youths released from incarceration</b>	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.
<b>Individuals involved with child welfare</b>	Members who are currently or have previously been involved in Oregon's Child Welfare system including members who are currently or have previously been: <ul data-bbox="548 940 1393 1108" style="list-style-type: none"><li>• In foster/substitute care;</li><li>• The recipient of adoption or guardianship assistance or family preservation services; or</li><li>• The subject of an open child welfare case in any court.</li></ul>
<b>Individuals transitioning to Dual Status</b>	Members enrolled in Medicaid who are transitioning to dual 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. Eligibility for services must be determined within 270 calendar days after transition to dual status.
<b>Individuals who are homeless or at risk of homeless</b>	Members who meet the definition of homeless or at risk of becoming homeless, as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5.

## Appendix B: HRSN Request Form

### Health-Related Social Needs (HRSN) Request Form for: Climate-Related Services

## Purpose

---

Oregon Health Plan (OHP) can cover devices to keep members safe during climate events, such as:

- Extreme heat,
- Extreme cold,
- Poor air quality, or
- Power outages caused by climate events.

Use this form to ask for:

- An air conditioner,
- A portable heater,
- An air filtration device,
- A mini refrigerator for medications, and/or
- A portable power supply for medical equipment during a power outage.

OHP covers one device per household. If you need more than one type of device, OHP may cover it based on individual circumstances. If more than one member of your household needs a device, please fill out this form for each person.

OHP covers devices for members who:

- Have a health condition that makes climate events challenging or dangerous, **and**
- Have a living situation or recent event that may make climate events challenging:
  - Are homeless or at risk of losing housing,
  - Will soon have Medicare coverage in addition to OHP,
  - Received care at certain programs within the Oregon State Hospital, substance use residential treatment programs, and withdrawal management program in the past 12 months,
  - Were released from a jail, detention center, Oregon Youth Authority facility or prison in the last 12 months, **or**
  - Were involved with child welfare services in Oregon.

## Who can complete this form?

---

- You
- Parent or caregiver
- A guardian, support, or trusted friend
- A staff member from an organization

## Where to send the completed form:

---

- **Coordinated care organization (CCO) members:** Return this form to [your CCO](#).
- **If you are in Open Card (Acentra):** Send to [ORHRSN@kepro.com](mailto:ORHRSN@kepro.com) or fax to 833-551-2607.

## Questions?

---

- **CCO members:** Ask your CCO how to submit this form.
- **If you do not know your CCO,** please call OHP Client Services at 800-273-0557.
- **If you are in Open Card (Acentra),** please call 888-834-4304.

### **Acentra Information**

- Email address for HRSN is: [ORHRSN@kepro.com](mailto:ORHRSN@kepro.com)
- HRSN Phone Number is: 888-834-4304
- HRSN E-fax is: 833-551-2607

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Chelsea Egbert at [chelsea.egbert@oha.oregon.gov](mailto:chelsea.egbert@oha.oregon.gov) or 503-580-0295 (voice and text). We accept all relay calls.

# SECTION 1: REQUIRED INFORMATION

Please complete all information in this section.

## 1. Member information

Oregon Health ID # (if known)	Date of Birth (MM/DD/YYYY)
Name (as written on Oregon Health ID card)	
Preferred name	Preferred pronouns
Preferred spoken language	Preferred written language
CCO/Acentra (if known)	
The best way to contact me is: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> In person	
The best time to contact me is: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
It is OK to leave a detailed message about my request. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone number (if available)	Email address (if available)
Mailing address (if available)	

## 2. Request information

I am requesting (mark all that apply):	
<input type="checkbox"/> Air conditioner <input type="checkbox"/> Portable heater <input type="checkbox"/> Air filtration device <input type="checkbox"/> Mini refrigerator for medications	
<input type="checkbox"/> Portable power supply for my medical equipment during a power outage	
I can safely use the device where I live. I can safely and legally plug in the device. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Another organization or program has already given me the device(s). <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 3. Attestation

By signing this form, I understand and agree that:

- I want Acentra/my CCO to see if I qualify for a device to help me during extreme weather.
- Acentra/My CCO may contact me to get more information about this request.
- I sign under penalty of perjury. That means, to the best of my knowledge, all the information I gave in this request is true, correct, and complete.
- If I provide false or untrue information I may be subject to penalties under state or federal law. This may include having to pay back money spent on any services I receive because of this request.

