

# HRSN Training Series: Housing billing and payment

December 10, 2024



# Zoom Tips



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# Today's Agenda

**1** | **Provider Enrollment Overview**  
*Brief overview on the various processes for enrolling as an HRSN provider.*

**2** | **Fee Schedule and Billing Scenarios**  
*Learn about the HRSN housing fee schedule, how to read it and understand commonly used terms.*

**3** | **AYIN Reimbursement Process**  
*Introduction to Ayin and a "how-to" guide to submit for reimbursement.*

**4** | **Question and answer session**  
*Have your questions answered by Oregon Health Authority subject matter experts.*

# Provider Enrollment Overview



# Step 1: Decide if you want to become an HRSN Provider

- Do you or your organization already provide housing, nutrition, climate, or outreach & engagement support?
  - If yes, you may be able to get paid for providing HRSN services.
- Do you meet the HRSN provider qualifications and readiness requirements?
  - If yes, go to **Step 2 - Decide if you want to serve OHP members enrolled in Open Card, CCOs, or both**
  - If no, review [HRSN Community Capacity Building Funds](#) information to see how you can get help to meet HRSN Service Provider requirements

## Step 2: Decide if you want to serve OHP members enrolled in Open Card, CCOs, or both

- Your actions may vary depending on whether you plan to serve OHP members enrolled in OHP Open Card, coordinated care organizations (CCOs), or both. While not required, we encourage providers to serve both groups and recommend enrolling in OHP Open Card first to reduce paperwork when enrolling with CCOs later.
  - For HRSN providers only serving CCO members, [contact the CCO\(s\)](#) in your area to find out how to enroll
  - For HRSN providers serving OHP Open Card members, or serving both Open Card and CCO members, go to **Step 3 – Enroll as an HRSN Provider**

# Step 3: Enroll as an HRSN Provider

## 1. Complete and save the required enrollment forms

- a) For individuals: OHA [3972](#) and OHA [3975](#)
- b) For organizations: OHA [3972](#), OHA [3974](#), and OHA [3975](#)

## 2. Complete the [Provider Enrollment application](#)

- Click on “Providers” link at top of page, click on “Enrollment” in drop down menu
- Complete application and upload completed forms prior to submitting

### Helpful Tip

For step-by-step instructions, see the [MMIS Provider Web Portal Provider Enrollment Guide](#)

For enrollment questions, call OHA’s Provider Enrollment Team at 800-336-6016, option 6, or email [Provider.Enrollment@odhsoha.oregon.gov](mailto:Provider.Enrollment@odhsoha.oregon.gov).

## Step 4: Complete Claims Agreement

- Once enrolled as an HRSN provider serving Open Card members, you will need to complete a *Trading Partner Agreement*. The agreement can be found at: <https://www.oregon.gov/oha/HSD/OHP/Pages/EDI.aspx>.
- This agreement will allow Ayin (OHA's contractor) to receive your invoices and send the claims to OHA on your behalf so you can receive payment for HRSN services delivered.



## Step 5: Set up MMIS web portal access

- **Setting up MMIS access will let you:**
  - Check whether an individual is on OHP (an eligibility requirement for HRSN services)
  - Check whether the individual is enrolled with a CCO (if so, which one) or Open Card
  - In the future, you will be able to view your claims and payment information



# Frequently asked questions



- **How long does enrollment take after submitting an application?**
  - HRSN applications are currently being expedited. Please notify OHA of your application (see the previous “Notify OHA of your submission” slide.)
- **Can the enrollment be backdated, or can backdated claims be submitted?**
  - Enrollment applications may be backdated up to a year but not before the program effective date.
- **Do I need to complete the enrollment forms as well as the online application?**
  - Yes. The web portal is just an upload tool for providers to get their enrollment forms to OHA. This is to replace having forms being faxed.

# Frequently asked questions



- **I submitted my application and forgot to add the attachments. How do I submit them?**
  - If you submitted an application without the attachments, the application will need to be completed again. Apply again and make sure to add the attachments.
- **I applied to become an HRSN service provider with a CCO, is there a possibility that the CCO might not approve my provider application?**
  - Each CCO has the discretion to contract with any provider(s) of their choosing to build their provider network.

# Frequently asked questions: HRSN-specific

- **Is there a separate “easier” process for enrolling HRSN providers?**
  - No, the enrollment process is the same for HRSN providers.
- **Can organizations participate as an HRSN service provider if they are receiving funding from other federal sources/donations?**
  - The HRSN program is not intended to replace or duplicate services through other funding sources. Organizations must balance other state and federal funding they are receiving to ensure they are approaching service delivery appropriately.
- **How can an HRSN provider get access to MMIS to check member eligibility?**
  - If a provider completes the Medicaid Provider Enrollment process with OHA, they will gain access to MMIS to look up eligibility and member CCO enrollment information.

# Still have questions?

- **For enrollment questions:**
  - Call OHA's Provider Enrollment Team at 800-336-6016, option 6, or email [Provider.Enrollment@odhsoha.oregon.gov](mailto:Provider.Enrollment@odhsoha.oregon.gov).
- **For assistance with provider web portal setup and password unlock/reset requests:**
  - Call Provider Services at 800-336-6016, option 5 or email: [TEAM.Provider-access@odhsoha.oregon.gov](mailto:TEAM.Provider-access@odhsoha.oregon.gov)



**More training:** <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Social-Needs-Provider-Training.aspx>

# Fee Schedule and Billing Scenarios



# What is a fee schedule?



**A fee schedule** is a list of maximum rates to reimburse providers for specific services. The fee schedule outlines what OHA will reimburse for each HRSN service.

If an HRSN service provider serves an OHA member enrolled in a CCO, the CCO is responsible for reimbursement according to the fee schedule.

If an HRSN service provider serves an OHA member enrolled in Open Card, OHA will pay the provider directly according to the fee schedule.

# How is a Fee Schedule developed?

## Inputs

### ■ What is needed for fee schedule development:

- Service name
- Service description
- Frequency of service
- Duration of service
- Setting of service
- Provider type (specific details as to title, education, etc.) **or** vendor type

### ■ May also review:

- Minimum eligibility requirement criteria
- Corresponding service requirements (bundled activities)
- Service limits

**Proposed services are assessed to determine if there are already established Medicaid fees, established fees in other state agencies, or if they require new fee development.**

# Fee Schedule Development Process

## Overview

### Medicaid Fees

Already established fees can be leveraged for services already covered elsewhere in Medicaid

#### Assessment:

- Compare service descriptions to HRSN services
- Compare unit definitions
- Update pricing if needed (e.g., trend)

### Other State Agencies

Already established fees can be leveraged for services already offered through other non-Medicaid state programs and agencies

#### Assessment:

- Compare service descriptions to HRSN services
- Compare unit definitions
- Evaluate pricing differences and adjust if needed

### New Fee Development

Develop new rates for services not already offered through the Medicaid program or other State programs and agencies

#### Assessment:

- Incorporate CCO and HRSN Provider input
- Examine available pricing in Oregon
- Review other State program fees, if applicable
- Building rates from the ground up, as necessary.

