HRSN CCO FAQ Document

This document is a compilation of questions received by the Oregon Housing Authority (OHA) from Coordinated Care Organizations (CCOs) to aid in the implementation of HRSN Supports. This resource is for clarification only; for definitive service descriptions and guidance please see OAR and CCO Guidance Document.

Current as of: June 6, 2025

Contents

General

Service Eligibility and Authorization

Keywords	Publication Date	Question	Response
Eligibility, Address	12/6/24	Do CCOs need proof of address to change a Member's address in MMIS?	CCOs can update a Member address through the portal and no evidence is required.
Eligibility, OHP Bridge	12/6/24 Updated 6/6/25	Are HRSN Services covered for OHP Bridge Members?	No. At this time, HRSN Services are not covered for OHP Bridge Members. Any Members denied HRSN Services must receive a Notice of Adverse Benefit Determination (NOABD). Please see OAR 410-120-2005 for HRSN Service Eligibility.

Eligibility, OHP Eligibility	12/13/24	If a Member is terminated from OHP coverage before a requested service is authorized, or before an authorized service is delivered, are they eligible to receive the service?	No. If a Member's OHP service is terminated before service authorization or before a service is delivered, they are no longer eligible for that service regardless of their eligibility at the time the service request was submitted or authorized.
Eligibility, OHP Eligibility	1/10/25	Are CCOs responsible for confirming OHP eligibility? When and how frequently should OHP eligibility be checked while a Member is receiving HRSN services?	CCOs are responsible for confirming OHP eligibility. They may also set expectations for HRSN Providers to check Member eligibility (and if so, ensure HRSN Providers have access to MMIS so they are able to check eligibility). The frequency and timing of when eligibility is verified should be determined by the CCO and communicated to providers.
Eligibility, OHP Eligibility	1/10/25	If a Member loses OHP eligibility in the midst of receiving HRSN services (e.g., partway through a home modification project), how should payment be handled for work completed to-date?	CCOs should check OHP eligibility on the start date of a HRSN service (e.g., a home modification project) to ensure that the Member is eligible on the date-of-service that will appear on the claim/encounter. As long as the Member is eligible on the date-of-service (the start date for the project), payment can be issued for completion of the project. OHA recommends that CCOs develop their own processes to determine eligibility on that date-of-service.
Eligibility, Documentation, Reporting	1/10/25	How should CCOs transmit documentation of eligibility criteria to OHA?	While CCOs must document the results of HRSN Eligibility Screening per OAR 410-120-2015, OHA will only request individual eligibility documentation in the case of an audit. OHA will collect information on eligibility through required reporting such as claims, Exhibit I, Exhibit L, and the new Social Needs Coordination Report.

For Exhibit I, the prior authorization (PA) log should include all services which have been approved and denied for members. The NOABD log will list all denials found on the PA log and provide a "sub category" denials code that details the reason for the denial. Current accepted HRSN denial codes are 1 – |