## 4. Signature

A representative may sign this form on behalf of a member, including if members under age 18.

Member Name:	_____
Member Signature:	_____
Representative's Name:	_____
Representative's Signature:	_____
Date:	_____

## SECTION 2: OPTIONAL INFORMATION

---

You don't have to answer these questions now.

- If you do, they will help you and your CCO/Acentra know if you qualify for a device.
- If you don't, your CCO/Acentra will contact you to ask these questions later.

### 1. **Circumstances** (mark yes if at least one of these applies to you, mark no if none of these apply to you):

**Yes**

**No**

- I will become eligible for Medicare in the next 3 months.
- I enrolled in Medicare for the first time no more than 9 months ago.
- I may be homeless soon or lose my housing.
- I spend at least 50 percent of my income on rent.
- I live in a recreational vehicle (RV) or trailer.
- I am homeless.
- I don't have a regular place to sleep.
- I am staying at someone else's home.
- I received care in the Oregon State Hospital in the past 12 months.
- I received care at a large substance use disorder residential treatment in the past 12 months.
- I received care at a large withdrawal management program in the past 12 months.
- I was released from a jail, detention center, Oregon Youth Authority facility or prison in the last 12 months.
- I was involved with child welfare services in Oregon at some point in my life.
- I was in foster or substitute care.
- I received adoption or guardianship assistance or family preservation services.
- I have been in court regarding child welfare.

### 2. **Health conditions and history** (mark yes if at least one of these applies to you, mark no if none of these apply to you):

**Yes**

**No**

- I am younger than 6 years old.
- I am 65 years old or older.
- I am pregnant.
- I have a sensory, physical, intellectual, or developmental disability.
- I take medication(s) that need to be refrigerated.
- I use medical equipment that needs electricity to work.
- I use assistive technology that needs electricity to work.
- I have diabetes and need to take medications or insulin to treat it.
- I have a chronic heart condition, such as heart failure or a heart attack.
- I have had a stroke.
- I have a chronic condition that makes me at risk for blood clots.
- I have a chronic lung condition such as: chronic obstructive pulmonary disease (COPD), chronic bronchitis, bronchiectasis, fibrosis, or another restrictive lung disease.

- I have asthma and have to take medications regularly to control it
- I use oxygen at home.
- I have chronic kidney disease.
- I have multiple sclerosis.
- I have Parkinson’s disease.
- I have had a spinal cord injury.
- I receive hospice care at home.
- I have had a heat or cold-related illness and needed urgent care to treat it.
- I have schizophrenia.
- I have bipolar disorder.
- I have major depressive disorder and needed crisis services, hospitalization, or residential treatment for it in the past 12 months
- I have an alcohol or substance use disorder.
- I have Alzheimer’s or another dementia that makes it hard for me to remember and understand
- I get nutrition through tube feeding (enteral).
- I get nutrition through IV catheter (parental).
- I have another health condition that may qualify.

### 3. Do you need other services or supports? Mark all that apply:

- Primary care provider
- Dental care
- Vision care, such as glasses or an exam
- Hearing care, such as hearing aids or an exam
- Specialty medical care
- Mental health care
- Substance use disorder care
- Peer support services
- Traditional Health Worker services
- Supplemental Nutrition Assistance Program (SNAP)
- Temporary Assistance for Needy Families (TANF)
- Women, Infants and Children (WIC) program
- Education services
- Legal services
- Social services
- Other services



## SECTION 3: Organization Information

---

If an organization is submitting this form for the member, complete the information below.

---

Organization name

---

Name and role of person submitting form

---

Phone	Email
-------	-------

---

## REALD-SOGI: Optional

---

REALD-SOGI FORM – Separate Document

## Appendix C. HRSN Eligibility Screening Template

### Health-Related Social Needs Service Eligibility Screening Template

#### CLIMATE-RELATED SERVICES

##### Instructions

This HRSN Eligibility Screening template contains the information required to make an HRSN eligibility determination. Health plans must document the required elements of the Eligibility Screening in its entirety and resulting HRSN Service(s) authorization or denial. Eligibility information resulting in an authorization of services must be reported to OHA using the HRSN specific tabs on Exhibit L. Eligibility screening resulting in a denial must be reported to OHA on the Grievance and Appeals Log.