# What is an Upper Payment Limit?



**The upper payment limit (UPL) is the maximum amount that a provider can be reimbursed for a service based on the rates listed in each fee schedule.**

The UPL allows payment for a service up to 150% of the expected costs. The UPL allows for adjustments in costs across geographies and member need. The expected unit cost listed on the fee schedule is the amount that the State expects most claims to exhibit.

All services will be paid in accordance with the actual cost of the service, up to the maximum amount reimbursable based on the fee schedule. If the costs of the service, as demonstrated in a receipt/invoice, is less than the expected unit cost, the service will be reimbursed at the lower amount.

For example, the expected cost of storage fees are listed as \$135.00 per month, but this is subject to the maximum allowable cost, meaning it has an upper payment limit of 150%. The maximum a provider can be reimbursed for this service is \$202.50. If a provider submits a claim with \$120.00 as the monthly storage cost, they will be reimbursed \$120.00.

# Climate Fee Schedule

Procedure Code	Modifiers	Service Description	Unit	OHA Expected Unit Costs	Rate <sup>1,2</sup>
S5165 - Home modifications; per service	U1 - HRSN Waiver Program V1 - Air conditioner	Air conditioner, including delivery	Per Item	\$680.00	Actual cost, subject to maximum allowable
T2029 - Specialized medical equipment, NOS, waiver	U1 - HRSN Waiver Program	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	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	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	Heater, including delivery	Per Item	\$290.00	Actual cost, subject to maximum allowable
S5165 - Home modifications; per service	U1 - HRSN Waiver Program V2 - Refrigerator	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	Climate device installation	Per 15 Minutes	\$12.50	\$12.50
<b>T1017 - Targeted case management, each 15 minutes</b>	<b>U1 - HRSN Waiver Program UD - Outreach and Engagement</b>	<b>Outreach and Engagement by CBO or HRSN provider<sup>3</sup></b>	<b>Per 15 Minutes</b>	<b>\$20.00</b>	<b>\$20.00</b>

Rates listed as "Actual cost, subject to maximum allowable" will have an upper payment limit (UPL) of 150% of the OHA Expected Unit Costs.

# Nutrition Fee Schedule

Includes only services going live January 1, 2024

Procedure Code	Modifiers	Service Description	Unit	OHA Maximum Allowable Unit Costs	Rate
97802 – Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with each patient, each 15 minutes	U1 – HRSN Waiver Program U6 – Initial Assessment	Assessment for Medically Tailored Meals	Per 15 Minutes	\$25.00	\$25.00
97803 – Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes	U1 – HRSN Waiver Program	Reassessment for Medically Tailored Meals	Per 15 Minutes	\$25.00	\$25.00
98961 – Education and training for patient self-management by a qualified, nonphysician health care professional using standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2 – 4 patients	U1 – HRSN Waiver Program UC – Nutrition	Nutrition Education	Per 30 Minutes	\$25.00	\$25.00
S5170 – Home delivered meals, including preparation; per meal	U1 – HRSN Waiver Program U9 – Household Services	Medically Tailored Meals	Per Meal	\$12.25	\$12.25
<b>T1017 – Targeted case management, each 15 minutes</b>	<b>U1 – HRSN Waiver Program UD – Outreach and Engagement</b>	<b>Outreach and Engagement by CBO or HRSN Provider</b>	<b>Per 15 Minutes</b>	<b>\$20.00</b>	<b>\$20.00</b>

Rates listed as "Actual cost, subject to maximum allowable" will have an upper payment limit (UPL) of 150% of the OHA Expected Unit Costs.

# Housing Fee Schedule: Rent and Utilities

Includes only services going live November 1, 2024

## OHA Expected Unit Costs

Procedure Code	Modifiers	Service Description	Unit	Housing Unit	Region A <sup>1</sup>	Region B <sup>1</sup>	Region C <sup>1</sup>	Region D <sup>1</sup>	Region E <sup>1</sup>	Rate <sup>2,3</sup>
H0043 - Supported housing, per diem	U1 - HRSN waiver program ...and one of the following... U2 - 0-1 bedroom U3 - 2 bedroom U4 - 3+ bedroom	Rent/Temporary Housing and Utility Costs	Per Day	Zero to One Bedroom	\$63.57	\$49.64	\$40.18	\$34.29	\$28.39	Actual cost, subject to maximum allowable
				Two Bedrooms	\$72.32	\$65.18	\$50.00	\$41.96	\$35.00	
				Three or More Bedrooms	\$100.36	\$91.79	\$70.36	\$59.11	\$49.29	
H0044 - Supported housing, per month	U1 - HRSN waiver program ...and one of the following... U2 - 0-1 bedroom U3 - 2 bedroom U4 - 3+ bedroom	Rent/Temporary Housing and Utility Costs	Per Month	Zero to One Bedroom	\$1,780.00	\$1,390.00	\$1,125.00	\$960.00	\$795.00	Actual cost, subject to maximum allowable
				Two Bedrooms	\$2,025.00	\$1,825.00	\$1,400.00	\$1,175.00	\$980.00	
				Three or More Bedrooms	\$2,810.00	\$2,570.00	\$1,970.00	\$1,655.00	\$1,380.00	
T2035 - Utility services to support medical equipment and assistive technology/devices, waiver	U1 - HRSN waiver program (no additional modifier)	Utilities Arrears	Per Month	Zero to One Bedroom	\$712.00	\$556.00	\$450.00	\$384.00	\$318.00	Actual cost, subject to maximum allowable
				Two Bedrooms	\$810.00	\$730.00	\$560.00	\$470.00	\$392.00	
				Three or More Bedrooms	\$1,124.00	\$1,028.00	\$788.00	\$662.00	\$552.00	
T2035 - Utility services to support medical equipment and assistive technology/devices, waiver	U1 - HRSN waiver program ...and one of the following... U2 - 0-1 bedroom U3 - 2 bedroom U4 - 3+ bedroom	Utilities Set-Up	Per Instance	Zero to One Bedroom	\$946.00	\$790.00	\$684.00	\$618.00	\$552.00	Actual cost, subject to maximum allowable
				Two Bedrooms	\$1,044.00	\$964.00	\$794.00	\$704.00	\$626.00	
				Three or More Bedrooms	\$1,358.00	\$1,262.00	\$1,022.00	\$896.00	\$786.00	

Rates listed as "Actual cost, subject to maximum allowable" will have an upper payment limit (UPL) of 150% of the OHA Expected Unit Costs.

# Housing Fee Schedule Continued

Includes only services going live November 1, 2024

Procedure Code	Modifiers	Service Description	Unit	Housing Unit	OHA Expected Unit Costs	Rate
H2015 - Comprehensive community support services, per 15 minutes	U1 - HRSN waiver program UA - Education and training	Tenancy Services	Per 15 Minutes	All Units	\$20.00	\$20.00
S5165 - Home modifications; per service	U1 - HRSN waiver program UB - Home modifications	Medically Necessary Home Accessibility Modifications	Per Instance	All Units	\$5,000.00	Actual cost, subject to maximum allowable
S5165 - Home modifications; per service	U1 - HRSN waiver program U9 - Household services	Medically Necessary Home Remediations	Per Instance	All Units	\$3,350.00	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>4</sup>	Per 15 Minutes	All Units	\$20.00	\$20.00

Rates listed as "Actual cost, subject to maximum allowable" will have an upper payment limit (UPL) of 150% of the OHA Expected Unit Costs.

