

Medicaid Health-Related Social Needs Home Changes for Health Companion Briefs

**Medicaid Health-Related Social Needs (HRSN) Benefits Data
Update: March – July 2024**

and

**REALD and SOGI Data about Oregon Health Plan Home Changes for
Health Devices**

This document includes two published briefs, the first was published in June 2025 and the second published in January 2026. For questions, contact HRSN.data@oha.oregon.gov.

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Medicaid Health Related Social Needs (HRSN) Benefits

Data Update: March – July 2024

In March 2024, Oregon Health Authority (OHA) launched the first of several new Medicaid health-related social needs (HRSN) benefits in the Oregon Health Plan (OHP). Health-related social needs are basic needs that affect a person's health. Medicaid HRSN benefits help members who qualify with these basic needs:

- Housing, including rental assistance, home changes for health during extreme weather, and other supports
- Nutrition, including medically necessary meals and education
- Outreach and help getting HRSN benefits and other resources



Home Changes

Air conditioners
Air filtration devices (AFD)
AFD replacement filters
Heaters
Mini-refrigerators
Portable power supply



Housing

Rent and utilities
Utilities arrears
Utilities set-up
Hotel/motel stays
Storage fees
Tenancy services
Home modifications
Home remediations



Nutrition

Medically tailored meals (MTM)
MTM assessment(s)
Nutrition education
Fruit and vegetable benefit
Pantry stocking and meals



O&E

Outreach & engagement

 HRSN service not yet available

Figure 1. Overview of the Medicaid health-related social needs (HRSN) benefits.

Learn more about Medicaid HRSN benefits by visiting the webpage [here](#).

About this data update. This data update includes information about the first five months of Medicaid HRSN benefits: March through July of 2024. During these months, members could qualify for home changes for health during extreme weather. These benefits include devices such as air filters, air conditioners, heaters, and others.

This brief contains information about:

- What are HRSN home changes for health benefits,
- Who qualifies to receive devices,
- The types of devices members received,
- Information about the people that have received devices, such as age and where they live in Oregon,
- What organizations are providing devices, and
- What is next.

Medicaid HRSN benefits are new, and we are still developing ways to collect data. To see a full list of data sources see Appendix, Table 1.

What are Medicaid HRSN Home Changes for Health benefits?

The goal of Medicaid HRSN home changes for health is to help keep people safe and healthy in their homes during extreme weather and wildfire smoke events by providing:



- Portable power supplies to operate medical equipment during a power outage; and
- Mini fridges to keep medication or breast milk cold during a power outage; and
- Air filters, air conditioners, and heaters to provide clean air and healthy temperatures.

Who qualifies for Medicaid HRSN Home Changes for Health Devices?

OHP covers home changes for health devices for members who:

- Have a health condition made worse by extreme weather or wildfire smoke (such as asthma),
- Are going through at least one of the Medicaid HRSN covered life situations,* and
- Live in a place with safe access to electricity.

Devices are only for use in the member's home or primary residence.

*Medicaid HRSN covered populations:

- Released from jail or prison in the past year
- Discharged from an HRSN-eligible behavioral health facility¹ in the past year
- Current or past involvement in the Oregon child welfare system
- Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or in the past nine months
- Homeless
- At-risk of becoming homeless

Key findings

The following are key findings from the first five months of HRSN benefits:

- Between March 1 and July 31, 2024, over 3,600 health devices were delivered to more than 2,000 OHP members. Nearly half of these devices (46%) were air conditioners.
- 28% of OHP members who received a device were age 65 and older.

¹ Prior to November 1, 2024, Medicaid HRSN eligible behavioral health facilities included substance use disorder (SUD) residential treatment facilities (RTFs) and withdrawal management programs, specific Oregon State Hospital facilities, and other qualifying hospital-based facilities. As of November 1, 2024, eligible Medicaid HRSN behavioral health facilities broadened to also include Residential Treatment Homes (RTH), Secure Residential Treatment Facilities (SRTFs), Inpatient Psychiatric Services in Hospitals, and Psychiatric Residential Treatment Facilities (PRTFs) for children and youth.

- The counties with the largest share of devices distributed compared to their population were Columbia, Douglas, Klamath, and Tillamook.

What types of devices are members receiving so far?

More than 3,600 HRSN home changes for health devices were delivered to OHP members between March 1 and July 31, 2024. More devices were distributed throughout the summer months to help members stay cool and safe from wildfire smoke (Figure 2). Nearly half of these devices (46%) were air conditioners (Figure 3).

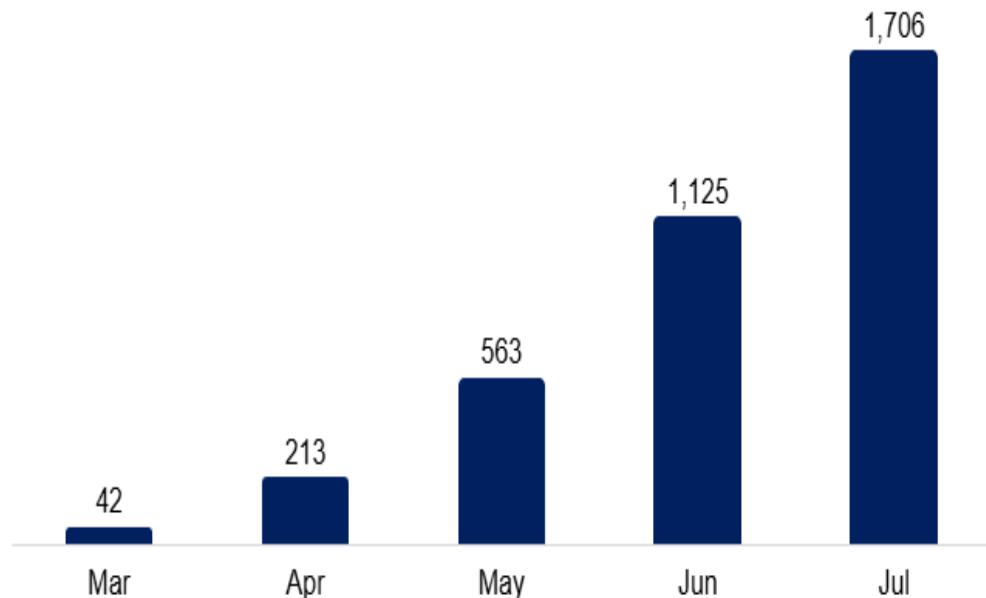


Figure 2. Count of HRSN home changes for health devices delivered by month, March-July 2024.

Early data shows another approximately 2,500 devices were delivered between August 1 and September 30, 2024.