Health plans are responsible for obtaining additional information, if needed, to complete the HRSN Eligibility Screening. Health plans may use information in their own records, obtain the missing information directly from the Member requesting the HRSN Service(s), and, when permitted by the Member, collect only the relevant and appropriate information from the HRSN Connector who submitted the HRSN Request.

There is a standard limit of one climate device type per household. However, exceptions may be made based on individual circumstances. When multiple family members are requesting HRSN climate service(s) or associated HRSN Outreach and Engagement Services, a separate HRSN Eligibility Screening must be completed for each individual.

## Member Information

<b>Required Information</b>	
Full Legal Name	[first] [middle] [last]
Medicaid ID	
Date of Birth	
<b>Additional optional Information</b>	
Preferred name	
Pronouns	
Language and accessibility needs	
Preferred Contact Information	

## Member Attestation and Authorization

Check each box to confirm that the Member has:

- Attested if they are receiving the same or a substantially similar service as the identified HRSN Services need from a local, state, or federally funded program.
- Agreed to receive authorized HRSN Services.
- Agreed to be contacted for essential communications related to delivery of HRSN Services or member rights and responsibilities.
- Attested that they can safely use the climate device in their primary place of residence, as applicable.
- Member has requested to not use information technology methods of personal data sharing, such as Community Information Exchange

### For Open Card Members:

- Signed the Information Sharing Authorization form; or
- Declined to sign the Information Sharing Authorization form

## ELIGIBILITY SCREENING

### HRSN Transition Populations criteria

The HRSN Covered Population to which the Member belongs:

- Discharged from an Institution of Mental Diseases (IMD) within the past 365 days.
- Released from a state or federal prison, local correctional facility, juvenile detention facility, Oregon Youth Authority closed custody correction, tribal correctional facility, or immigration detention facility within the past 365 days.
- Current or past involvement in Oregon's Child Welfare system through being in foster/substitute care; the recipient of adoption or guardianship assistance or family preservation services; or the subject of an open child welfare case in any court.
- Transitioning to dual Medicaid/Medicare status: eligible for HRSN Services during the 90 days (3 months) preceding the date Medicare coverage is to take effect and the 270 days (9 months) after it takes effect.
- Meets 24 CFR § 91.5 definition of homeless or at risk of homelessness, as used by the U.S. Department of Housing and Urban Development (HUD)

## Climate Service Needs and Climate Device Clinical Risk Factor Criteria

Please fill out the following table with the specific clinical device needs, authorization determination, and corresponding qualifying clinical criteria. Include the date of climate device authorization or reason for denial as applicable.

Outreach and Engagement Services	Presumed Eligible for HRSN Services
<input type="checkbox"/> Authorized Date of service authorization:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Denied Reason for Denial:	
<input type="checkbox"/> Not requested	

Climate Devices	Qualifying Clinical Criteria by Device (current medical condition, active in past 12mo)
-----------------	--

<p style="text-align: center;"><b>Air Conditioner</b></p> <input type="checkbox"/> Authorized Date of service authorization:	<input type="checkbox"/> Pregnant and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol
<input type="checkbox"/> Denied Reason for Denial:	<input type="checkbox"/> Child less than 6 years of age and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol
<input type="checkbox"/> Not requested	<input type="checkbox"/> Adult 65 years and older and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol
	<input type="checkbox"/> Bipolar and related disorders
	<input type="checkbox"/> Major depressive disorder, with an acute care need in the past 12 months including a suicide attempt, crisis services utilization (emergency department, mobile crisis team, etc.), acute psychiatric hospitalization, or residential treatment.
	<input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders
	<input type="checkbox"/> One or more of the following substance use disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder
	<input type="checkbox"/> Major neurocognitive disorder
	<input type="checkbox"/> Chronic lower respiratory condition: chronic obstructive pulmonary disease (COPD), asthma requiring regular use of

	asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis
	<input type="checkbox"/> Chronic cardiovascular disease, including cerebrovascular disease and heart disease
	<input type="checkbox"/> Spinal cord injury
	<input type="checkbox"/> Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events
	<input type="checkbox"/> Receiving in-home hospice
	<input type="checkbox"/> Previous heat-related or cold-related illness requiring urgent or acute care, e.g., emergency room and urgent care visits
	<input type="checkbox"/> Chronic kidney disease
	<input type="checkbox"/> Diabetes mellitus, requiring any medication, oral or insulin
	<input type="checkbox"/> Multiple Sclerosis
	<input type="checkbox"/> Parkinson's disease
	<input type="checkbox"/> Approval by review for medical exception due to:

<b>Air Filtration Device</b>  <input type="checkbox"/> Authorized Date of service authorization:  <input type="checkbox"/> Denied Reason for Denial:  <input type="checkbox"/> Not requested	<input type="checkbox"/> Pregnant and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol
	<input type="checkbox"/> Child less than 6 years of age and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol
	<input type="checkbox"/> Adult 65 years and older and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol
	<input type="checkbox"/> Bipolar and related disorders
	<input type="checkbox"/> Major depressive disorder, with an acute care need in the past 12 months including a suicide attempt, crisis services utilization (emergency department, mobile crisis team, etc.), acute psychiatric hospitalization, or residential treatment.
	<input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders
	<input type="checkbox"/> One or more of the following substance use disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder
	<input type="checkbox"/> Major neurocognitive disorder
	<input type="checkbox"/> Chronic lower respiratory condition: chronic obstructive pulmonary disease (COPD), asthma requiring regular use of asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis
	<input type="checkbox"/> Chronic cardiovascular disease, including cerebrovascular disease and heart disease

	<input type="checkbox"/> Spinal cord injury
	<input type="checkbox"/> Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events
	<input type="checkbox"/> Receiving in-home hospice
	<input type="checkbox"/> Home oxygen use: home oxygen, oxygen concentrator, home ventilator
	<input type="checkbox"/> Approval by review for medical exception due to:

<b>Heater</b>  <input type="checkbox"/> Authorized Date of service authorization:  <input type="checkbox"/> Denied Reason for Denial:  <input type="checkbox"/> Not requested	<input type="checkbox"/> Pregnant and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol
	<input type="checkbox"/> Child less than 6 years of age and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol
	<input type="checkbox"/> Adult 65 years and older and currently has, has a history of, or is at risk for at least one of the specified clinical conditions detailed in the CMS approved HRSN services protocol
	<input type="checkbox"/> Bipolar and related disorders
	<input type="checkbox"/> Major depressive disorder, with an acute care need in the past 12 months including a suicide attempt, crisis services utilization (emergency department, mobile crisis team, etc.), acute psychiatric hospitalization, or residential treatment.
	<input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders
	<input type="checkbox"/> One or more of the following substance use disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder
	<input type="checkbox"/> Major neurocognitive disorder
	<input type="checkbox"/> Chronic lower respiratory condition: chronic obstructive pulmonary disease (COPD), asthma requiring regular use of asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis
	<input type="checkbox"/> Chronic cardiovascular disease, including cerebrovascular disease and heart disease
	<input type="checkbox"/> Spinal cord injury
	<input type="checkbox"/> Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events
	<input type="checkbox"/> Receiving in-home hospice
	<input type="checkbox"/> Previous heat-related or cold-related illness requiring urgent or acute care, e.g., emergency room and urgent care visits
	<input type="checkbox"/> Chronic kidney disease

	<input type="checkbox"/> Diabetes mellitus, requiring any medication, oral or insulin
	<input type="checkbox"/> Multiple Sclerosis
	<input type="checkbox"/> Parkinson’s disease
	<input type="checkbox"/> Approval by review for medical exception due to:

<b>Mini-refrigeration Unit</b>  <input type="checkbox"/> Authorized Date of service authorization:  <input type="checkbox"/> Denied Reason for Denial:  <input type="checkbox"/> Not requested	<input type="checkbox"/> Medications requiring refrigeration. Examples medications for diabetes mellitus, glaucoma, and asthma; TNF inhibitors
	<input type="checkbox"/> Enteral or parenteral nutrition
	<input type="checkbox"/> Approval by review for medical exception due to:

