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8/11/25

# **Health-Related Social Needs (HRSN) Housing Implementation Update for MAC HRSN subcommittee**

# Background on Oregon's HRSN Rent Benefit

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- Launching the HRSN Housing Benefit 11/1/24, Oregon is the first state to implement rent as a Medicaid benefit
  - No other state has implemented HRSN housing benefits through Medicaid at this scale
  - HRSN rent benefits are available to a more expansive population than other state Medicaid programs piloting these services
- Medicaid HRSN housing benefits bring together housing providers and Medicaid dollars for the first time - unlike any other housing assistance program
- The short-term benefits are designed to
  - Provide temporary support to individuals with certain clinical conditions facing certain life transitions
  - Supplement – not supplant – existing housing resources
- As the first state in the nation operating a program of this level, we are finding lessons in early implementation to improve services for members.

# Challenges in HRSN Rent Benefit Delivery

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- OHA has received reports from CCOs, HRSN Service Providers, and the Ombuds staff about challenges with authorizing and delivering the HRSN rent/utilities service in a timely manner
  - Much of this feedback involves the Portland metro area
- To develop targeted and effective solutions to address issues, OHA required:
  - Additional data about the backlog (e.g., number of requests pending and for how long)
  - A clearer understanding of the specific challenges on-the-ground that are driving both delays
- On May 9, OHA made an ad hoc request of all CCOs and Open Card contractors to provide this data



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# **Data-informed HRSN policy and quality improvement**

# Learn about the data we used

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- Data request to CCOs and FFS contractor in May 2025
  - Covers rent & utility requests, authorizations, referrals, and service delivery from November 2024 - April 2025
  - Some of the largest plans were unable to produce all data\* in the required timeline due to the need for complex analytics and manual work
- Plans were asked to provide:
    - # members requesting HRSN rent/utilities
    - # members authorized for and denied services, and timelines from request to authorization
    - # members with accepted referrals from HRSN providers, and timelines from authorization to referral
    - # members who have received services, with timelines from referral to service delivery


\*Health Share of Oregon, Trillium Community Health Plans, Jackson Care Connect and Columbia Pacific CCO

# What we found about HRSN rent/utilities

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- Thousands of members had received services statewide
- Three general models of service delivery
  - “Standard” authorization – provider handoff – service delivery
  - “Referral-first” provider handoff – authorization – service delivery
  - “Direct-pay” plan authorizes and pays directly (no provider)
- Evidence of service delivery challenges
  - Long delays at initial handoff to providers
  - Possible differences in member experience connected to service delivery model
  - High volume in certain regions, especially Portland metro

