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Memorandum

To: Coordinated care organizations (CCOs)

From: Jessi Wilson, 1115 Waiver Strategic Operations director

Date: Aug. 28, 2026

Subject: Oregon Health Authority (OHA) expectations for Health-Related Social Needs (HRSN) service transitions for Healthier Oregon members

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This memo provides an overview and clarification of requirements for CCO support of Healthier Oregon members who requested, were authorized for, or started receiving HRSN services before Jan. 1, 2027. These expectations align with Oregon Administrative Rule (OAR) and CCO Contract[1] requirements to ensure timely processing of requests and service delivery.

To help CCOs meet these expectations, OHA:

- Will provide a monthly list of HRSN service providers that serve Open Card members.
- Is reviewing Q4 2025 and Q1 2026 data to help identify CCO HRSN backlogs.
- May ask CCOs with backlogs to join technical assistance calls. The calls will help OHA understand the cause of the backlog and assist with strategies to reduce it prior to January 1.

[1] 2026 CCO Contract

This memo also serves as formal clarification and guidance that:

- This transition does not require issuing Notices of Adverse Benefit Determinations (NOABDs), or Notice of Denials, for HRSN services Healthier Oregon members now receive. These services are not ending.
- Instead, CCOs must communicate to members that OHP Open Card will cover and coordinate HRSN services beginning Jan. 1, 2027.

Why is this happening?

The Centers for Medicare & Medicaid Services released a new federal mandate that requires Oregon to transition Healthier Oregon members from CCO enrollment to OHP Open Card effective Jan. 1, 2027. This transition will affect an estimated 102,000 Healthier Oregon members, some of whom receive, or will receive, HRSN services.

OHA shared preliminary timelines and expectations during the June 18, 2026 and July 9, 2026 CCO HRSN Work Sessions. OHA is now sharing the updated expectations here for final clarification and guidance.

What should you do?

Review the expectations detailed below and take appropriate measures to ensure your CCO can support impacted members accordingly.

Requirements for service authorization, referral, and delivery

Scenario 1: Requests that require authorization decision, referral, and service delivery

Complete requests[2] received on or before Thursday, November 19 with no service authorization extension must result in a decision.

[2] Complete requests are defined in OAR 410-120-2010.

- If authorized, CCOs must refer the member to an HRSN service provider who is enrolled with OHA to serve Open Card members. CCOs must also provide the member at least one month of service delivery in accordance with the timeframe detailed in OAR 410-120-2020.
- If denied, CCOs must send the member an NOABD.

Scenario 2: Requests that require authorization decision and referral

CCOs must complete an eligibility screening and authorization for:

- Complete requests received between Friday, November 6 and Thursday, November 19 with a service authorization extension of 14 days.
- Complete requests received between Saturday, November 20 and Thursday, December 17 with no service authorization extension.

For these requests:

- If denied, CCOs must send the member an NOABD.
- If authorized, CCOs must refer the member to an HRSN service provider that serves Open Card members. These referrals do not require delivery of HRSN services before Jan. 1, 2027. However, CCOs must adhere to the service delivery timeframes in OAR 410-120-2020.
- In cases where it is impossible to refer the member to an HRSN service provider that serves Open Card members, CCOs must:
    - Inform the member that they cannot complete the referral,
    - Explain that OHP Open Card (Acentra) will refer to an Open Card provider who will provide the service, and
    - Send the authorization information to Acentra as soon as possible.

Beginning Friday, December 4, CCOs must not extend service authorizations unless requested by the member. If the member requests an extension after this date, CCOs may proceed as detailed in the scenarios below.

Scenario 3: Requests that do not require service authorization nor service delivery

Complete requests received between Friday, December 18 and Thursday, December 31 do not require a CCO service authorization decision; however, CCOs must:

- Make every effort possible to conduct the eligibility screening and make a decision.
- If unable to authorize or deny, refer the request to Acentra.
- Communicate the referral to the member so they know OHP Open Card (Acentra) will make the service authorization decision.

For incomplete requests, CCOs must:

- Comply with OAR 410-120-2010,
- Provide good faith efforts to assist the member in achieving a complete request, and
- Refer the member to an HRSN Outreach & Engagement provider if needed.

If a complete request is not achieved by Thursday, December 31, CCOs must:

- Notify the member that their request is incomplete and
- Encourage them to request HRSN service authorization with OHP Open Card (Acentra).

Questions?

If you have questions about this memo, please contact the HRSN Program at HRSN.Program@oha.oregon.gov.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.