			Member is not in a covered population, 14 – Member does not meet clinical risk criteria, 16 – Member does not meet social risk criteria.
Eligibility, OHP Eligibility	1/10/25 ==Updated 6/6/25==	Do Members need to be retroactively enrolled in OHP in order for HRSN services to be covered in the retroactive period?	No. CCOs must have received a capitation payment and enrollment record covering the date of service of the encounter claim in order for MMIS to trigger a HRSN Service Based Payment. ==For information on dates of services, please see the HRSN Billing Guide.==
Eligibility, Address	2/21/25	If a Member provides an out-of-state address, should the CCO issue a denial?	The CCO should first confirm that the address is accurate and take necessary steps (including changing the Member's address in OHP). If the Member should be disenrolled from OHP, the CCO does not need to issue an NOABD.
Service Authorization, 14 Day Extension	1/10/25	Do CCOs need to send a letter to OHA when requesting 14 day extension to the service authorization timeline?	No; per OAR 410-141-3835 (12)(g)(B), "If the MCE needs to extend the timeframe, the MCE shall give the member written notice of the reason for the extension."
Service Authorization, Approval Letter	12/6/24 ==Updated 6/6/25==	Are approval letters necessary?	==Per OAR 410-120-2020, Member notification is required: "(1) If, after completing the HRSN Eligibility Screening in accordance with OAR 410-120-2015, an MCE or, as applicable, the Authority, determines the Member meets all of the applicable HRSN Eligibility criteria, the MCE or the Authority shall authorize the identified HRSN Services and provide the Member notice as expeditiously as the circumstances require, which must not exceed fourteen (14) days following the receipt of the HRSN Request in accordance with OAR 410-141-3835."==
Service Authorization, Member Contact	1/10/25 ==Updated 6/6/25==	If a Member is unable to be reached during the service authorization process (i.e., for screening after a HRSN Request Form has been submitted), what	==As described in OAR 410-141-3835, CCOs must make 3 reasonable attempts using 2 mixed modalities (e.g., paper, digital, or verbal) to outreach to the Member during the service authorization process.==

		steps should CCOs take to attempt outreach to the Member? If unable to reach the Member, should the CCO send an "unable to reach" notice or a full authorization denial/NOABD?	If unable to reach the Member after going through the process outlined above, CCOs may deny the request and use the denial code pertaining to the Member's record missing information necessary to approve the requested service (sub-category 6 in the Grievance and Appeal System Code Tables 2025.
			Please refer to OAR 410-141-3835 for more information on service authorization requirements. A reminder that CCOs may request a 14-day extension to the service authorization timeline; CCOs should use this extended timeframe to attempt to contact the Member before issuing a denial.
Service Authorization, Member Contact	2/2/25 Updated 6/6/25	What should the CCO do when a Member does not contact the HRSN Service Provider after all three outreach attempts have been made? Do we leave the authorization open?	Provided that the service has not been delivered, the CCO may modify the service authorization dates and perform a new eligibility screening once contact with the Member is made. However, per OAR 410-141-3835(12)(g)(A), CCOs have the discretion to deny the service authorization request if the timeframe expires and the necessary information to complete the eligibility determination cannot be collected despite reasonable attempts.
Service Authorization, Clinical Risk Factors	1/10/25	Do the housing and nutrition clinical risk factors need to be current conditions as they are for home changes for health during extreme weather (clinical risk factor must have been active for the last 12 months)?	OHA has decided not to define further the recency of the housing/nutrition/O&E clinical risk factors beyond the condition-relevant durations are already included in each clinical risk definition. See OAR 410-120-2005 Table 2 for the definition of each condition. Examples of existing condition duration include that the complex health needs must be persistent, disabling,

			progressive or life-threatening; a member must be currently pregnant or up to 12 months postpartum; repeated emergency department visits or crisis encounters must have occurred in the past 12 months.
Service Authorization, Clinical Risk Factors, Clinician Review	1/10/25	How would requiring only clinically-related social risk factors or clinical risk factors to undergo clinician review during the service authorization process intersect with an external quality review (EQR) or federal audit, particularly considering the comorbidity rule that may identify a Member as qualifying for HRSN services after clinician determination?	See HRSN CCO Guidance Document. Decisions to deny or reduce the amount, duration, or scope of a requested HRSN Service must include a review by clinical staff with appropriate expertise only when the decision is contingent upon a Member's clinical condition, HRSN Clinical Risk Factor, or Clinical Appropriateness assessment. 42 CFR § 438.210 (b) requires that an individual with appropriate expertise make decisions to deny or authorize a reduced amount, duration or scope of a Medicaid service. As eligibility for HRSN services uniquely includes non-clinical based criteria, only for HRSN services, CCOs may use discretion in permitting non-clinicians to make determinations that are not based on clinical status. OAR 410-120-2020(5) and CCO HRSN guidance specify when a clinician review is required for HRSN covered services. In the absence of more stringent federal regulations, audits should align with Oregon rule and policy. The comorbidity rule (OAR 410-141-3820(11)) is related to treatments and health services in the unfunded region of the Prioritized List of Health Services. HRSN services are not on the Prioritized List.
Service Authorization,	2/21/25	What should we do if we suspect we are creating a safety risk by authorizing HRSN services? For	The CCO care coordinator has a critical role in determining the health care needs and supports warranted.