# At least **2,698** members received HRSN rent supports in the first six months



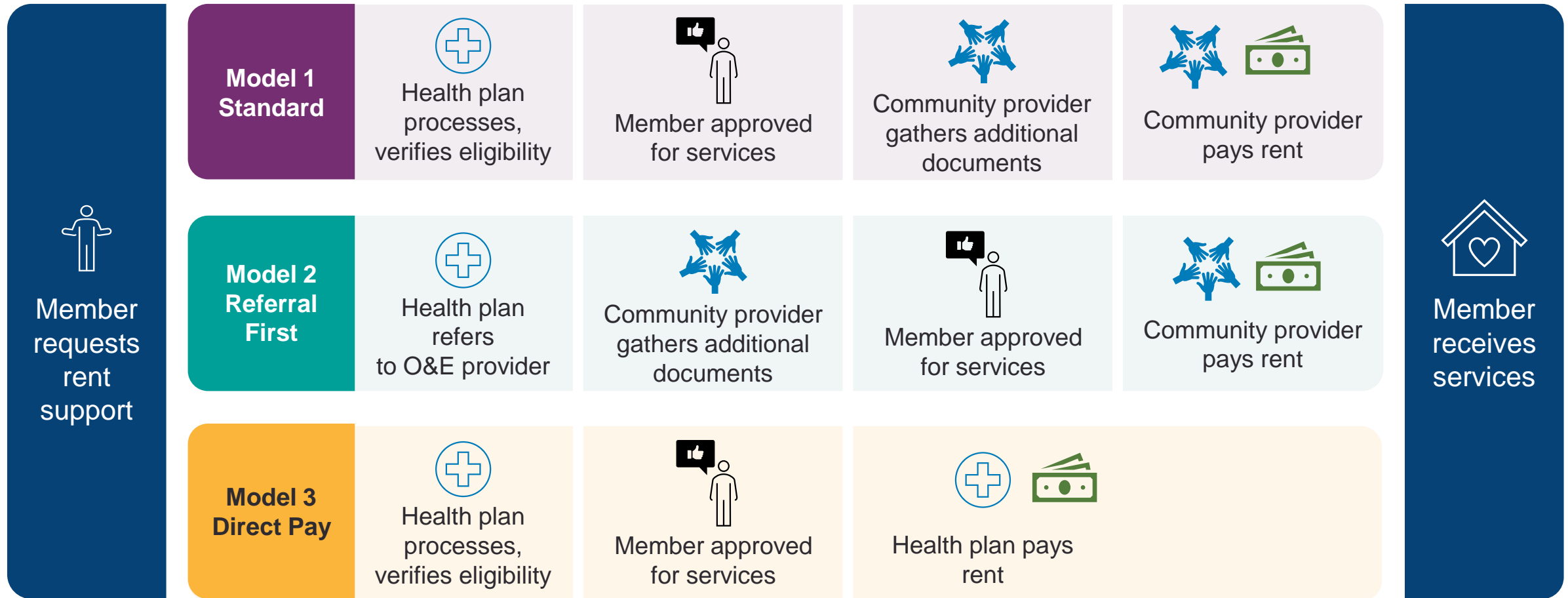
“ Without this, I’m quite sure I would have been homeless ”

-All Care CCO Member

- It’s likely that more members received services during this time
- Providers have up to 120 days to bill
- Payment data (claims) is considered preliminary for 3 months
  - For example, if we look in early August, data from April and before is best.

# We learned Plans were delivering rent benefits in different ways

Data as of  
May 2025



\*Plans in Model 2 refer to a provider for outreach & engagement (O&E) before approving services. Most often, the same provider fulfills services after approval.



# Plans by the 3 different workflows

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## Model 1 Standard

- Cascade Health Alliance
- Columbia Pacific
- Eastern Oregon CCO
- Health Share
- InterCommunity Health Network
- Jackson Care Connect
- Open-Card (Acentra)
- Yamhill Community Care