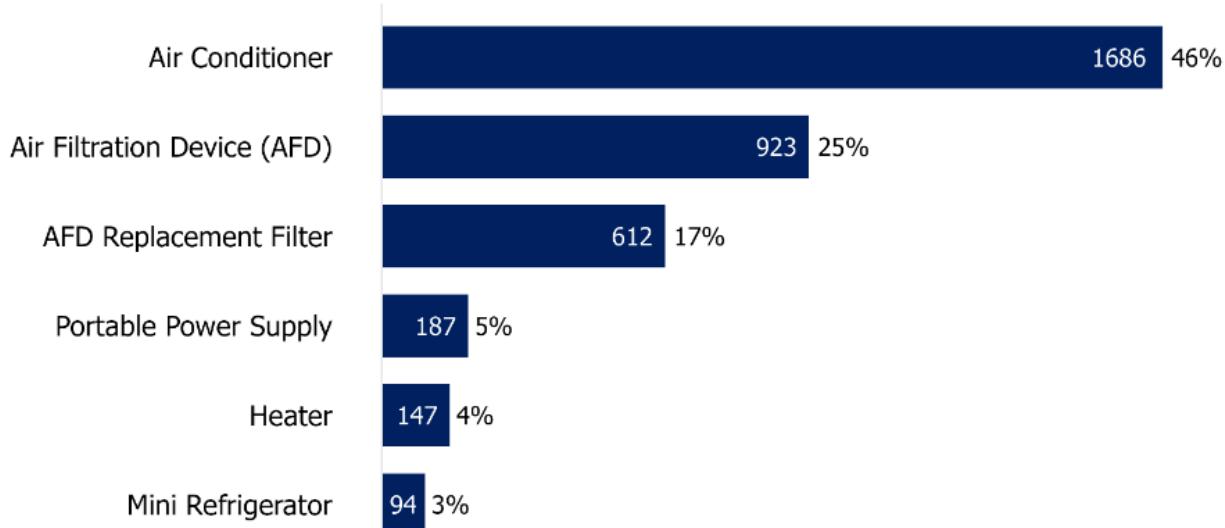


Figure 3. HRSN home changes for health devices delivered by device type, March-July 2024.

Who is receiving Medicaid HRSN home changes for health devices?

“During a call with a foster parent of a member, the care coordinator was told about health conditions the member has that are impacted by heat events. The care coordinator told the foster parent that air conditioners and air filtration devices are available to help ensure their health. The care coordinator then asked if there are medications that need to be refrigerated and if the power was to go out, did the household have a way to maintain the required temperature for the medication. On hearing that the medication needed to be cold, and they didn’t have another power source, the care coordinator shared that a mini fridge and portable power supply were also available. The member’s foster parent was very grateful and impressed with all the help the member was going to receive.”

A total of 2,018 individual OHP members received a HRSN home change for health device or devices between March 1 and July 31, 2024. Members can receive more than one type of device to promote better health. OHP members of all ages received devices through the new benefit (Figure 4). Members 65 years of age or older received 28% of the devices from March – July while only representing 6% of the Oregon Health Plan (OHP) population. During the same time period, members who are 18 years

old and under received 12% of the devices while making up 35% of the OHP population. Adults aged 19-64 years old received devices at a rate almost proportional to their OHP population size.²

² Oregon Health Plan enrollment data is based on OHP enrollment in physical health plans in December 2024, excluding members on OHP Bridge and partial dual eligible members. See more on OHA’s [Medicaid Enrollment Report dashboard](#).

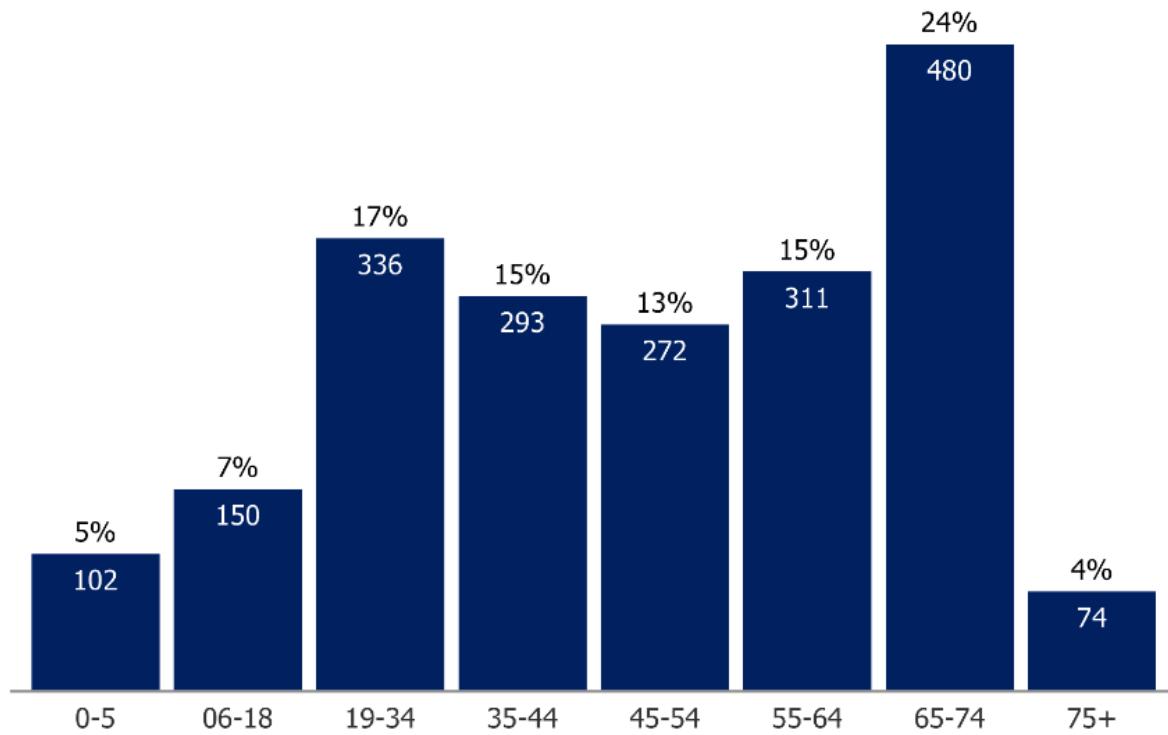


Figure 4. HRSN Home changes for health devices received by age group, March-July 2024.

Sixty-seven percent of HRSN home changes for health devices went to members experiencing homelessness or at-risk of becoming homeless (Figure 5). These two groups can't be separated in the data, but the majority of members were likely "at-risk of homelessness." However, members without a stable address, such as members living in transition housing, may still qualify for devices as long as they meet the eligibility criteria on page 3. In the overall OHP population, 18% of people are estimated to be homeless or at risk of homelessness. When we look at estimates of HRSN covered populations, those who are homeless or at-risk of homelessness account for 60%.

It is possible for a member to be in more than one covered population. For example, a member could be both at-risk of homelessness and have been in child welfare. In this data brief, we have used the covered population that health plans (coordinated care organizations and Open-Card contractors) have reported. Since access to some HRSN benefits can vary by covered population, OHA has guided plans to report the covered population which allows members the broadest access.