# Healthcare Common Procedure Coding System (HCPCS)

Procedure codes and modifiers are used in medical coding to provide additional information about a medical procedure, service, or supply. **While Health-Related Social Needs (HRSN) Services are not medical, procedure codes and modifiers are used to tell the story of the encounter with a member.**

**Procedure codes** are typically five characters (a letter and four numbers).

The HRSN procedure codes were selected as they most closely fit with the described HRSN service.

**Modifiers** are two characters (a letter and a number) appended to the Procedure Code. They provide additional information about the service without changing the meaning of the code.

All HRSN Service claims will have one procedure code, and a minimum of one modifier.

In most instances, a service will utilize two modifiers.

# How a code is selected



The coding specialists refer to Codify, a subscription-based resource through the American Academy of Professional Coders (AAPC).

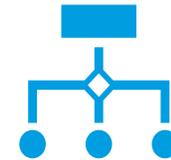
Publicly available information is posted on the AAPC Knowledge Center forum regarding that code.



The coding specialists search key words that align with the HRSN service (i.e., food, rent, air conditioners) to determine which codes align well with the HRSN service.



The coding specialists then assess the HCPCS description and compare it with the HRSN service to make a recommendation. They also consider how the code references or does not reference a unit (15 mins, per day, per month, etc.)



The coding specialists then provide a list of options for the State to review and select their preferred code.

During the selection process, the State may consider codes already in use in Oregon, requirements of the code, and units (15-min., 30-min., per diem, monthly, one time)



The procedure code is then selected by Oregon.

# HRSN Procedure Codes and Modifiers

## Oregon Specific

For all HRSN services, the U1 modifier will be used to indicate that a service is specific to the HRSN program. The use of this modifier will help Oregon Health Authority (OHA) analyze data specific to HRSN and will help inform future decisions around this benefit.

When filling out claims, HRSN providers will include the procedure code, the U1 HRSN modifier, and any additional modifier indicated on the fee schedule for each service rendered (example below).

Procedure Code	Modifiers	Service Description	Unit	OHA Expected Unit Costs	Rate <sup>1,2</sup>
S5165 — Home modifications; per service	U1 — HRSN Waiver Program V1 — Air conditioner	Air conditioner, including delivery	Per Item	\$680.00	Actual cost, subject to maximum allowable
T2029 — Specialized medical equipment, NOS, waiver	U1 — HRSN Waiver Program	Air filtration device, including delivery	Per Item	\$500.00	Actual cost, subject to maximum allowable

# Billing Scenarios



# Rent and Utilities

## Multi-month utility bill: Under Max UPL

**Rent and Utility Pricing:** Provision of payment to cover a member's costs for recurring rent and/or short-term, temporary stays, including utilities

Procedure Code	Modifiers	Unit	Housing Unit	Region A <sup>1</sup>	Region B <sup>1</sup>	Region C <sup>1</sup>	Region D <sup>1</sup>	Region E <sup>1</sup>
H0044 - Supported housing, per month	U1 - HRSN waiver program	Per Month	Zero to One Bedroom	\$1,780.00	\$1,390.00	\$1,125.00	\$960.00	\$795.00
	<i>...and one of the following...</i>		Two Bedrooms	\$2,025.00	\$1,825.00	\$1,400.00	\$1,175.00	\$980.00
	U2 - 0-1 bedroom		Three or More Bedrooms	\$2,810.00	\$2,570.00	\$1,970.00	\$1,655.00	\$1,380.00
	U3 - 2 bedroom							
	U4 - 3+ bedroom							

Rates listed as "Actual cost, subject to maximum allowable" will have an upper payment limit of 150% of the OHA Expected Unit Costs.

### Scenario 1: Alex

- Alex is renting a one-bedroom apartment in Clackamas County with the **water and trash billed quarterly**.
- Alex's rent is \$1,780 each month, water and trash is \$300 each quarter
- Alex needs support for 6 months; monthly costs range from \$1,780 to \$2,080
- To bill, utilize bill code H0044 and modifiers U1 and U2.
  - Enter total amount for month of claim.
  - The two months when the total is \$2,080 is **under the Max UPL** of \$2,670 so the claim **will be paid in full**.

A. Clackamas, Columbia, Multnomah, Washington, and Yamhill

B. Hood River, Wasco, Benton, and Deschutes

# Rent and Utilities

## Multi-month utility bill: Exceeds Max UPL

**Rent and Utility Pricing:** Provision of payment to cover a member's costs for recurring rent and/or short-term, temporary stays, including utilities

Procedure Code	Modifiers	Unit	Housing Unit	Region A <sup>1</sup>	Region B <sup>1</sup>	Region C <sup>1</sup>	Region D <sup>1</sup>	Region E <sup>1</sup>
H0044 - Supported housing, per month	U1 - HRSN waiver program	Per Month	Zero to One Bedroom	\$1,780.00	\$1,390.00	\$1,125.00	\$960.00	\$795.00
	<i>...and one of the following...</i>		Two Bedrooms	\$2,025.00	\$1,825.00	\$1,400.00	\$1,175.00	\$980.00
	U2 - 0-1 bedroom		Three or More Bedrooms	\$2,810.00	\$2,570.00	\$1,970.00	\$1,655.00	\$1,380.00
	U3 - 2 bedroom							
U4 - 3+ bedroom								

Rates listed as "Actual cost, subject to maximum allowable" will have an upper payment limit of 150% of the OHA Expected Unit Costs.

### Scenario 2: Josie

- Josie is renting a two-bedroom apartment in Benton County with the **water and trash billed quarterly**.
- Josie's rent is \$2,500 each month, water and trash is \$300 each quarter
- Josie needs support for 6 months; monthly costs range from \$2,600 to \$2,900
- To bill, utilize bill code H0044 and modifiers U1 and U3.
  - Enter total amount for month of claim(s).
  - The two months when the total is \$2,800 **exceeds the Max UPL** of \$2,738 so the **claim(s) will not be paid in full**. The claim(s) will be paid \$2,738. The remaining amount of \$62 should be added to the subsequent month's claim(s) for Josie's Rent and Utility.

