**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 be 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**

|  |  |
| --- | --- |
| ***Required Information*** | |
| Full Legal Name | [first] [middle] [last] |
| Medicaid ID |  |
| Date of Birth |  |
| ***Additional optional Information*** | |
| 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 |
| Authorized  Date of service authorization: | * Yes * No |
| Denied  Reason for Denial: |
| Not requested |

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

|  |  |
| --- | --- |
| **Air Conditioner**  Authorized  Date of service authorization:  Denied  Reason for Denial:  Not requested | 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 |
| 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 |
| 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 |
| 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. |
| Schizophrenia spectrum and other psychotic disorders |
| 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 disorder |
| Chronic lower respiratory condition: 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 |
| Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events |
| Receiving in-home hospice |
| Previous heat-related or cold-related illness requiring urgent or acute care, e.g. emergency room and urgent care visits |
| Chronic kidney disease |
| Diabetes mellitus, requiring any medication, oral or insulin |
| Multiple Sclerosis |
| Parkinson’s disease |
| Approval by review for medical exception due to: |

|  |  |
| --- | --- |
| **Air Filtration Device**  Authorized  Date of service authorization:  Denied  Reason for Denial:  Not requested | 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 |
| 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 |
| 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 |
| 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. |
| Schizophrenia spectrum and other psychotic disorders |
| 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 disorder |
| Chronic lower respiratory condition: 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 |
| Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events |
| Receiving in-home hospice |
| Home oxygen use: home oxygen, oxygen concentrator, home ventilator |
| Approval by review for medical exception due to: |

|  |  |
| --- | --- |
| **Heater**  Authorized  Date of service authorization:  Denied  Reason for Denial:  Not requested | 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 |
| 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 |
| 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 |
| 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. |
| Schizophrenia spectrum and other psychotic disorders |
| 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 disorder |
| Chronic lower respiratory condition: 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 |
| Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events |
| Receiving in-home hospice |
| Previous heat-related or cold-related illness requiring urgent or acute care, e.g. emergency room and urgent care visits |
| Chronic kidney disease |
| Diabetes mellitus, requiring any medication, oral or insulin |
| Multiple Sclerosis |
| Parkinson’s disease |
| Approval by review for medical exception due to: |

|  |  |
| --- | --- |
| **Mini-refrigeration Unit**  Authorized  Date of service authorization:  Denied  Reason for Denial:  Not requested | Medications requiring refrigeration. Examples medications for diabetes mellitus, glaucoma, and asthma; TNF inhibitors |
| Enteral or parenteral nutrition |
| Approval by review for medical exception due to: |

|  |  |
| --- | --- |
| **Portable Power Supply**  Authorized  Date of service authorization:  Denied  Reason for Denial:  Not requested | 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. |
| Assistive technologies requiring electricity and necessary for communication or ADLs. |
| Approval by review for medical exception due to: |