Interpersonal Violence		example, we have received requests for HRSN rent by Members who self-attest to be experiencing intimate partner violence from the person they are living with.	CCOs should call 855-503-SAFE (7233) to report suspected abuse or neglect to ODHS. The hotline is open 24 hours a day, 365 days a year. Refer to this mandatory reporting resource for more information. CCOs may consider using HRS/flex funds to support Members who need to move for safety reasons.
Service Authorization, HRSN Eligibility	2/21/25	If the CCO makes a good faith effort to verify the information available at the time of the HRSN request and additional information becomes available after the determination, in an audit, will the CCO be held liable for the additional information?	In the 2025 Medicaid Contract, under Exh. B, Part 15, Sec. g(2), "In no event will Contractor be liable to OHA or the State for authorizing HRSN Services nor will OHA or the State take any adverse action against Contractor based on Contractor's acceptance of a Self-Attestation provided the authorization was made in accordance with Sub.Para. (1) above of this Para. g. However, failure to document the information as required under Sub.Para. (1) above of this Para. g, may result in liability to OHA."
Service Authorization, Self-Attestation	2/21/25	Can a member be denied HRSN services due to not meeting the Clinical Risk Factor criteria if they have self-attested to the condition?	Yes. If good faith efforts reveal that the self-attested clinical risk factor, is not likely truthful in light of the totality of the circumstances then CCOs should not authorize the requested HRSN Service. For a complete explanation of when it is acceptable to deny HRSN services due to not meeting the Clinical Risk Factor criteria when they have self-attested to the condition, please refer to OAR 410-120-2015. ,d

HRSN Requests

Keywords	Publication Date	Question	Response

| HRSN Requests, Non-HRSN Services | 1/31/25 ==Updated 6/6/25== | If we receive an HRSN request form for items that are not included in HRSN benefits (e.g. winter coats), does this require a denial and a NOABD? | No; per OAR 410-120-2010, the HRSN Request is used for the purpose of performing an HRSN Service Eligibility Screening, and the following components must be included in an HRSN Request:
1. Name ==and contact information of the Member==
2. Identification of the anticipated HRSN Service need (HRSN Services include Housing-Related Supports, Nutrition-Related Supports, and HRSN Outreach and Engagement services detailed in OAR 410-120-2005)
3. A statement that the individual wants to participate in the HRSN Eligibility Screening

Per OAR 410-120-2010, with the exception of HRSN Medically Tailored Meals ==and HRSN Home Modifications and Remediations,== which include additional requirements, MCEs and the Authority shall accept any HRSN Request used by an HRSN Connector (including the HRSN Request Form made available by the Authority) that complies with the requirements in this rule (i.e., the components listed above in 1-3).
If the above requirements for an HRSN Request are not met, then it does not qualify as an HRSN Request, does not result in an HRSN eligibility screening, and an NOABD does not need to be issued if the CCO cannot provide what is being requested. The more appropriate route would be to educate the individual of what can be requested through HRSN and redirect them to another program for the non-HRSN request, if applicable. |
| HRSN Requests, | 12/6/24 ==Updated 6/6/25== | If an HRSN Request comes in without all of the necessary documentation (e.g. no scope of | ==Per OAR 410-120-2010, with the exception of HRSN Medically Tailored Meals and HRSN Home Modifications and Remediations, an HRSN Request submitted by HRSN== |

| Incomplete Request | | work for Home Modifications), would that be an invalid request for those HRSN services? Could that be voided rather than denied? | Connectors must be documented in writing and include all of the following information:
(A) The name and contact information for the individual recommended; and
(B) The HRSN Service(s) the individual needs or may need; and
(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority, in accordance with OAR 410-120-2015.