A. Clackamas, Columbia, Multnomah, Washington, and Yamhill

B. Hood River, Wasco, Benton, and Deschutes

# Rent and Utilities

## Other funding support

**Rent and Utility Pricing:** Provision of payment to cover a member's costs for recurring rent and/or short-term, temporary stays, including utilities

Procedure Code	Modifiers	Unit	Housing Unit	Region A <sup>1</sup>	Region B <sup>1</sup>	Region C <sup>1</sup>	Region D <sup>1</sup>	Region E <sup>1</sup>
H0044 - Supported housing, per month	U1 - HRSN waiver program	Per Month	Zero to One Bedroom	\$1,780.00	\$1,390.00	\$1,125.00	\$960.00	\$795.00
	<i>...and one of the following...</i>		Two Bedrooms	\$2,025.00	\$1,825.00	\$1,400.00	\$1,175.00	\$980.00
	U2 - 0-1 bedroom		Three or More Bedrooms	\$2,810.00	\$2,570.00	\$1,970.00	\$1,655.00	\$1,380.00
	U3 - 2 bedroom							
	U4 - 3+ bedroom							

Rates listed as "Actual cost, subject to maximum allowable" will have an upper payment limit of 150% of the OHA Expected Unit Costs.

### Scenario 3: Debbie

- Debbie is renting a three-bedroom apartment in Deschutes County, utilities included. Debbie receives an eviction notice.
- The county provides eviction prevention support to Debbie while she applies for HRSN rent.
- Debbie's rent is \$2,500 each month, **eviction support** covered the initial rent and arrears. HRSN will then pay Debbie's rent for up to 6 months.
- To bill, utilize bill code H0044 and modifiers U1 and U4.
  - Enter total amount for month of claim(s).

A. Clackamas, Columbia, Multnomah, Washington, and Yamhill

B. Hood River, Wasco, Benton, and Deschutes

# Rent and Utilities

## Separate Utility Bill(s)

**Rent and Utility Pricing:** Provision of payment to cover a member's costs for recurring rent and/or short-term, temporary stays, including utilities

Procedure Code	Modifiers	Unit	Housing Unit	Region A <sup>1</sup>	Region B <sup>1</sup>	Region C <sup>1</sup>	Region D <sup>1</sup>	Region E <sup>1</sup>
H0044 - Supported housing, per month	U1 - HRSN waiver program <i>...and one of the following...</i>	Per Month	Zero to One Bedroom	\$1,780.00	\$1,390.00	\$1,125.00	\$960.00	\$795.00
	U2 - 0-1 bedroom		Two Bedrooms	\$2,025.00	\$1,825.00	\$1,400.00	\$1,175.00	\$980.00
	U3 - 2 bedroom U4 - 3+ bedroom		Three or More Bedrooms	\$2,810.00	\$2,570.00	\$1,970.00	\$1,655.00	\$1,380.00

Rates listed as "Actual cost, subject to maximum allowable" will have an upper payment limit of 150% of the OHA Expected Unit Costs.

### Scenario 4: Jim

- Jim is renting a one-bedroom apartment in Washington County, but **utilities are not included in rent** and are paid separately.
- Jim's rent is \$1,500 each month, utilities are \$150 each month.
- Rent and utilities can be included in one claim or separated into two claims but must not exceed the Max UPL for that month. In Jim's case that would be \$2,670.
- To bill, utilize bill code H0044 and modifiers U1 and U2.
  - Enter total amount for month of claim.
  - The monthly claim will be one claim of \$1650, or two claims of \$1,500 and \$150, either way the Rent and Utility does not exceed Max UPL and **will be paid in full.**

A. Clackamas, Columbia, Multnomah, Washington, and Yamhill

B. Hood River, Wasco, Benton, and Deschutes

# CCO Variable Admin

## Procedure Code: 99499 — CCO Variable Admin

Procedure Code	Modifiers	Service Description	Unit	Housing Unit	Region A <sup>1</sup>	Region B <sup>1</sup>	Region C <sup>1</sup>	Region D <sup>1</sup>	Region E <sup>1</sup>
99499 - CCO Variable Admin	U1 - HRSN waiver program U9 - Household services	Housing Supports CCO Variable Admin	Per Instance	All Units			\$366.00		
99499 - CCO Variable Admin	U1 - HRSN waiver program NU: New Equipment	Climate-Related CCO Variable Admin	Per Item	All Units			\$78.00		

**HRSN Providers should not use the Procedure code 99499** to cover administrative costs associated with providing housing services on claims to CCO. The CCO Variable Admin code 99499 is only billable by CCOs when they pay the first full month of rent (H0044), first instance of home remediations (S5165- U1-U9), or first instance of home modifications (S5165-U1-UB).

NOTE: CCOs receive HRSN-related administrative payments via fixed, PMPM payments as part of monthly capitation rates, as well as variable administrative payments for select HRSN services. Together, the fixed and variable payments generally compensate CCOs for a reasonable level of administrative costs to meet the CCO's responsibilities.

The variable admin listed on the fee schedule is not for providers to include on claims to CCOs. HRSN Providers can bill for their time working on a member's behalf through Outreach and Engagement and Housing Navigation Services. The costs of providing these services should be covered by the fee schedule rates. If HRSN Providers have concerns with the adequacy of these rates, OHA asks that CCOs help pass that feedback along, detailing their concerns.

- **Outreach and Engagement (T1017):** Provider should use when working with or on behalf of an individual who belongs to one or more HRSN Covered Populations and who may be eligible for HRSN services. Can be used to support Climate, Nutrition, and Housing services.
- **Tenancy Services (H2015):** Providers should use when supporting individuals or households, or both individuals and households, to achieve their stability goals. Can be used to support Housing services only.

# AYIN Reimbursement Process



**Ayin** | Health  
Solutions

# Open Card Reimbursement Request Process

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HRSN Housing Related Services

# Reimbursement Submission

## Landing Page

HRSN providers delivering services to Open Card members can visit [ayin.com/hrsn](https://ayin.com/hrsn) to begin the reimbursement request process.

From this page providers can access:

- Reminders and helpful information about the submission process along with contact information
- Ayin's online submission platform and submission guide.

## Health Related Social Needs Reimbursement

### Before you get started

- All entities requesting reimbursement must be enrolled as an HRSN Provider with the Oregon Health Authority prior to performing services. Submissions without a valid Medicaid Provider ID will be rejected.
- Outreach & Engagement services do not require prior authorization. However, OHP Open Card eligibility must be validated prior to submission.
- All other services must be authorized in advance. Submissions without a valid authorization number will be rejected

If you need help enrolling as a HRSN Provider, verifying OHP Open Card eligibility or obtaining service authorization - please contact (888) 834-4304 for more information.

### Submitting a Reimbursement Request

1. Ensure you are enrolled as an HRSN provider for the types of services you wish to submit.
2. Ensure your member is enrolled in the Oregon Health Plan as an Open Card member.
3. Ensure you have obtained prior authorization for the services provided. Note: This is not required for Outreach & Engagement services.
4. Visit Ayin's [Online Invoicing Platform](#) to submit your reimbursement request.

If you need help on completing the submission, review the [submission guide](#). Be sure you only submit claims for one member at a time and follow the instructions carefully to avoid a rejected submission.