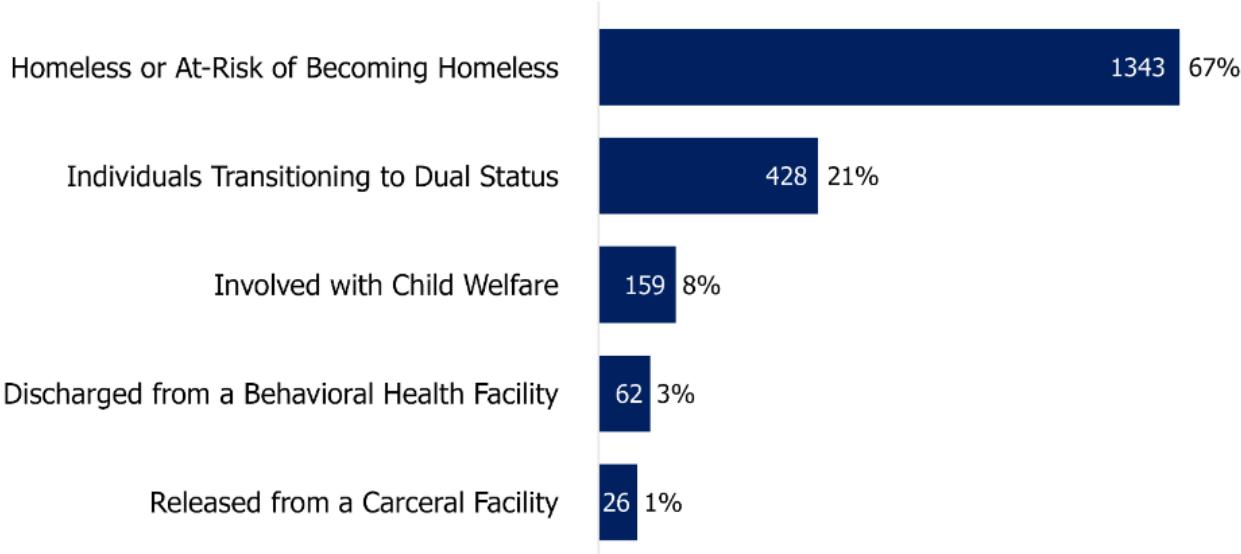


Figure 5. HRSN home changes for health devices received by Medicaid HRSN covered populations, March-July 2024.

Where in Oregon are OHP members receiving devices?

Early results show distribution of HRSN home changes for health devices throughout nearly all counties in

Oregon. We looked at the counties that had the most members receiving devices when accounting for the population enrolled in the Oregon Health Plan (Table 1). The map on the following

page shows the percent of OHP members receiving devices for all counties in Oregon (Figure 6).

We also looked at the counties with the highest number of members who received a device. Members in Jackson County in southern Oregon received the second highest number of devices in the state (Table 2).

County	Number of members receiving devices	Percent of OHP members receiving devices
Columbia	71	0.46%
Douglas	165	0.37%
Klamath	95	0.37%
Tillamook	27	0.28%

Table 1. The top four counties receiving home changes for health devices when accounting for OHP population size, March-July 2024.

County	Number of members receiving devices
Multnomah	525
Jackson	219
Washington	203
Clackamas	193

Table 2. The top four counties receiving home changes for health devices, March-July 2024.

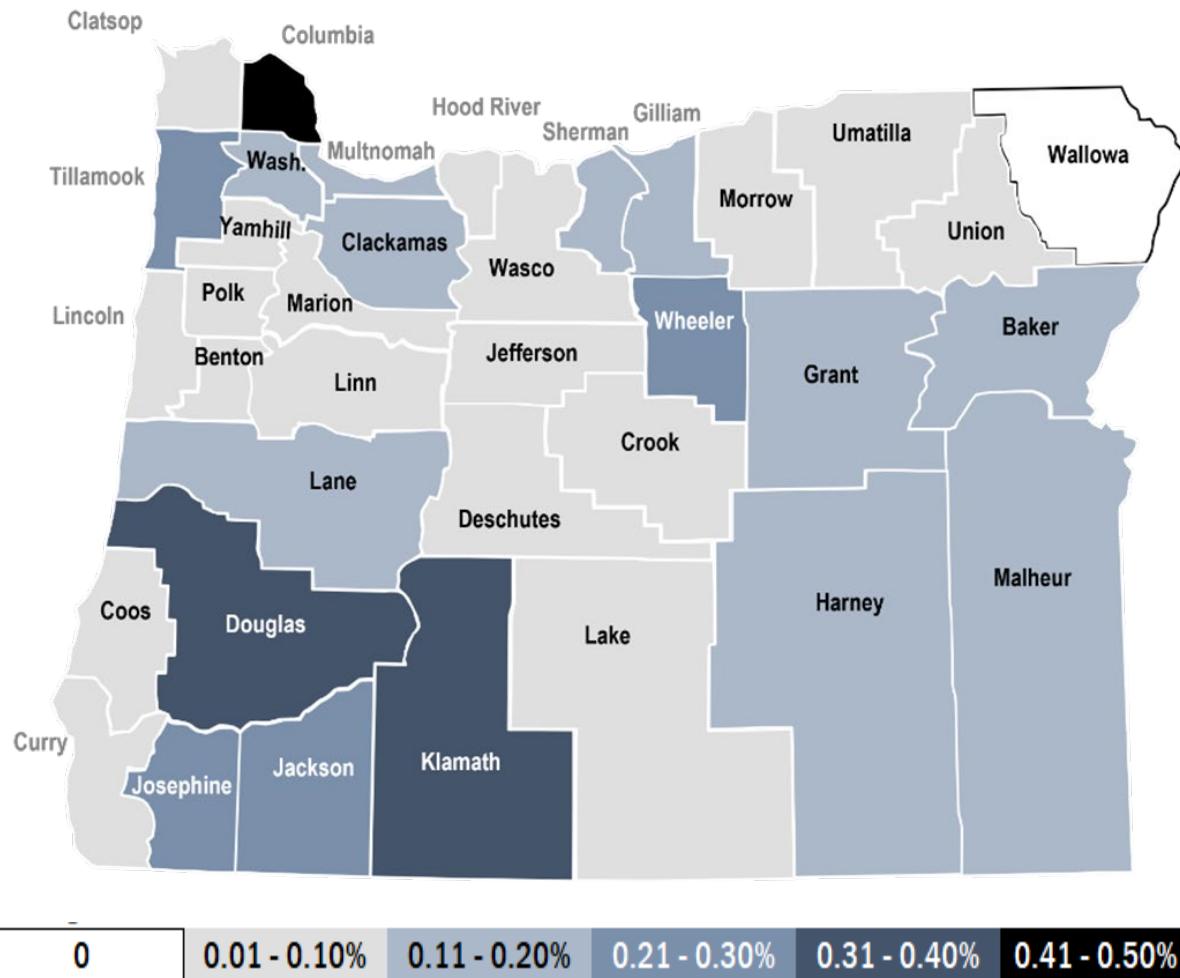


Figure 6. Map showing members receiving HRSN home changes for health devices by county, as a percent of OHP enrollment, March-July 2024.