<b>Portable Power Supply</b>  <input type="checkbox"/> Authorized Date of service authorization:  <input type="checkbox"/> Denied Reason for Denial:  <input type="checkbox"/> Not requested	<input type="checkbox"/> Durable medical equipment (DME) requiring electricity for use. Examples include but are not limited to oxygen delivery systems, including concentrators, humidifiers, nebulizers, and ventilators; intermittent positive pressure breathing machines; cardiac devices, in home dialysis and automated peritoneal dialysis; feeding pumps, IV infusions; suction pumps; power wheelchair and scooter; lift systems and electric beds; breast pumps for first 6mo post-partum; other DME medically required for sustaining life.
	<input type="checkbox"/> Assistive technologies requiring electricity and necessary for communication or ADLs.
	<input type="checkbox"/> Approval by review for medical exception due to:



## Appendix D: Information Sharing Authorization Form

### Information Sharing Authorization Form for the OHP Health Related Social Needs Benefit

First Name	Last Name(s)	Date of Birth	
Mailing Address	City	State	ZIP Code
Phone Number(s)	Email	OHP Medicaid ID:	

The Oregon Health Plan (OHP) covers Health-Related Social Needs (HRSN) services at no cost to you. HRSN services are items and supports such as:

- Portable power supplies
- Mini refrigeration units to keep medication cold
- Meals that follow a special diet for your medical condition
- Housing support

HRSN Service Providers are organizations or individuals that give you HRSN services.

**By using this form, you authorize (allow) sharing of your health information and other confidential information only for the purposes listed in Part 1 below.**

**By signing, you authorize (allow) only certain organizations and individuals to share your information. They must share the minimum (least) amount of your information needed to arrange HRSN services.**

Signing this form does **not**:

- Allow anyone to share your information with law enforcement or immigration authorities.
- Mean you agree to pay for any HRSN benefits.

**Part 1. Purposes of Sharing Information.** By signing, you authorize (allow) sharing of your health information and other confidential information to be used to:

- (a) Determine if you are eligible for HRSN services;
- (b) Refer you to, provide you with, or help you access HRSN services; and
- (c) Identify, support, coordinate, improve, and pay for HRSN services to be provided to you.

**Part 2. Information to be Shared.** By signing, you authorize (allow) sharing of the following types of information about you as needed for the purposes outlined in Part 1.

- (a) Demographic information. This includes your name, age, date of birth, address and contact information. This also includes any accessibility needs, such as whether you need help in a different language or format, to access services. This information can help connect you to an HRSN Service Provider who understands your language or culture.
- (b) Certain protected health information (PHI). This could be information about your Medicaid eligibility. It could also be information about your medical history. This includes lab test results, medication use, conditions, and treatments. This kind of information is only shared when necessary.
- (c) HRSN-specific information. This includes the reasons that qualify you for HRSN services, such as health conditions or life circumstances. It also includes the HRSN services you can get and the HRSN Service Providers who worked with you.
- (d) Mental health information. This may include your mental health diagnoses, condition, and treatments. It will only be shared when necessary. *This does not include psychotherapy notes. You must give further consent for sharing such notes.*

- (e) Substance use disorder information. This may include your current and past alcohol or drug use, relevant diagnoses, your condition, related treatment you received or are receiving, medications and outpatient and residential treatment programs. It may also include information about trauma you have experienced during your life that affected or affects your alcohol or drug use. *Substance/alcohol use disorder information about you that comes from providers who must follow federal substance use confidentiality regulations (42 C.F.R. Part 2) can be shared ONLY IF you check the box at the end of this form.*
- (f) Housing/homelessness information, including your housing status, history, and supports.

**Part 3. Care Partners Who Will Share or Receive Your Information.** By signing, you allow the people and organizations involved in your health care, HRSN services, and care coordination (Care Partners) to share and receive your information. They may only share your information for the purposes described in Part 1 of this form. Care Partners and their contractors agree to obey all laws about protecting your information and resharing your information. Your Care Partners may include the following:

- (a) Health care providers. These may include hospitals, clinics, physicians, pharmacies, dentists, and behavioral health providers.
- (b) Oregon Health Authority (OHA).
- (c) OHA's administrator for OHP Open Card (Fee-for-Service) benefits and payments.
- (d) HRSN Service Providers and vendors who may deliver or provide you with HRSN services or items, such as air conditioner units, under the HRSN benefit. Attachment A lists these providers.