If the above criteria are met for an HRSN Request, and documentation is missing in order to authorize the service, then the CCO, per OAR 410-141-3835, **must make 3 reasonable attempts using 2 mixed modalities** (e.g., paper, digital, or verbal) to outreach to the Member to obtain the missing documentation **before issuing a notice of adverse benefit determination (NOABD)**.

For Home Modifications specifically, an HRSN Request is not considered complete without a completed scope of work; in this case, the incomplete HRSN Request does not result in a denial because it is not subject to the service authorization timelines in OAR 410-141-3835 until it is a complete HRSN Request. A denial should be issued if it is determined by the CCO from an HRSN Eligibility Screening that the Member does not qualify for the service. If the HRSN Request is not complete, the CCO must work with the Member or HRSN Connector as applicable to obtain the minimum required information to achieve a complete HRSN Request. |

			Per OAR 410-120-2015, if the HRSN Connector does not include all the information in the HRSN Request that is necessary for determining whether the Member is eligible to receive an HRSN Service, the CCO shall obtain all the information necessary in order to conduct the HRSN Eligibility Screening.
HRSN Requests, HRS Flex	12/6/24	If a Member requests, and is denied, an HRSN coverable service, through HRS/Flex, does a NOABD need to be sent?	NOABDs do not need to be issued for denied HRS/Flex requests. However, if the Member requests an HRSN covered service and is requesting to be screened for eligibility for that service, then they should be screening for HRSN eligibility, and an NOABD would be required if they are determined to be ineligible, even if the CCO is planning to provide the service through HRS/Flex. Within the NOABD, the CCO should indicate that the Member will receive the service through HRS/Flex, if applicable.
HRSN Requests, Information Request	12/6/24	If a Member calls requesting information on HRSN services and their eligibility, does that qualify as an HRSN Request?	Requests for information about the HRSN benefits and eligibility would not qualify as an HRSN Request. An HRSN Request is done for the purposes of performing an HRSN Service Eligibility Screening. Refer to the OAR 410-120-2010 for HRSN Request requirements.
HRSN Requests, 211 Screening	1/10/25 <mark>Updated 6/6/25</mark>	If a Member is <mark>pre-</mark>screened by 211 and determined to not be part of a covered population, should they receive an NOABD?	If ineligibility is determined through an HRSN Eligibility Screening (further described in OAR 410-120-2015) which occurs after a complete HRSN Request has been received, then an NOABD would need to be issued to the Member if they are determined to be ineligible for the requested HRSN Service. However, if the Member provides information that confirms they are not part of an HRSN Covered Population as part of an informational inquiry where an HRSN Request has not been completed and an HRSN Eligibility Screening is not being conducted, then an NOABD is not required.

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			Further, while CCOs are able to delegate certain responsibilities to subcontractors, CCOs are ultimately responsible for the HRSN Eligibility Screening, determining service eligibility, and issuing NOABDs.
HRSN Requests, CCO Coverage	1/10/25	How should Members identify which CCO they belong to?	Members should call OHP Client Services at 1-800-273-0557 to find out if they belong to a CCO and if so, which one.
HRSN Requests, Member Signature	1/10/25	Is the Member signature required on the HRSN Request Form?	The HRSN Request Form must include either the Member's signature or a confirmation from a representative (i.e., the HRSN Connector or Service Provider who is helping the Member fill out the form).
HRSN Requests, Incomplete Requests	1/17/25 Updated 6/6/25	For HRSN requests that do not qualify as a complete request (e.g., do not follow the parameters of the HRSN benefit or do not include necessary information to process the request), can the HRSN Provider withdraw the request from the health plan?	An incomplete HRSN Request would need to be sent back to the provider and/or Member. For example, if the HRSN Request identifies utilities but not rent, this would be considered an incomplete request. An NOABD does not need to be issued. Per OAR 410-120-2015, if the HRSN Connector does not include all the information in the HRSN Request that is necessary for determining whether the Member is eligible to receive an HRSN Service, the CCO shall obtain all the information necessary in order to conduct the HRSN Eligibility Screening and HRSN service authorization.