The following story from a member illustrates how receiving HRSN home changes for health devices has allowed them to safely remain in their home:

“During a final assessment call with the parent of a multiple Member household, a care coordinator learned that members had several health conditions that could be impacted by heat and smoke events – cardiac issues and asthma, and some of their medications require refrigeration. The members were told they could receive an air conditioner, a mini fridge medication storage, and an air filtration device. Providing these devices means that the family can stay home during heat events rather than move to a neighbor’s house, can keep their medications close at hand, and are able to breathe fresh, clean air. At the end of the call, the parent said this could drastically improve their quality of life in the home.”

How are devices getting to members?

Members who qualify for the Medicaid HRSN home changes for health benefit can request or receive devices any time of the year. These are some of the ways members are connected to home changes for health during extreme weather benefits:

- Coordinated care organizations (CCOs) and Open Card coordinators can proactively identify and connect with eligible members,
- Caregivers and members can complete a request form,
- Medicaid HRSN Connectors³ and Providers can submit requests for members.



In this initial period, CCOs and Open Card contractors have directly provided all Medicaid HRSN home changes for health devices for members, with small and large plans both making an impact in their service areas. The figure on the next page shows the percentage of members enrolled in a plan that received HRSN home changes for health devices (Figure 7). For a list of total OHP enrollment in physical health plans, see the Appendix, Table 2. Note that the chart on the following page does not consider differences in eligibility or need by CCO members or by the regions CCOs serve.

³ Connectors are people and organizations that help people in their community find medical and nonmedical benefits.

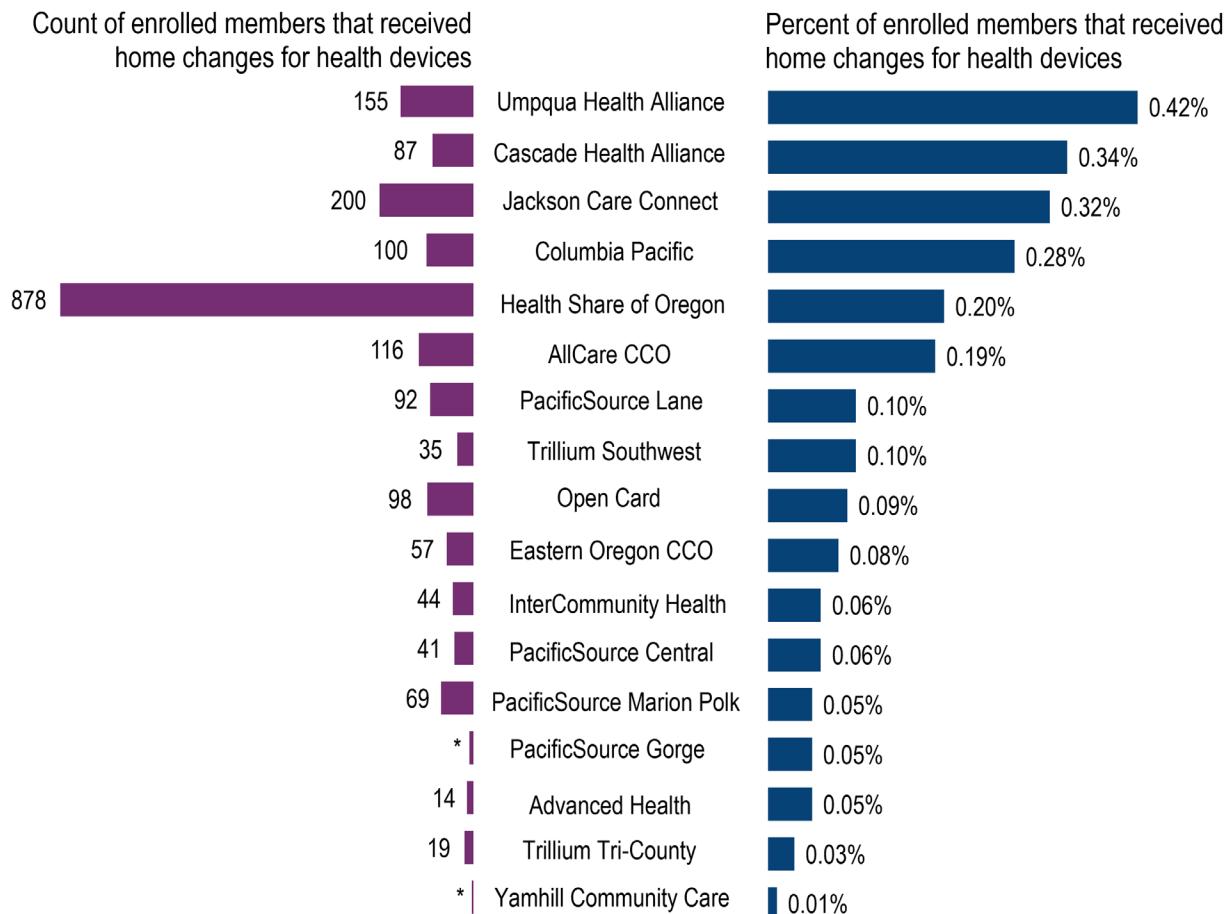


Figure 7. Count and percentage of enrolled members in a plan that received HRSN home changes for health devices by CCOs and Open Card, March-July 2024. * Estimate suppressed due to small numbers.

Medicaid HRSN Service Providers

Medicaid HRSN service providers have begun to play a more significant role in delivering other housing services (such as rent and utilities support), nutrition, and outreach and engagement supports to members, as those benefits started in November and January 2025. Medicaid HRSN providers are organizations that offer Medicaid HRSN services in a way that is culturally and linguistically appropriate, responsive and trauma informed. As of March 21, 2025, there were 186 Medicaid HRSN registered providers. Providers can register to provide all Medicaid HRSN service types or a combination of services. Most providers are registered to provide more than one service type.

OHA is also helping providers and organizations that intend to deliver Medicaid HRSN benefits through Community Capacity Building Funds (CCBF).

Providers and organizations can use CCBF to invest in:

- Technology
- Development of business and operational practices
- Workforce development
- Outreach, education, and convening

In 2024, more than \$37 million was awarded to 161 organizations across Oregon and 40% of the funds (\$14.7 million) went to organizations that will provide Medicaid HRSN housing benefits. Nearly 70% of the funding (almost \$26 million) went to support workforce development. More than 25% of funds went to community-based organizations with no prior relationships with CCOs – helping to expand provider networks in local communities. These organizations are new to working with Medicaid and their addition to the network will increase how many members can access HRSN benefits. Learn more about CCBF [here](#).

What is next?