**Part 4. Length of Authorization.** Once signed, this form will be effective until one of the following occurs, whichever happens first:

- (a) Twelve (12) months pass from the date you signed this form.
- (b) You cancel this form. To do this, send a request by phone to 888-834-4304, by email to ORHRSN@kepro.com, or by fax to 833-551-2607.
- (c) You make any change to this form. The new form becomes effective the date you send the changes. You can send the changes by phone to 888-834-4304, by email to ORHRSN@kepro.com, or by fax to 833-551-2607.

**Part 5. Your Rights.** By signing, you understand and agree that:

- (a) You can cancel or change this form at any time by calling 888-834-4304, emailing ORHRSN@kepro.com, or faxing 833-551-2607.
- (b) If you cancel this form, Care Partners cannot recall or delete any information they already shared, reshared, or received.
- (c) You have a right to receive a copy of this form.
- (d) Your Care Partners can share and reshare your information with other people or entities, but only as allowed by law or as described in this form.
- (e) You can get a list of the Care Partners who have received your information. To ask for this list, call 888-834-4304, email ORHRSN@kepro.com, or fax 833-551-2607.

***You may decline to sign this form. If you decline to sign this form, your Open Card team will give you a copy of your HRSN Service authorization approval and you will have to ask the HRSN Services Provider directly for the approved services.***

***Even if you choose to not sign this form, you:***

- Will receive all your benefits, treatment, or care.

- Will receive a decision of whether you are approved or denied for HRSN services.
- Will **not** have to pay for HRSN services.

\* \* \* \* \*

**By signing this form, I authorize (allow) my Care Partners to use and share my health information and other confidential information for the purposes described in Part 1 of this form.**

**If I voluntarily list my phone number on this form, I consent to receiving texts or calls from my Care Partners (standard message and data rates may apply). My Care Partners may text or call this number to tell me about:**

- **My consent choices and**
- **How my information may be shared.**

**By checking this box, I also authorize (allow) the sharing of substance use disorder information about me that comes from providers subject to federal substance use confidentiality regulations (42 C.F.R. Part 2).**