# Web Tool Walkthrough

## Getting Started

To begin a submission through the web tool:

- Select your preferred language
- Click *Submit an Invoice for Reimbursement*

The screenshot shows the Ayin Health Invoicing web tool interface. At the top, the Ayin logo is displayed in blue, followed by the text "Health Invoicing" in a smaller blue font. Below the logo is a language selection dropdown menu with "Language" and "English" visible, and a downward arrow. Underneath the dropdown are two buttons: a solid blue button with white text that says "SUBMIT AN INVOICE FOR REIMBURSEMENT", and a white button with a blue border and blue text that says "CHECK THE STATUS OF A PREVIOUS SUBMISSION". Below these buttons is a link that says "I HAVE A QUESTION". At the bottom of the interface, there is a dark blue footer with white text that reads "Ayin Health Invoicing is a service provided for OHA Health-Related Services".

# Web Tool Walkthrough

## Provider Information

Enter your information as the provider of services:

- **Contact Email** - This address will be used for communicating with you about your submission.
- **Provider Name** - This should match the name enrolled with the State of Oregon and the name on the provider's W9.
- **Medicaid ID** - This must be a valid, HRSN enrolled provider ID with the State of Oregon for the HRSN program for which reimbursement is being submitted.
- **Provider Address** - This should be the address on file with the State of Oregon. All payments will be sent based on the information on file with OHA.

For help enrolling as an HRSN provider please call (888) 834-4304 or visit <https://ohpcc.acentra.com/hrsn> for more information.

The screenshot shows the Ayin Health Invoicing registration form. At the top left is the Ayin logo with 'Health Invoicing' to its right. Below the logo is the instruction: 'Please provide us with **your** contact information.' The form contains several input fields: 'Contact Email' (with a help icon), 'Business or Provider Name', 'Who should we reimburse?' (a dropdown menu), 'Provider Medicaid ID', 'Business or Provider Address' (with a search icon), 'Business or Provider Address 2', 'City', 'State' (a dropdown menu), and 'ZIP Code'. At the bottom of the form is a toggle switch for 'Billing Address is the same as mailing', which is currently turned on. At the very bottom are two buttons: 'BACK' and 'NEXT'.

# Web Tool Walkthrough

## Member Information

Enter information about the member being served:

- **Member Name** - Enter the name of the person receiving the services. This should match the information on the member's enrollment with the Oregon Health Plan.
- **Date of Birth** - Enter the date of birth of the person receiving the services. This should match the information on the member's enrollment with the Oregon Health Plan.
- **Medicaid ID** - This must be a valid and active member ID eligible to receive HRSN services. If the ID is invalid or not effective, submissions will be rejected.
- **Member Address** - This is the member's physical address if available. Otherwise, the member's mailing address.

The screenshot shows a web form titled "Ayin Health Invoicing". The form is enclosed in a blue border and contains the following elements:

- Header:** "Ayin | Health Invoicing" logo.
- Instruction:** "Please provide us with **the receiving member's** information."
- Form Fields:**
  - Two input boxes for "Member First Name" and "Member Last Name".
  - A label "Who recieved this service?" (note the typo) above a date input field for "Date of Birth" (with a calendar icon) and a text input field for "Medicaid ID".
  - A note "Required MM/DD/YYYY" below the date field.
  - A search input field for "Member's/Service Address".
  - A text input field for "Member's/Service Address 2".
  - Three input fields for "City", "State" (a dropdown menu), and "ZIP Code".
- Navigation:** "BACK" and "NEXT" buttons at the bottom.

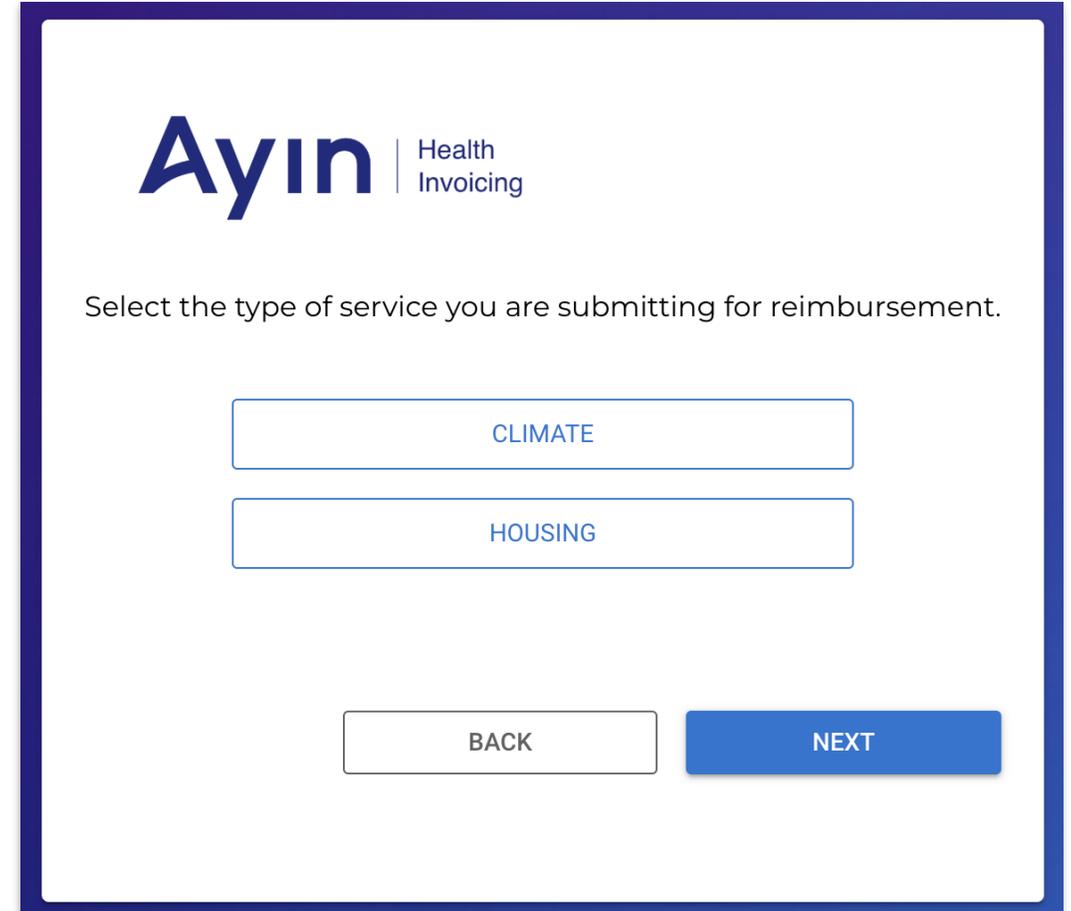
# Web Tool Walkthrough

## Service Type Selection

Select the type of service:

- **Climate**
- **Housing**
- **Nutrition** - Coming 1/1/25
- **Outreach & Engagement** - Coming Soon

**Important Note:** Currently Outreach & Engagement can be submitted through either the Climate or Housing template. However, in an effort to simplify the entry process for Outreach & Engagement claims this will become its own form later in 2024.