When we have more data available, we will post it on our Medicaid HRSN Analytics webpage. Future updates will include:

- More detailed data on who is receiving Medicaid HRSN services (including demographics such as race, ethnicity, language, age, and disability)
- Medicaid HRSN Housing program data
- Medicaid HRSN Nutrition program data
- Medicaid HRSN Outreach and Engagement program data
- Medicaid HRSN provider data

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Health Policy and Analytics Division
Social Health Needs and Analytics Projects
<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/HRSN-data.aspx>



Appendix

Table 1. Data sources

Data Source	Description	Used in
Financial Reports (CCOs and Open Card)	Reports submitted by contractors in 2024 with details on HRSN service utilization.	Figures 2, 3, 4, 5, 6, 7
Medicaid Enrollment Dashboard	Based on OHP members enrolled in physical health plans in December 2024, excluding people with Medicaid/Medicare “partial” duals coverage and OHP Bridge members.	Figures 6, 7; Table 1
Medicaid Management Information System (MMIS)	Information on providers registered to deliver HRSN benefits, extracted biweekly from the MMIS system. This database only shows provider registration status, not service delivery details.	Medicaid HRSN providers

Table 2. Total OHP enrollment in physical health plans

Plan	Total
Advanced Health	26,131
AllCare CCO	62,168
Cascade Health Alliance	25,236
Columbia Pacific	35,382
Eastern Oregon CCO	75,434
Open Card	106,414
Health Share of Oregon	437,470
InterCommunity Health Network	79,571
Jackson Care Connect	63,167
PacificSource Central	73,284
PacificSource Gorge	17,883
PacificSource Lane	88,794
PacificSource Marion Polk	148,406
Trillium Southwest	33,406
Trillium Tri-County	60,671
Umpqua Health Alliance	37,045
Yamhill Community Care	35,140

Note: Plan enrollment data is based on OHP enrollment in physical health plans in December 2024, excluding members on OHP Bridge and partial dual eligible members. See more on OHA's [Medicaid Enrollment Report dashboard](#).

REALD and SOGI Data about Oregon Health Plan Home Changes for Health Devices

This document adds data to the June 23, 2025 [Medicaid Health Related Social Needs \(HRSN\) Benefits Data Update: March – July 2024](#) data brief.

That brief provided data about Oregon Health Plan (OHP) members who received health related social needs (HRSN) home changes for health benefits. These benefits include devices such as air conditioners, air filters, heaters and portable power supplies.

REALD and SOGI data

This document offers an early look at REALD (race, ethnicity, language and disability) and SOGI (sexual orientation and gender identity) information about the OHP members who received the devices between March and July 2024.

This data focuses on the early days of the benefit. It includes information from over 2,000 members who received devices during this time. Because of the small number of people, the information presented is high-level and does not include detailed breakdowns.

Why focus on REALD and SOGI information?

REALD and SOGI information helps us understand who is impacted by health inequities. For example, we can compare who received HRSN services compared to the broader OHP population, to better understand where access can be improved. It shows how we can help people in these communities get the services and resources they need to be healthy and thrive.

This brief is not meant to explain:

- Why a member requested a benefit
- If a member had challenges getting the benefit
- Differences between the groups

There could be many reasons why a member wasn't able to get the benefit. These could include a lack of culturally specific providers or other present or historical inequities. It is important to keep these factors in mind when interpreting the data.

Key Findings

Race and Ethnicity

10.8% of members identifying as Hispanic or Latino/a/x/e received devices, despite comprising 22.9% of OHP members. Black or African American members received 8.5% of devices, despite comprising 5.1% of the OHP population.

Language Access

8.5% of members who received home changes for health devices were proficient in a language other than English and had interpreter needs.

Disability

68.2% of members who received devices reported having disabilities despite comprising 23.8% of the OHP who report having disabilities. 27.1% of members who received devices did not report having disabilities, compared with 62.3% of the general OHP population who report not having disabilities. More than half (51.3%) of members who received devices reported disabilities that affected dressing/bathing (self-care) or running errands (independent living). In contrast, only 15.5% of the overall OHP population reported disabilities that affect self-care or independent living.

Sex

66.7% of members who received devices identified as female, compared with 52.2% of the overall OHP population.

Gender Identity

Less than 1% of members who received devices identified as multiple genders (0.8%) or non-binary (0.8%), with approximately 0.2% identifying as agender, no gender, genderfluid, or genderqueer. We do not have comparison data for OHP population yet.

Who has received home changes for health devices so far?

Race and Ethnicity

More than 3,600 HRSN home changes for health devices were delivered to 2,018 members. Members can receive more than one type of device to promote better health.

- The majority of these devices were delivered to members identifying as White (58.9%), although they represent 45.1% of the Oregon Health Plan (OHP) population.¹
- Members identifying as Hispanic or Latino/a/x/e received 10.8% home changes for health devices, while they make up 22.9% of the OHP population.
- Members identifying as Black or African American received 8.5% of the devices while they make up 5.1% of the OHP population. ([See Figure 1](#)).

How we organized this data

OHP members can select from over 55 distinct races and ethnicities. [See Table 1 in the Appendix](#) for a complete list of distinct race and ethnicity subpopulations receiving home changes for health devices.

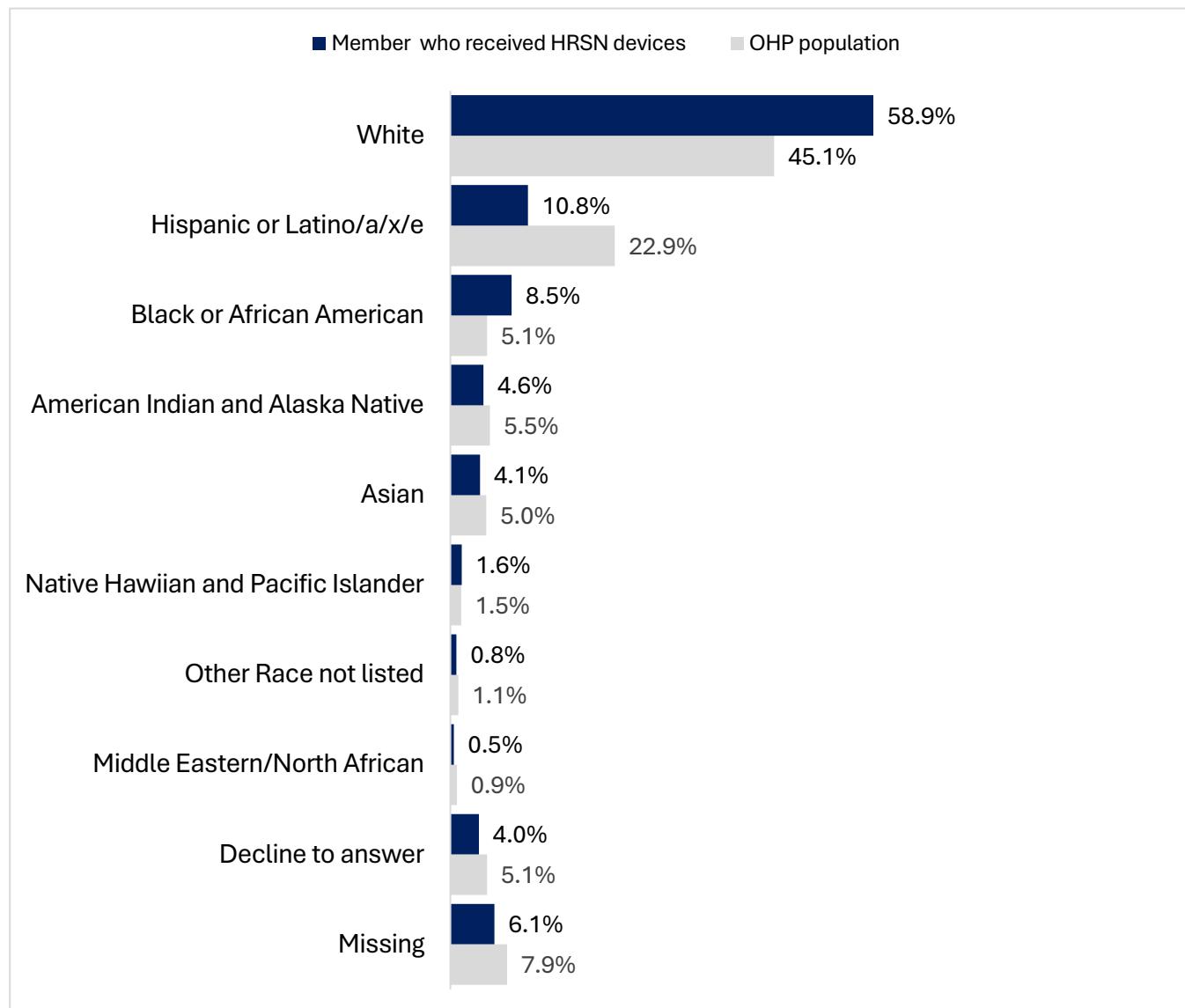
Due to small subpopulation sizes, we are not able to provide estimates for all racial and ethnic identities selected. Instead, we have aggregated the data into broader race and ethnicity categories.