## Model 2 Referral First

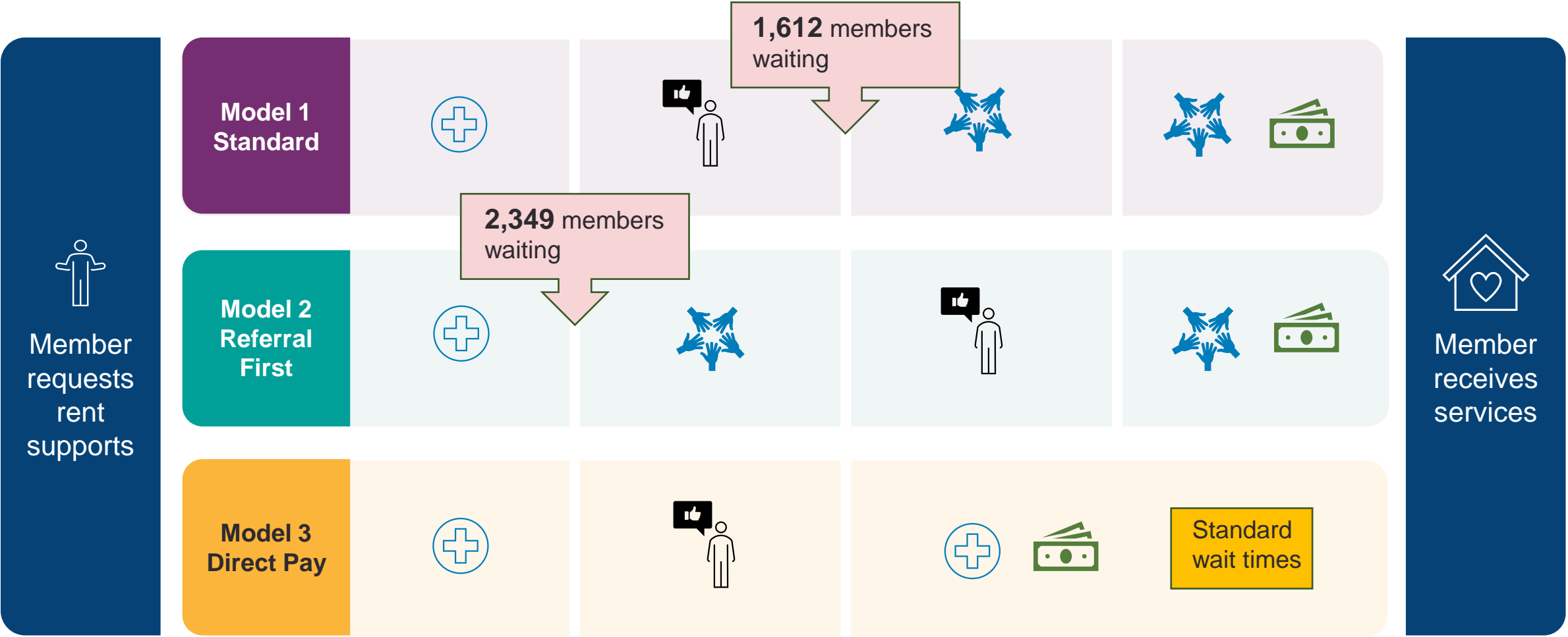
- PacificSource Central
- PacificSource Gorge
- PacificSource Lane
- PacificSource Marion Polk
- Trillium Community Health
- Trillium Community Health Plan Tri-County

## Model 3 Direct Pay

- AllCare
- Advanced Health
- Umpqua

# Data showed that members were getting stuck during handoffs to providers

Data as of  
May 2025



\*Plans in Model 2 refer to a provider for outreach & engagement (O&E) before approving services. This same provider fulfills services after approval.

# Members may experience service wait time differently, depending on the delivery model

Data as of  
May 2025

- **Standard** – members experience wait time **after being approved** to receive services
- **Referral First** – members experience wait time while working with a provider to gather necessary documents, but **before being approved** to receive services
- **Direct Pay** – members largely experience standard wait times (within 28 days).
- However, “Direct Pay” plans **received 10%** of total requests statewide during this period

“ I applied in January, got approved in February, and I am now facing eviction [at the end of April] ”

-OHP member  
Medicaid Advisory Committee, April 30

# HRSN rent and utilities services were in high demand over the first six months

Nearly **7,000 additional** members were pre-screened in the metro area alone **before** an HRSN request was logged.\*\*



