



Oregon's 2022-2027 Oregon Health Plan 1115 Demonstration Waiver and Health-Related Services

Health-related services in Oregon

Health-related services (HRS) are non-covered services under Oregon's state Medicaid plan that are intended to improve care delivery and overall member and community health and well-being. The two types of HRS include flexible services and community benefit initiatives, as defined below.

Flexible services

Cost-effective services delivered to an individual Oregon Health Plan (OHP) member to supplement covered benefits and improve their health and well-being. Examples include grocery delivery or food vouchers for members to ensure access to quality food, rental deposits to help members move into stable housing, athletic shoes to support members' healthy behaviors, and mobile devices for members to access telehealth services and health apps.

Community benefit initiatives (CBI)

Services for, but not limited to, OHP members that are focused on improving population health and health care quality. Examples include funding community parenting education or nutrition classes, partnering with local public health on an immunization campaign to improve childhood immunization rates, and funding school-

The history of HRS and its evolution under previous waivers is detailed in the Oregon Health Authority (OHA) [HRS Brief](#). This guidance details the impact of the 2022–2027 OHP 1115 Demonstration Waiver ("1115 OHP Waiver") on the use of HRS in Oregon. Additional guidance and technical assistance can be found on OHA's [HRS webpage](#).

Changes in this July 2024 release

This guidance has been updated to reflect which housing-related covered services will be available to some OHP members in November 2024.

1115 OHP Waiver in Oregon

In 2022, the Centers for Medicare & Medicaid Services approved [Oregon's 1115 OHP Waiver](#) renewal application to further transform the state's Medicaid program, the Oregon Health Plan (OHP). Although the 1115 OHP Waiver includes changes to some OHP member benefits and how care is delivered, the HRS program remains unchanged from the previous waiver.

The new 1115 OHP Waiver includes climate devices, housing supports, and nutrition options for some members to help improve their health through covered benefits called health-related social needs (HRSN) services¹. These HRSN covered services are being phased in beginning in 2024.

¹ In addition to these HRSN covered services, the Substance Use Disorder (SUD) 1115 Waiver includes eligibility requirements for CCOs to cover some housing transition services for some members; these are being added to CCO contracts. More details are available on the [SUD 1115 Waiver webpage](#).

The HRSN covered services and HRSN covered populations:

1115 OHP Waiver: HRSN covered populations

OHP members with certain living situations may be eligible for HRSN covered services. These HRSN covered services are being phased in through 2025 and include the following HRSN covered populations:

- Young adults with special health care needs ages 19 to 26 with income up to 300% of the Federal Poverty Level
- Individuals who have been involved with the Oregon child welfare system at some point in their life
- Individuals who are experiencing homelessness or at risk of homelessness
- Adults and youth released from incarceration within the past 12 months
- Adults and youth discharged from mental health or substance use disorder Institution for Mental Disease within the past 12 months
- Adults transitioning from Medicaid-only to dual coverage (receiving both Medicaid and Medicare) within the past nine months or next three months

1115 OHP Waiver: HRSN covered services

OHP members who are part of an HRSN covered population, and who meet social and clinical risk criteria, may be eligible for the following benefits:

Climate services

- Clinically necessary climate devices (for example, air conditioners, air filtration devices, mini refrigerators, portable power supplies)

Housing services

- Rental and utility assistance for up to six months, including back payments.
- Utility set-up and storage fees
- Medically necessary home remediation or modifications (for example, grab bars, ramps, handrails, pest eradication),
- Housing tenancy services (for example, case management, including communication with landlords, eviction prevention, and other services to meet housing retention goals)

Nutrition assistance

- Links to community-based food resources (for example, application support for Supplemental Nutrition Assistance Program [SNAP] and Special Supplemental Nutrition Program for Women, Infants and Children [WIC])
- Nutrition and cooking education
- Fruit and vegetable prescriptions
- Pantry stocking and/or prepared meals for up to 6 months
- Medically tailored meals for up to 6 months

Member outreach and engagement, and other benefit linkages

- Help accessing OHP and other public benefits
- Connection to medical, peer, social, educational, legal and other related services

CCOs are required to use closed-loop referrals for HRSN services, but this does not currently require using community information exchange (CIE). If CCOs become contractually required to perform closed-loop referrals through CIE, then CIE may potentially no longer be considered HRS. OHA will communicate any changes as more details are finalized and more information is available in OHA’s [HRS and health information technology](#) guidance.