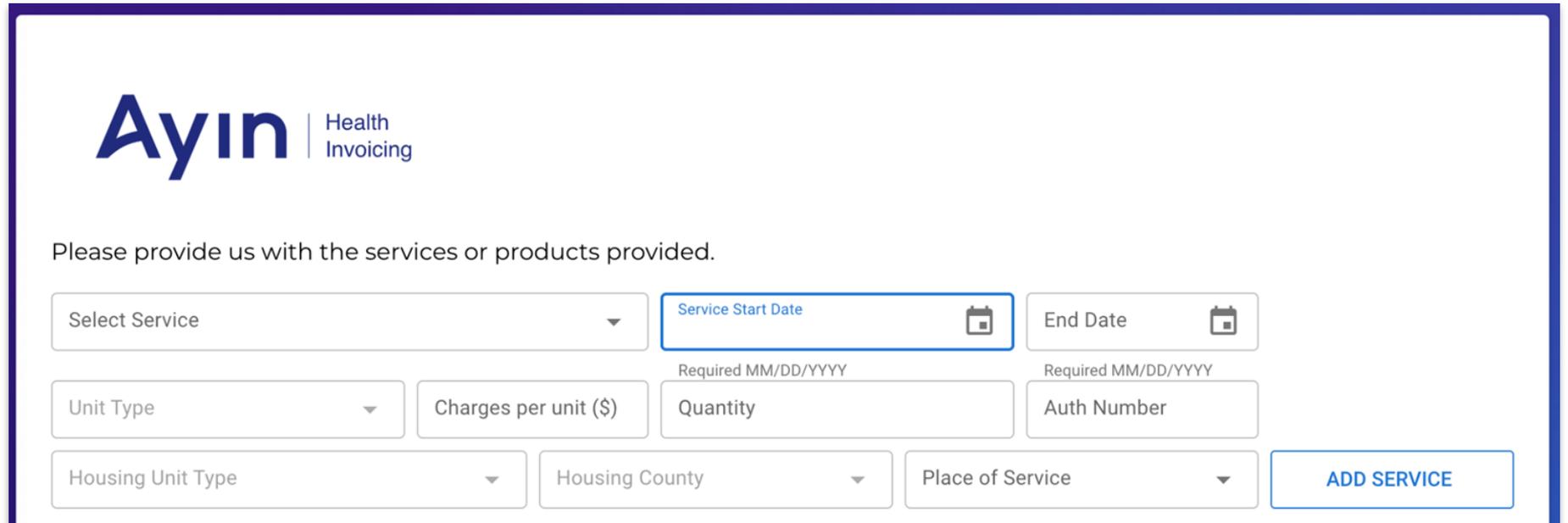
The screenshot shows a web interface for Ayin Health Invoicing. At the top left is the Ayin logo with the text 'Health Invoicing' to its right. Below the logo is the instruction 'Select the type of service you are submitting for reimbursement.' There are two large, light blue rectangular buttons with blue borders: 'CLIMATE' and 'HOUSING'. At the bottom of the screen are two smaller buttons: 'BACK' (white with a black border) and 'NEXT' (solid blue).

# Web Tool Walkthrough

## Invoice Detail

For each service line you must submit several pieces of information:

- Housing Service
- Service Start & End Date
- Unit Type
- Charges Per Unit
- Quantity
- Auth Number
- Housing Unit Type
- Housing County
- Place of Service



The screenshot shows the Ayin Health Invoicing interface. At the top left is the Ayin logo with 'Health Invoicing' text. Below the logo is the instruction: 'Please provide us with the services or products provided.' The form contains several input fields: a 'Select Service' dropdown menu, a 'Service Start Date' date picker (highlighted with a blue border), an 'End Date' date picker, a 'Unit Type' dropdown menu, a 'Charges per unit (\$)' text input, a 'Quantity' text input, an 'Auth Number' text input, a 'Housing Unit Type' dropdown menu, a 'Housing County' dropdown menu, a 'Place of Service' dropdown menu, and an 'ADD SERVICE' button.

# Web Tool Walkthrough

## Invoice Detail - Housing Service

**Housing Service:** Select the type of service provided. Options include:

- Hotel/Motel Stays
- Medically Necessary Home Accessibility Modifications
- Medically Necessary Home Remediations
- Outreach and Engagement by CBO or HRSN Provider
- Pre-Tenancy, Housing Transition Navigation, and Tenancy Services
- Rent/Temporary Housing and Utility Costs
- Storage Fees
- Utilities Arrears
- Utilities Set-Up

The screenshot shows the 'ADD SERVICE' form in the Ayin Health Invoicing system. The form is titled 'Please provide us with the services or products provided.' and contains several input fields. A red box highlights the 'Select Service' dropdown menu. Other fields include 'Service Start Date' (with a calendar icon and 'Required MM/DD/YYYY' label), 'End Date' (with a calendar icon and 'Required MM/DD/YYYY' label), 'Unit Type' (dropdown), 'Charges per unit (\$)', 'Quantity', 'Auth Number', 'Housing Unit Type' (dropdown), 'Housing County' (dropdown), and 'Place of Service' (dropdown). An 'ADD SERVICE' button is located at the bottom right of the form.

# Web Tool Walkthrough

## Invoice Detail - Service Dates

Service	Date Guidance
Hotel/Motel Stays	Enter the first and last date of the hotel/motel stay.
Home Modifications & Remediations	Enter the first and last date of the modification.
Tenancy Services	The date of the service.
Rent & Utility Costs (Per Diem)	The first and last date the housing and/or utilities were provided.
Rent & Utility Costs (Per Month)	<p><i>Rent:</i> The first day of the month for which the rent is for.</p> <p><i>Rent Arrears:</i> The second day of the month for which the rent is for.</p> <p><i>Utilities:</i> The first date the utilities were for.</p> <p>For example: Monthly utility that runs from 11/14-12/13 would have a service date of 11/14.</p>
Storage Fees	The first date of the month for which the storage is for.
Utilities Arrears	<p><i>Utilities:</i> The first date the utilities were for.</p> <p>For example: Monthly utility that runs from 7/14-8/13 would have a service date of 7/14.</p>
Utilities Set-Up	The date of the utilities set up.

# Web Tool Walkthrough

## Invoice Detail - Unit Type

**Unit Type:** For Rent/Temporary Housing and Utilities Costs select:

- Per Month - Used for full month services.
- Per Day - Used for partial month services (limited to 28 days).

For all other service types, this field will default to the correct unit type based on the OHA fee schedule. Options include:

- Per Day
- Per Month
- Per 15 Minutes
- Per Instance

The screenshot displays the Ayin Health Invoicing web tool interface. At the top left is the Ayin Health Invoicing logo. Below it, a prompt reads: "Please provide us with the services or products provided." The form contains several input fields: "Select Service" (dropdown), "Service Start Date" (calendar icon, required MM/DD/YYYY), "End Date" (calendar icon, required MM/DD/YYYY), "Unit Type" (dropdown, highlighted with a red border), "Charges per unit (\$)", "Quantity", and "Auth Number". At the bottom, there are three more dropdowns: "Housing Unit Type", "Housing County", and "Place of Service", followed by an "ADD SERVICE" button.

# Web Tool Walkthrough

## Invoice Detail - Charges & Units

**Charges per Unit (\$)** - Enter the amount charged for this service per unit.

**Quantity** - Enter the quantity of units being submitted.

Important Note: Both the charges and quantity should be entered based on the Unit Type which could be minutes, days, months or instances. Be sure you are using the right charges & quantity based on the measure.