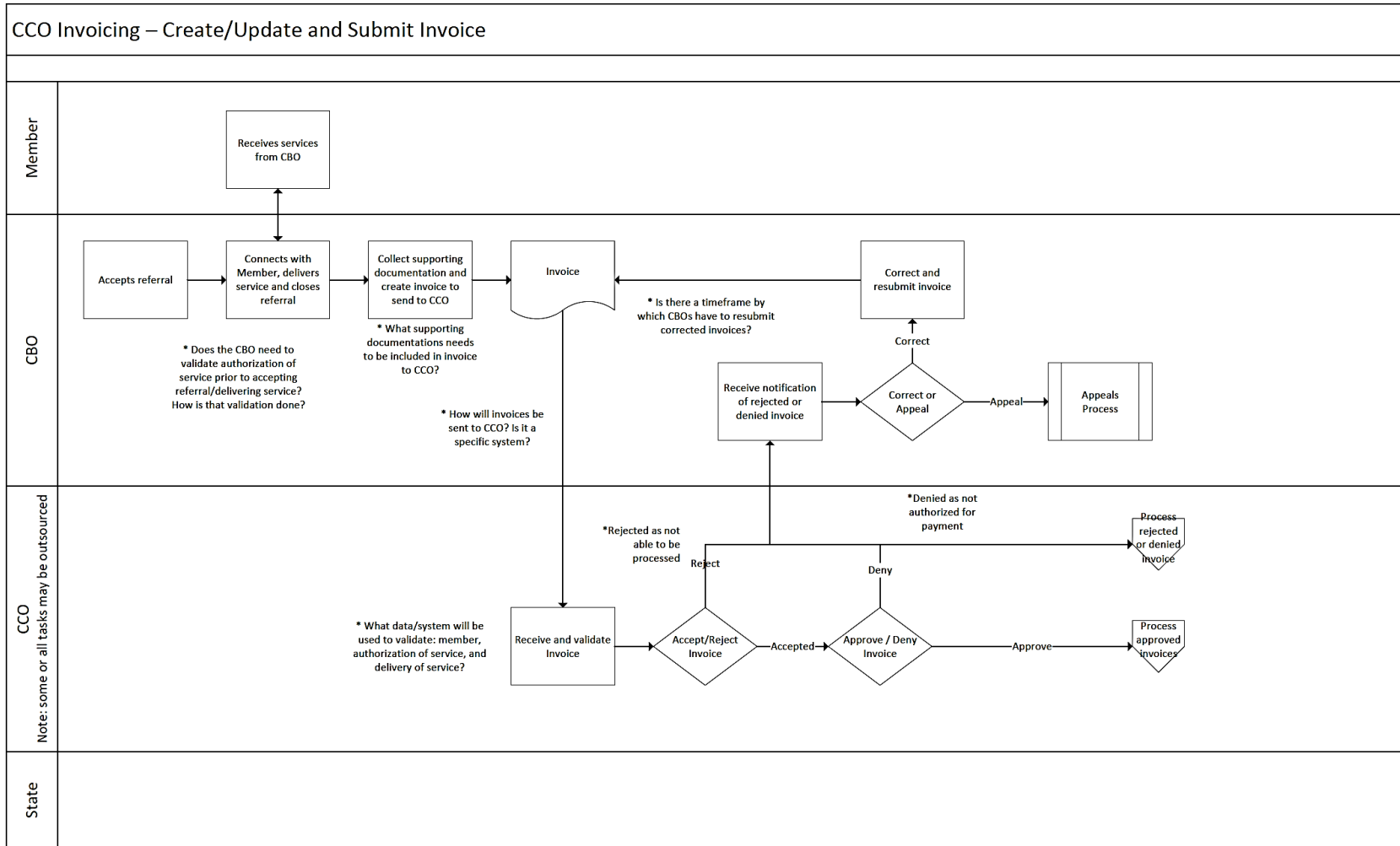
*If you are signing on your own behalf, fill out the first line. If you are signing on behalf of someone else, fill out the second and third lines.*

Member's Name	Member's Signature	Date (mm/dd/yyyy)
Representative's Name	Representative's Signature	Date (mm/dd/yyyy)
Representative's Relationship to / Description of Authority over Member		