However, for the subpopulations we have sufficient data for, some patterns are worth noting. The four subpopulations we have sufficient data for are Mexican, Other Hispanic or Latino/a/x/e, Western European, and Other White.

Members identifying as Mexican and Other Hispanic or Latino/a/x/e received a smaller share of home changes for health devices compared to their representation in the OHP population. Members identifying as Other White and Western European received a larger share of devices relative to their share of the OHP population.

¹Comparisons to the general Oregon Health Plan population comes from [Medicaid Demographic Report](#) dashboard and reflects data from December 2024.

Figure 1. Members who received HRSN home changes for health device(s) by race and ethnicity, March-July 2024.



Language Access

See Table 2, in the Appendix for a complete list of reported languages spoken at home for OHP members receiving home changes for health devices.

- The majority of people who received devices reported speaking only English at home (86.9%). This is comparable to the OHP population, where 81.1% report speaking only English at home.
- 6.5% of members reported speaking only languages other than English at home, including Arabic, Chinese, Russian, Ukrainian, Somali, Spanish, and Vietnamese.
- 2.3% spoke another language alongside English.

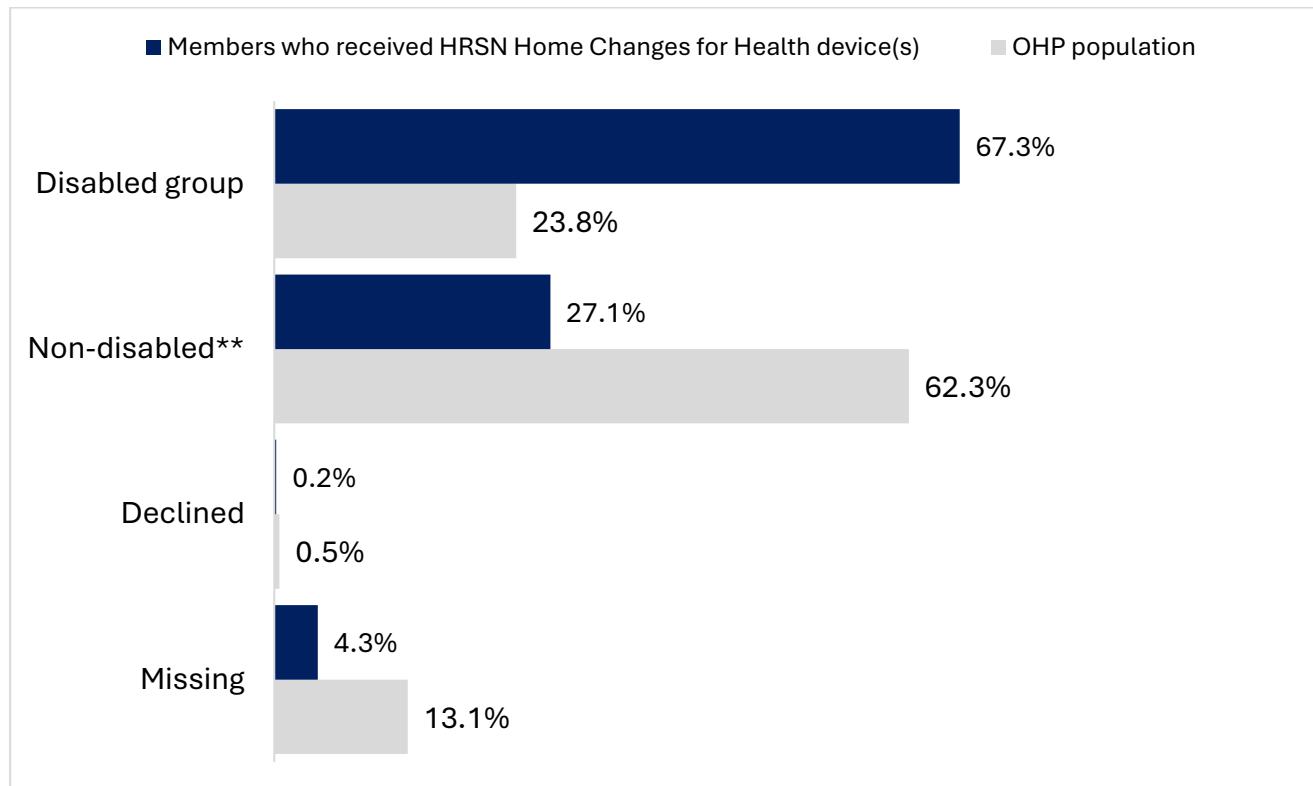
- 4.3% did not identify which language(s) they speak at home.
- 8.5% of members had language access needs such as translated materials and interpretation. Among those with language access needs, half required support in Spanish. Other languages for which members needed support included Arabic, Chinese, Russian, Ukrainian, Somali, and Vietnamese.

Disability

Disability was primarily measured using functional limitations, which are limits to activities people do every day. However, functional limitations questions do not represent all people with disabilities.

- Over two-thirds of members who received devices (67.3%) reported having disabilities, compared to 23.8% of the overall OHP population (see [Figure 2](#)).
- Among members who received home changes for health devices, 27.1% did not report having disabilities compared to 62.3% of the OHP population.