The state is also investing up to \$119 million in capacity building for providers and partners that plan to deliver HRSN covered services. CCOs will administer most of these community capacity building funds (CCBFs), except for those funds reserved for Tribal Governments. CCOs will be responsible for conducting outreach for funding opportunities, receiving and reviewing applications, and awarding funding to eligible entities. The CCBFs can be used for technology-related costs, development of business and operational processes, administrative costs, and outreach and education to OHP members. More information is available on OHA’s [CCBF webpage](#).

How will the HRSN covered services affect HRS?

HRS has continued in the current 1115 OHP Waiver as it did in the prior waiver. The definition for HRS has not changed and still excludes covered services. Thus, CCOs may continue to provide short-term housing, nutrition and climate device services as HRS if the member isn’t eligible for HRSN covered services. CCOs will be required to provide those services as a covered benefit when the member is eligible for HRSN covered services. HRSN covered services eligibility conditions are detailed in OHA’s approved [HRSN Services Protocol](#).

The following table provides examples of when housing, nutrition and climate device services would be HRS flexible services (FS) instead of HRSN covered services.

Housing services	Can this be HRS?	
	Before 2024	After 2024
CCO member who is injured and cannot work for several weeks is provided with two months’ rent to sustain stable housing.	Yes. Before the HRSN housing covered services begin in November 2024, this may be an HRS flexible service because it is not a covered service for OHP members.	Maybe. After November 2024, when housing becomes a covered service for OHP members who meet HRSN rental assistance eligibility requirements, it can no longer be HRS. For members not eligible for HRSN covered services, it can still be reported as HRS.
CCO member is provided with an air conditioning unit to avoid worsening a health condition due to heat.	Yes. Before the climate device covered service began in March 2024, this was an HRS flexible service because it was not a covered service for OHP members.	Maybe. After March 2024, when this became a covered service, it can no longer be HRS for OHP members who are part of an HRSN covered population and meet all climate device eligibility criteria. For members not eligible for HRSN covered services, it can still be reported as HRS.

Food assistance		
CCO member is provided a fruit and vegetable prescription to support improved health outcomes after being released from a state prison.	Yes. Before the HRSN food covered services begin in January 2025, this may be an HRS flexible service because it is not a covered service for this member.	Maybe. After January 2025 this can no longer be HRS for OHP members who are part of an HRSN covered population and meet the clinical risk criteria. For members not eligible for HRSN covered services, it can still be reported as HRS.
Member outreach and engagement		
A community-based organization (CBO) provides outreach to a CCO member who is at risk of homelessness, according to the HUD definition. The CBO already has a relationship with the member and presumes the member is eligible for an HRSN covered air conditioner. The CBO outreach includes engaging with the member, determining the member's Open Card or CCO status, and connecting the member with other supports for housing and food.	Yes. Before the HRSN outreach and engagement covered services began in March 2024, this could have been HRS community benefit initiative or flexible services because it was not a covered service for this member. This assumes the CCO already had a relationship in place with the CBO.	Maybe. After March 2024, when outreach and engagement became a covered service, this can no longer be HRS for members presumed to meet all eligibility criteria for HRSN. For members not eligible for HRSN covered services, it can still be reported as HRS.

How can CCOs accurately report HRS housing, food and climate devices supports to OHA?

CCOs should continue to report HRS through the annual Exhibit L, Report L6.21 and L6.22 as outlined in the [Exhibit L Financial Reporting Template Guidance for HRS](#). When reporting housing, food and climate device services that appear similar to the HRSN covered services, the CCO should attest, in the HRS description (Column C), that the reported HRS spending was not used to provide HRSN covered services for HRSN-eligible members. If the HRS housing, food or climate device spending is HRS community benefit initiative spending, then the CCO should also briefly describe how the spending excludes any HRSN covered services or infrastructure required to support those services. For example, the CCO could briefly describe how the CBO is tracking HRSN covered services for OHP members separately and outside of the HRS funding. For HRSN covered services reporting, refer to OHA's [HRSN Guidance for CCOs](#).

Is there new CMS guidance on HRS community benefit initiative?

In the 2022–2027 1115 OHP Waiver's standard terms and conditions, CMS added new language to define the term "community benefit" as it relates to other federal programs. In further conversations with CMS, OHA has clarified that this does not affect CCO HRS definitions and guidance for HRS community benefit initiative. CMS has approved continuing Oregon's approach to CBI as a part of HRS under the current waiver.

Resources

- OHA's HRS webpage: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx>
- OHA's 2022–2027 1115 OHP Waiver webpage: <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/OHP-Waiver.aspx>
- OHA's CCBF webpage: <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/CCBF.aspx>
- OHA's HRSN Climate Supports webpage: <https://www.oregon.gov/oha/HSD/OHP/Pages/Climate-Supports.aspx>

Contact

For comments and questions, please email the OHA HRS team at health.relatedservices@oha.oregon.gov.

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