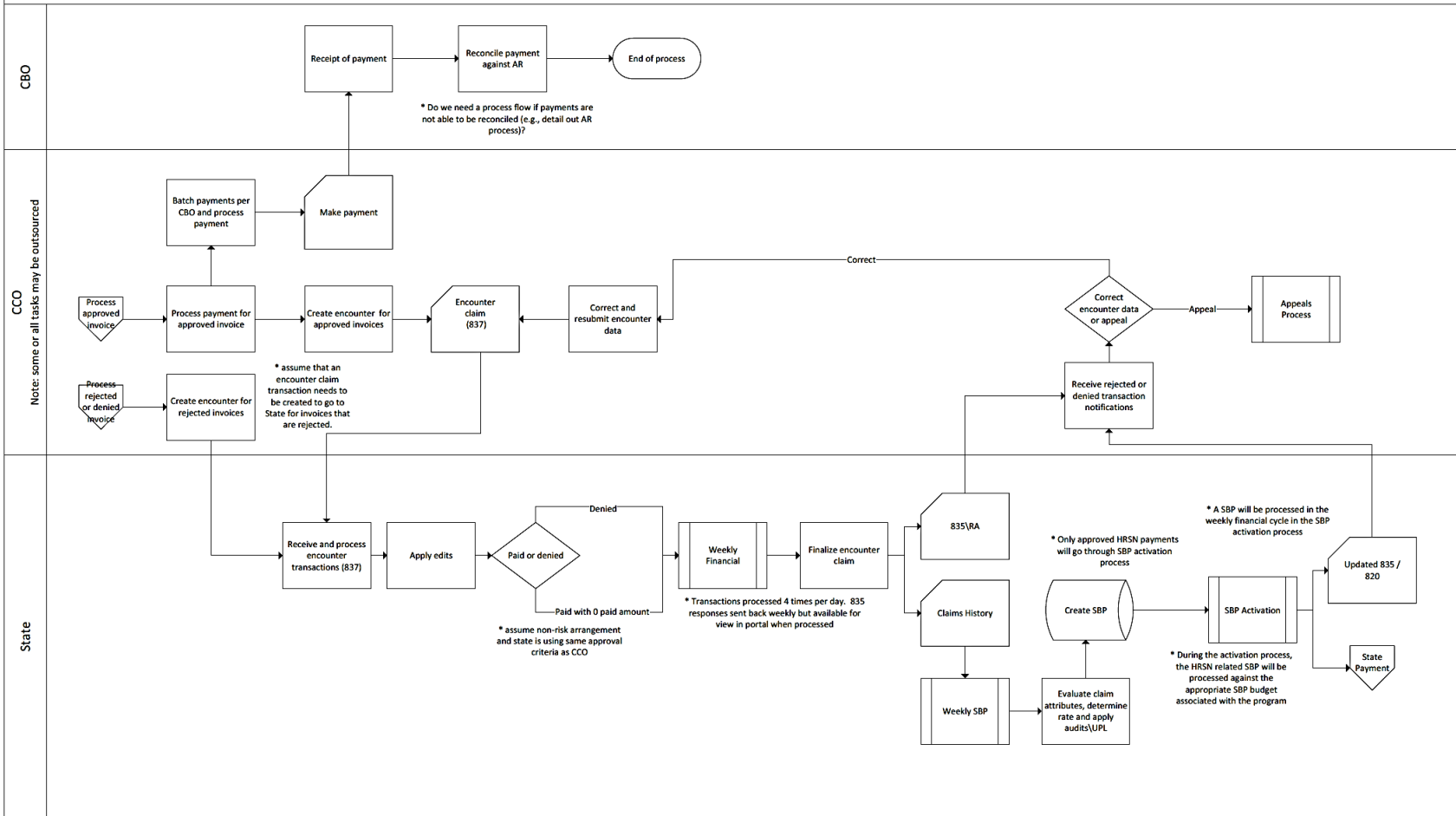
## **Attachments**

- A. Lists of HRSN Service Providers
- B. Frequently Asked Questions (FAQs)

## Appendix E: Automatic Payment Process



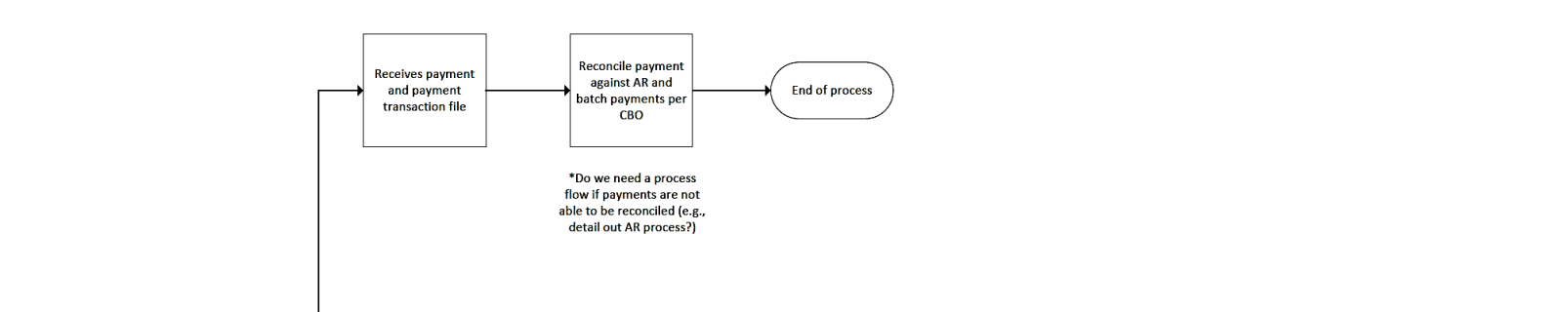
# CCO Invoicing – Process Invoice, Render Payment, and Create Encounter





# CCO Invoicing – State Reimbursement

CCO  
Note: some or all tasks may be outsourced



State



## Appendix F: HRSN Payment Responsibility

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