The screenshot shows the Ayin Health Invoicing web tool interface. The header includes the Ayin logo and 'Health Invoicing'. Below the header, there is a prompt: 'Please provide us with the services or products provided.' The form contains several input fields: 'Select Service' (dropdown), 'Service Start Date' (calendar icon), 'End Date' (calendar icon), 'Unit Type' (dropdown), 'Charges per unit (\$)' (text input, highlighted with a red box), 'Quantity' (text input, highlighted with a red box), 'Auth Number' (text input), 'Housing Unit Type' (dropdown), 'Housing County' (dropdown), 'Place of Service' (dropdown), and an 'ADD SERVICE' button. The 'Charges per unit (\$)' and 'Quantity' fields are highlighted with a red box.

# Web Tool Walkthrough

## Invoice Detail - Authorization Number

**Auth Number:** All services - with the exception of Outreach & Engagement - require authorization prior to delivery.

Acentra will provide an authorization number for the services which should be entered on the invoice submission form.

**Ayin** | Health Invoicing

Please provide us with the services or products provided.

Select Service	Service Start Date	End Date
Unit Type	Charges per unit (\$)	Quantity
Housing Unit Type	Housing County	Place of Service

Auth Number

ADD SERVICE

# Web Tool Walkthrough

## Invoice Detail - Housing Unit Type & County

**Housing Unit Type** - The size of the housing unit - Zero to One Bedroom, Two Bedroom, or Three or More Bedrooms.

**Housing County** - The county where the rent / utility services are being delivered.

### Important Note:

These fields are only required for rent and utility services.

The screenshot shows the Ayin Health Invoicing interface. At the top left is the Ayin logo with 'Health Invoicing' text. Below the logo is the instruction: 'Please provide us with the services or products provided.' The form contains several input fields: 'Select Service' (dropdown), 'Service Start Date' (calendar icon, required MM/DD/YYYY), 'End Date' (calendar icon, required MM/DD/YYYY), 'Unit Type' (dropdown), 'Charges per unit (\$)', 'Quantity', and 'Auth Number'. At the bottom, there are three more dropdown fields: 'Housing Unit Type', 'Housing County', and 'Place of Service'. A blue 'ADD SERVICE' button is located to the right of these fields. A red rectangular box highlights the 'Housing Unit Type' and 'Housing County' dropdown menus.

# Web Tool Walkthrough

## Invoice Detail - Place of Service

**Place of Service** - The location at which the service was performed. For many HRSN services this will be the member's home. Providers can select from the following options:

- Group Home
- Home
- Office
- Outreach Site/Street
- Telehealth
- Temporary Lodging

The screenshot displays the Ayin Health Invoicing web tool interface. At the top left is the Ayin logo with 'Health Invoicing' text. Below the logo, a prompt reads 'Please provide us with the services or products provided.' The form contains several input fields: 'Select Service' (dropdown), 'Service Start Date' (calendar icon, required MM/DD/YYYY), 'End Date' (calendar icon, required MM/DD/YYYY), 'Unit Type' (dropdown), 'Charges per unit (\$)', 'Quantity', and 'Auth Number'. The bottom row includes 'Housing Unit Type' (dropdown), 'Housing County' (dropdown), 'Place of Service' (dropdown, highlighted with a red border), and an 'ADD SERVICE' button.

# Web Tool Walkthrough

## Invoice Detail - Finalizing Line Item

- Once all fields are entered, select *Add Service* to create an line item for your submission
- Multiple line items for the same member may be added to a single submission
- If needed, select *Choose File* on any line item to attach supporting documents
- Once all line items for the member are added, click *Next*

**Ayin** | Health Invoicing

Please provide us with the services or products provided.

Select Service  Service Start Date  End Date   
Required MM/DD/YYYY Required MM/DD/YYYY

Unit Type  Charges per unit (\$)  Total Months  Auth Number

Housing Unit Type  Housing County  Place of Service  **ADD SERVICE**

**Total Charges:** \$2,000.00

Service	Delivery Date	Charges (\$)	Unit	Quantity	Housing Unit Type	County	POS	Auth	Line	Receipt
Rent/Temporary Housing and Utility Costs	11/1/2024	\$2,000.00	Per Month	1	Two Bedrooms	Washington	Home	9999999999	\$2,000.00	<b>Choose File</b>

Records per page: 5 1-1 of 1

**BACK** **NEXT**

# Web Tool Walkthrough

## Invoice Detail - Review Your Submission

- Review your submission
- Click back to return a prior section and make additions or corrections
- Once complete, click *Submit*



Please review your submission

**Invoice payable to:**  
Test provider  
123456789  
123 Main Street  
Salem , OR 97306

**Member Served:**  
Sample Member  
123456789  
123 Main Street  
Salem , OR 97306

[Click here to upload additional documentation](#)

**Total Charges:** \$2,000.00

Service	Delivery Date	Charges (\$)	Unit	Quantity	Housing Unit Type	County	POS	Auth	Line
Rent/Temporary Housing and Utility Costs	11/1/2024	\$2,000.00	Per Month	1	Two Bedrooms	Washington	Home	9999999999	\$2,000.00

Records per page: 5 ▾ 1-1 of 1

[BACK](#) [SUBMIT](#)

# Web Tool Walkthrough

## Invoice Detail - Receipt

- Successful submissions will display a confirmation page with a receipt number.
- This information will also be e-mailed to you.

The screenshot shows a confirmation page for an invoice. At the top, the Ayin logo is displayed next to the text 'Health Invoicing'. Below this, the contact information is listed as 'Contact: test@ayin.com' and the invoice number as 'Invoice: INV-TEST'. A table with four columns (Status, Item, Charges, Quantity) contains one row: 'Entered', 'Rent/Temporary Housing and Utility Costs', '\$2,000.00', and '1'. Below the table, it says 'Records per page: All' and '1-1 of 1'. At the bottom center, there is a blue button labeled 'CLOSE'.

Status	Item	Charges	Quantity
Entered	Rent/Temporary Housing and Utility Costs	\$2,000.00	1

Records per page: All 1-1 of 1

CLOSE

# Invoice Processing

## Submission Issues

- Once submitted, invoices will be processed by Ayin.
- If we identify problems with your submission, we may return it to you for review and correction.
- When possible, rejections will be emailed to the address provided during submission. At times, these may also be sent via USPS mail.
- To submit correction, simply begin a new submission.

### Common Reject Reasons:

- Member not found (Medicaid ID / DOB Mismatch)
- Member not eligible for Open Card on Service Date
- Provider not found
- Provider not enrolled as necessary HRSN provider type
- Invalid Service Dates
- Authorization Not Found
- Authorization Does Not Match Services Billed

### Sample Rejection Email:

From: <[cim-noreply@phtech.com](mailto:cim-noreply@phtech.com)>

Date: Fri, Oct 25, 2024 at 11:57 AM

Subject: HRSN Invoice Submission Notification

Thank you for your recent submission for reimbursement through Ayin Health Invoicing. Unfortunately, we encountered one or more issues that prevented us from processing your request.