**10,665+** members requested support



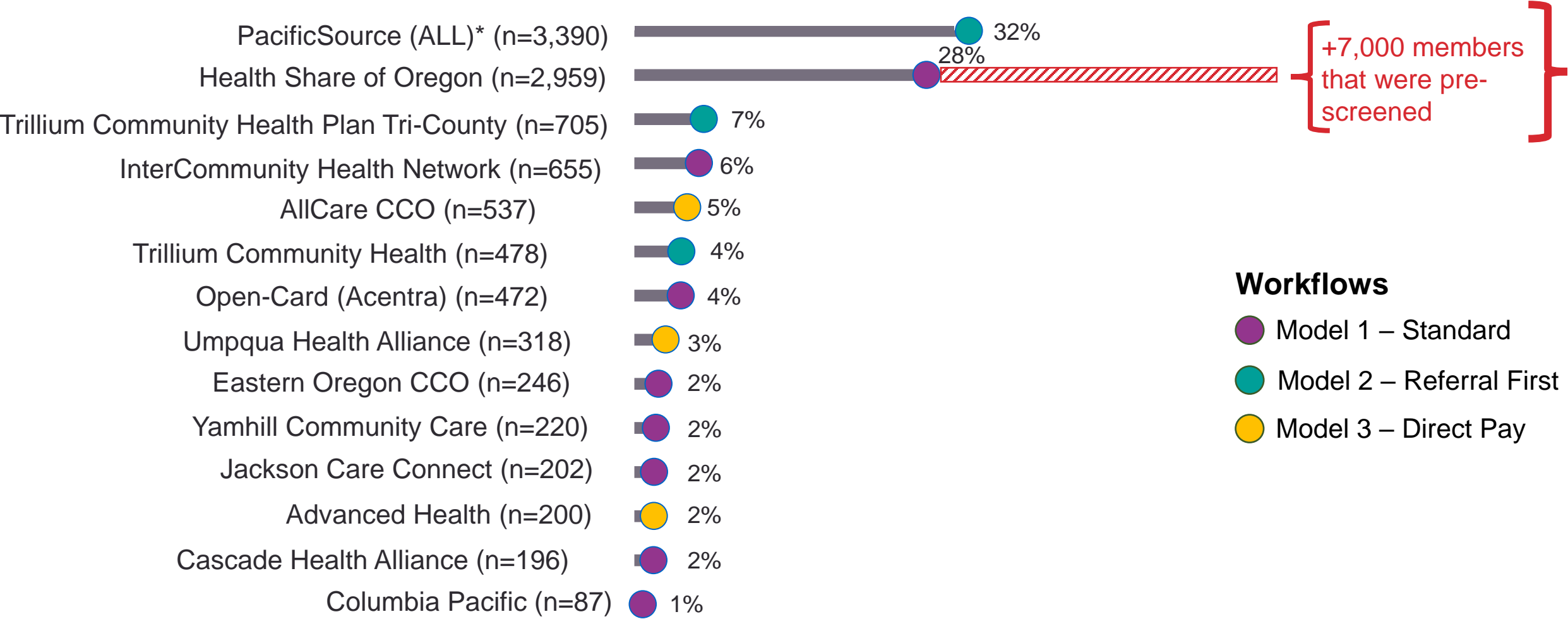
**5,226** members authorized



**158** HRSN community housing providers<sup>^</sup>  
**3** CCOs acting as direct payers

<sup>^</sup>Number reflects data pulled on 5/2/2025.

# Health Share had the most requests, considering **pre-screened members**, followed by all four Pacific Source CCOs combined



\*PacificSource was unable to provide disaggregated data by region; numbers represent all four CCOs in aggregate

# Early implementation lessons

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- OHA has learned that contributing factors include high volume of requests, limited provider and CCO capacity, and various administrative challenges related to processing requests, reaching the member/landlord, gathering required documentation, and Medicaid billing.
- To improve service delivery, OHA has been finding ways to
  - Ease administration so that members can be served more quickly
  - Increase HRSN provider and CCO capacity to meet the need
  - Improve communications so that members know what to expect, and how to get help

# Next Steps

- OHA will continue to work with CCOs and HRSN providers to complete the solutions described in previous slides, which will include
  - Obtaining updated data to inform progress on timely service delivery
  - Amending Oregon Administrative Rules (OARs) to align with policy improvements
  - Continuing to gather feedback to inform additional areas for improvement
- Continuing to provide updates to and gather feedback from the MAC HRSN Subcommittee
  - For general questions or feedback related to the HRSN program, please contact the HRSN Program at [hrrsn.program@oha.oregon.gov](mailto:hrrsn.program@oha.oregon.gov)
  - For questions related to HRSN data, please contact the Social Health Needs and Analytics Projects Team [HRRSN.data@oha.Oregon.gov](mailto:HRRSN.data@oha.Oregon.gov)



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**Questions?**