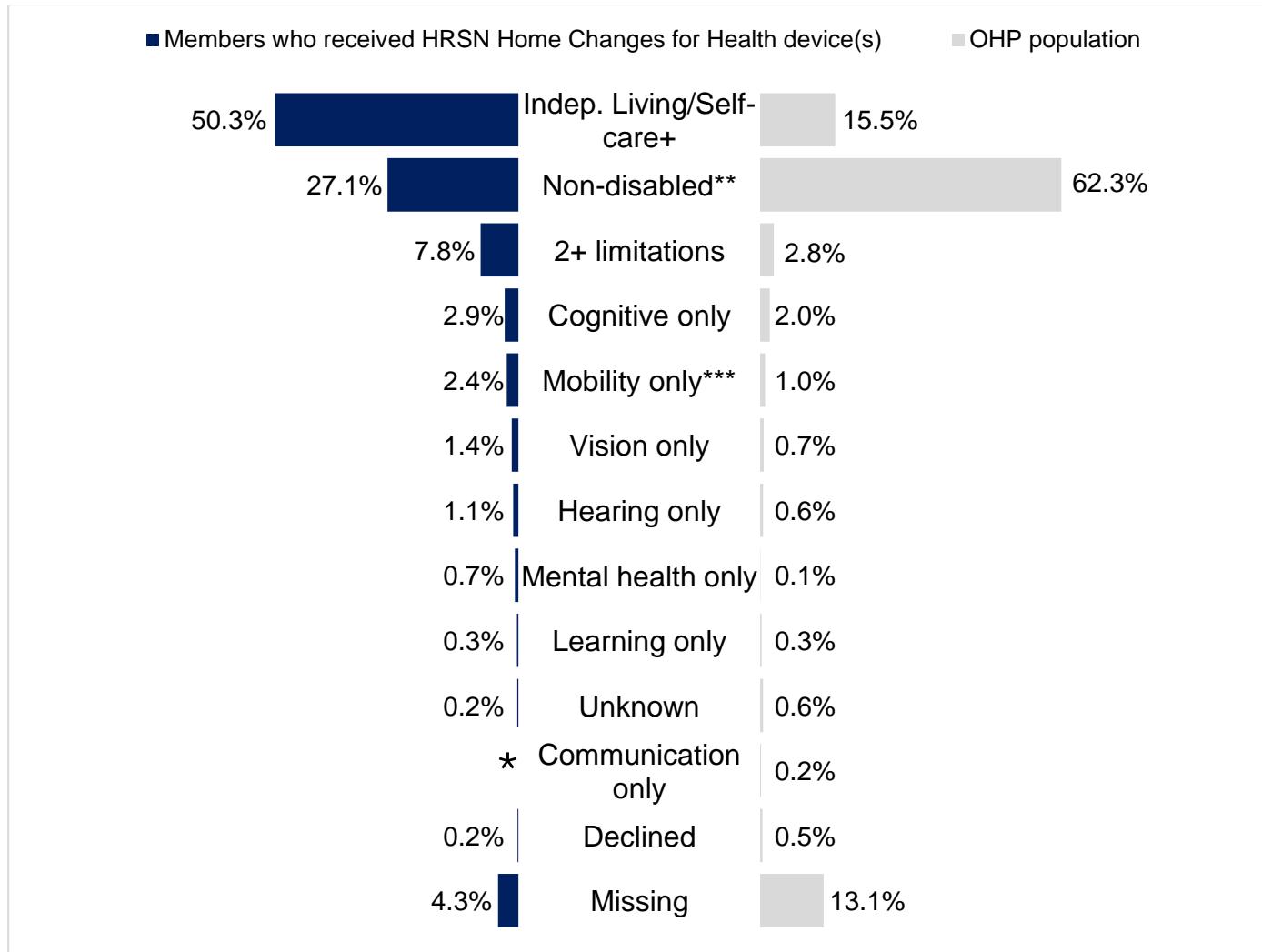
Figure 2. Members who received HRSN home changes for health device(s) by disability group, March-July 2024.



**Non-disabled individuals are those who did not report any limitations in daily activities. However, it's important to note that not all disabilities are identified through functional limitations, so results should be interpreted with caution.

- Just over half of device recipients (50.3%) reported disabilities affecting self-care or independent living, while these types of disabilities were reported by only 15.5% of the OHP population (see [Figure 3](#)).
- The share of members receiving devices who reported two or more limitations (7.8%) was also higher than what we see in the broader OHP population (2.8%).

Figure 3^{2,3}. Members who received HRSN home changes for health device(s) by type of disability group, March-July 2024.



*Data not shown to protect confidentiality and ensure accuracy because there are fewer than 5 members with a device or fewer than 50 members with a disability.

**Non-disabled individuals are those who did not report any limitations in daily activities. However, it's important to note that not all disabilities are identified through functional limitations, so results should be interpreted with caution.

***This question focuses on ambulatory/lower mobility only.

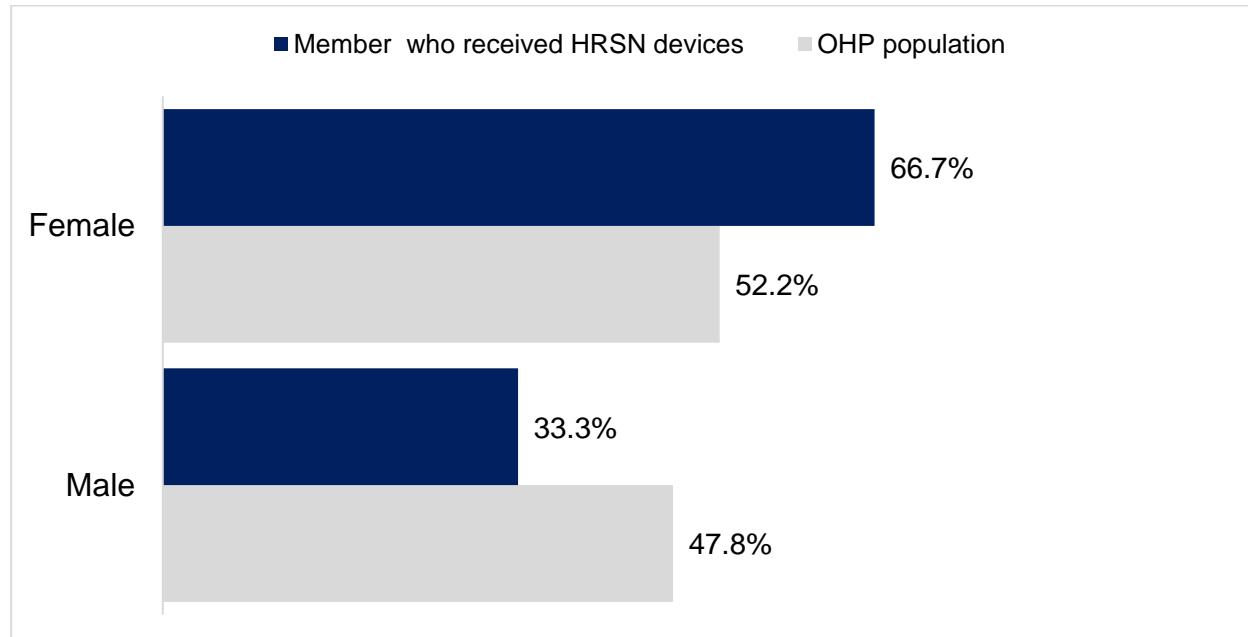
² Independent living/self-care disability includes members who reported having a) difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition (ages 15 or older) or, b) difficulty bathing or dressing (ages 5 and older), or members who did not respond to REALD disability questions but were identified as having c) Permanent Disability, or d) Supplemental Social Security Income (SSI), or e) long-term care (LTC) services.