To assist in locating this request in your records we have provided limited information below. Thank you for your understanding. We look forward to your resubmission.

**Receipt #:** INV-TEST

**Error Reasons:** ERROR: Member Medicaid ID/DoB not found

**Submission Date:** 11/25/2024 1:58 PM

**Date of Service:** 11/1/2024

**Service Type:** Housing

**Total Dollar Amount Submitted:** \$2,000.00

# Submission Guide

## Submission Guide

- Each HRSN service type has specific rules about how invoices must be billed in order to be accepted.
- These rules are subject to change over time.
- Always visit [ayin.com/hrsn](https://ayin.com/hrsn) for the most recent submission guide to ensure you are submitting accurately.

## Health Related Social Needs Reimbursement

### Before you get started

- All entities requesting reimbursement must be enrolled as an HRSN Provider with the Oregon Health Authority prior to performing services. Submissions without a valid Medicaid Provider ID will be rejected.
- Outreach & Engagement services do not require prior authorization. However, OHP Open Card eligibility must be validated prior to submission.
- All other services must be authorized in advance. Submissions without a valid authorization number will be rejected

If you need help enrolling as a HRSN Provider, verifying OHP Open Card eligibility or obtaining service authorization - please contact (888) 834-4304 for more information.

### Submitting a Reimbursement Request

1. Ensure you are enrolled as an HRSN provider for the types of services you wish to submit.
2. Ensure your member is enrolled in the Oregon Health Plan as an Open Card member.
3. Ensure you have obtained prior authorization for the services provided. Note: This is not required for Outreach & Engagement services.
4. Visit Ayin's [Online Invoicing Platform](#) to submit your reimbursement request.

If you need help on completing the submission, review the [submission guide](#). Be sure you only submit claims for one member at a time and follow the instructions carefully to avoid a rejected submission.

# Reimbursement Submission

## Additional Notes

### General Process

- Before requesting reimbursement all providers must be enrolled with the Oregon Health Authority as an HRSN provider.
- Outreach & Engagement Services must verify the member's Open Card eligibility with Acentra prior to submission.
- All other HRSN services require prior authorization.
- Always check the submission guide for current guidance.



### Reimbursement & Payment

- Payments will be made directly from OHA.
- Please allow 3-4 weeks after a complete/accurate submission to receive payment.
- We are here to help. Ayin and Acentra's phone numbers will be posted on our website.

# Thank you for your time!

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Visit [ayin.com/hrsn](https://ayin.com/hrsn) to get started

# Questions and answers

Please put your questions into the chat!



# Next Steps



# HRSN Provider Webpage

More resources can be found on the [HRSN Provider webpage](#):

- **Guides**

- [HRSN provider journey](#)
- [HRSN member journey](#)

- **Resources**

- [Housing FAQ](#)
- [Housing – eligibility](#)
- [Housing – income limits](#)
- [Housing – benefit fact sheet](#)

The screenshot shows a webpage titled "Health-Related Social Needs Information for Providers". On the left is a navigation menu with links for Medicaid Policy, Oregon's State Plans, OHP 1115 Waiver, SUD 1115 Waiver, Office of Health Policy, Medicaid Advisory Committee, and Oregon Health Policy Board. The main content area is titled "Learn How to Become a Provider of Health-Related Social Needs Benefits" and includes a list of bullet points about HRSN service providers, a paragraph about identifying members to serve, and a list of bullet points about OHP members. On the right, there are sections for "Learn More" with links to "Community Capacity Building Funds (CCBF): Overview and how to apply", "Approved HRSN Services Protocol", and "Approved HRSN Infrastructure Protocol (required for CCBF)", and "Stay Informed" with a link to "Sign up for OHP 1115 waiver updates". Below that is a "Questions?" section with an "Email us" link. At the bottom right, there is a purple-bordered box titled "Providing HRSN Services" which contains a list of expandable sections: "Guides", "Resources", and "Forms and Templates", each with a plus sign icon.

# HRSN housing eligibility guide

More detailed information can be found in the HRSN housing eligibility guide. It has:

- List of housing benefits and benefit details.
- Who qualifies for HRSN housing benefits.
- Qualifying health conditions.
- How to apply for housing benefits.
- Qualifying income chart by county.

The screenshot shows a webpage from the Oregon Health Authority. At the top, it says 'Medicaid Division' and '1115 Waiver Strategic Operations'. The Oregon Health Authority logo is in the top right. The main heading is 'Qualifying for Oregon Health Plan housing benefits'. Below that is a sub-heading 'About Oregon Health Plan housing benefits'. The text explains that Oregon Health Plan (OHP) offers health-related social needs (HRSN) benefits, which are basic needs affecting a person's health. It lists several basic needs: Housing, Food, Staying healthy in any weather or climate condition, and Help getting other benefits. Below this, it asks 'What are the HRSN housing benefits?' and lists: Help with rent payments, Tenant support (help getting resources and services for renters), Help with utility set up and payments, Storage fees, Home changes for health and safety, and Hotel stays during work on home changes (if needed). At the bottom of the screenshot, there is a table with columns for 'where to find healthcare, legal', '12 months', and 'Repeated use of'.

<https://www.oregon.gov/oha/HSD/OHP/Tools/HRSN-Housing-Eligibility.pdf>

# Ready to get started?



## Enroll as an HRSN provider with a CCO, Open Card, or both:

- **CCO:** You can [contact the CCO\(s\)](#) in your area to learn how to apply to become a provider for each CCO.
- **Open Card:** Visit the [Provider Enrollment webpage](#) to get started. We recommend viewing the [HRSN provider enrollment training materials](#).



## Bookmark OHA's HRSN resources

These pages get updated frequently with new HRSN resources and materials:

- [1115 Waiver HRSN Webpage](#)
- [HRSN Service Provider Webpage](#)
- [HRSN Provider Training Webpage](#)

# Provider Resources (continued)



## ★ [HRSN Provider Journey](#)

**A Guide to Support Oregon HRSN Service Providers**

## ★ [HRSN Webpage](#) includes links to several resources:

- [HRSN Request Form for Climate-Related Devices](#) (fillable form available in English; form available in more languages soon)
- [Outreach and Engagement Fact Sheet](#) (available in English and Spanish)
- [Climate Supports FAQ](#) (available in English and Spanish; available in more languages soon)
- [OHP Climate Supports](#) webpage, which contains links to:
  - [Climate-Related Supports two-pager](#) (available in seven languages)
  - [Climate-Related Supports Fee Schedule](#)

# Upcoming Trainings



## ★ HRSN Monthly Training Sessions

- **Still working on scheduling for 2025.**  
Enjoy this time off and we will send an email once we schedule a January session.

**HRSN Training Modules: Self-paced, short YouTube videos on various topics.**

- ★ This module, and more HRSN provider trainings, are available on the [HRSN Provider Training webpage](#).

# We value your feedback

To help us further improve our future HRSN trainings,  
please fill out this anonymous, five question survey:

<https://www.surveymonkey.com/r/Y87W7LK>