³ 2+ limitations does not include independent living or self-care disabilities.

Sex

A larger share of device recipients (66.7%) identified as female, compared to 52.2% of the OHP population (see [Figure 4](#)).

Figure 4. Members who received HRSN home changes for health device(s) by sex.

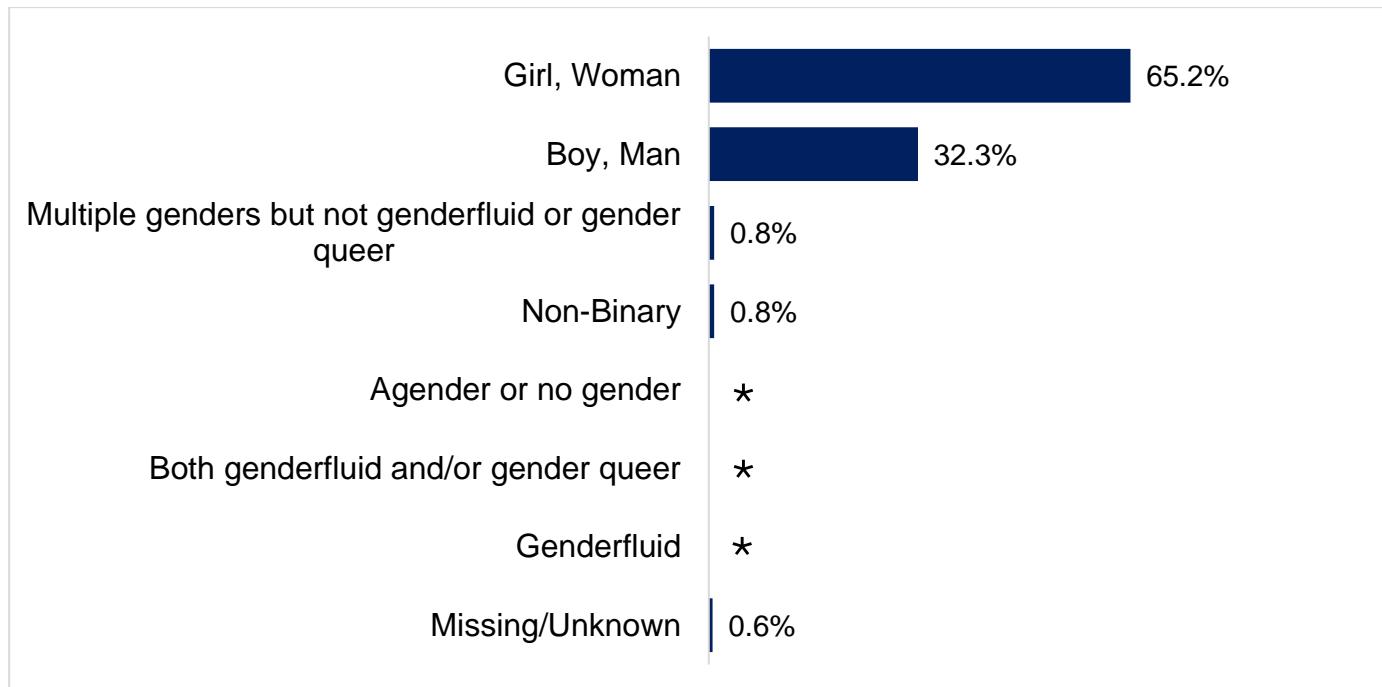


Gender Identity

- The vast majority identified as only Girl/Woman (65.2%), while about a third identified as only Boy/Man only (32.3%).
- Just under 1% identified as multiple genders (.8%) or non-binary (.8%), with approximately 0.2% identifying as agender or no gender, genderfluid and/or genderqueer, or genderfluid (see [Figure 5](#)).

Similar data is not yet available for the full OHP population.

Figure 5. Members who received HRSN home changes for health device(s) by gender identity, March-July 2024.



*Data not shown to protect confidentiality and ensure accuracy because there are fewer than 5 members with a device or fewer than 50 members that selected this identity.

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Appendix

Table 1: Race and Ethnicity

The table presents a complete list of members' who received HRSN home changes for health device(s) distinct race and ethnicity subpopulations and groupings, based on the question: 'Which of the following describes your racial or ethnic identity? Select all that apply and enter additional details in the spaces below.'

American Indian and Alaska Native

Alaska Native
American Indian

Asian

Asian Indian
Cambodian
Chinese
Communities of Myanmar
Filipino/a
Hmong
Japanese
Korean
Laotian
Other Asian
South Asian
Vietnamese

Black or African American

African American
Afro-Caribbean
Ethiopian
Other African (Black)
Other Black
Somali

Hispanic or Latino/a/x/e

Central American
Cuban
Indigenous Mexican, Central or South American
Mexican
Other Hispanic or Latino/a/x/e
South American

MENA

Middle Eastern

Native Hawaiian and Pacific Islander

Chamoru (Chamorro)
Communities of Micronesian Region
Marshallese
Native Hawaiian
Other Pacific Islander

Other Race

White

Eastern European
English
German
Irish
Other White
Russian
Slavic
Western European

Table 2: Language Spoken at Home

The table presents a complete list of the languages spoken at home by members receiving home changes for health devices, based on the question: 'What language or languages do you use at home?'

Another language only
Arabic (any) only
Chinese (any) only
English + other
English only
Other scenarios with sign language (any including Chinese,
Spanish, etc.)
Russian and/or Ukrainian only
Somali only
Spanish & English + other
Spanish only
Vietnamese only

Table 3: Disability questions

Are you deaf or do you have serious difficulty hearing?
Are you blind or do you have serious difficulty seeing, even when wearing glasses?
Do you have serious difficulty learning how to do things most people your age can learn?
Do you have serious difficulty walking or climbing stairs?
Because of a physical, mental, or emotional condition, do you have serious difficulty
concentrating, remembering, or making decisions?
Do you have difficulty dressing or bathing?
Using your usual (customary) language, do you have serious difficulty communicating (for
example understanding or being understood by others)?
Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone
such as visiting a doctor's office or shopping?
Do you have serious difficulty with the following: mood, intense feelings, controlling your
behavior, or experiencing delusions or hallucinations?