Person Centered Service Plan

Keywords	Publication Date	Question	Response
PCSP, Update Frequency	6/6/25	How frequently should the HRSN Person Centered Service Plan (PCSP) be updated?	As defined in OAR 410-120-0000, the HRSN PCSP must be reviewed and revised upon reassessment of need at least very six months, or more frequently if requested by the Member or as the Member's circumstance requires.

Payment

Keywords	Publication Date	Question	Response
Payment, Tax Load	12/20/24	The HRSN Fee Schedules note that "A 2% MCO tax load will be added to all payments included in the fee schedule." Is this 2% going to CCOs or providers?	The MCO tax load only applies to the payments that OHA makes to CCOs to cover the 2% MCO tax that will be collected on CCOs' HRSN revenue. In other words, OHA must inflate payments to CCOs so that, after tax, they are still reimbursed at 100% of costs (up to UPL). Presently, MMIS is not set up to for HRSN service-based payments to include the 2% MCO tax load. OHA will be creating a process to reimburse CCOs manually. More information is forthcoming on this process.
Payment, Tax Load	1/10/25	Do CCOs need to inflate payments by 2% in order to account for the 2% MCO Tax Load?	No. The MCO tax load only applies to the payments that OHA makes to CCOs to cover the 2% MCO tax that will be collected on CCOs' HRSN revenue. In other words, OHA must inflate payments to CCOs so that, after tax, they are still reimbursed at 100% of costs (up to UPL). Presently, MMIS is not set up to for HRSN service-based payments to include the 2% MCO tax load. OHA will be creating a process to reimburse CCOs manually. More information is forthcoming on this process.
Payment, FFS Providers	1/10/25	Does FFS pay providers above the fee schedule rate for administrative fees?	No. The CCO and FFS HRSN fee schedules are the same. The administrative load is embedded in the 15 min and PMPM rates for outreach and engagement/tenancy services.
Payment, OHP Eligibility	1/10/25	If a member has OHP during the time of the HRSN service but is no longer eligible once billing occurs, will HRSN Service Providers be reimbursed?	Yes. If a Member was eligible for the service and enrolled in OHP at the time of service delivery, OHA will still pay the claim. OHA will not be able to pay for claims where a Member's eligibility does not overlap with the date(s) of service delivery. In such cases, CCOs may explore covering services through HRS, Flex Funds, or other local, state, and federal programs.

Keywords	Publication Date	Question	Response
Payment, HRSN Eligibility, Recoup Funds	2/21/25	If CCO discovers after having paid a claim that a Member is not eligible, should the money be recouped?	If the Member met all of the required eligibility criteria at the time of the eligibility screening, the CCO shall authorize the identified HRSN Service. If it is later discovered a member is not eligible/no longer HRSN-eligible, CCOs must discontinue paying for further HRSN services and are encouraged to explore covering services through HRS, Flex Funds, or other local, state, and federal programs.

Billing and Claims

Keywords	Publication Date	Question	Response
Billing, Upper Payment Limit (UPL)	6/6/25	What does Upper Payment Limit (UPL) mean?	The UPL is provided to allow 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. The UPL allows payments to be made for services up to 150% of the expected costs. All services will be paid in accordance with the actual cost of the service. If the costs of the service, as demonstrated in receipts/invoices, is less than the expected unit cost, the service will be reimbursed at the lower amount.
Billing, Administrative Rates	6/6/25	Why aren't administrative rates built into the fee schedule for HRSN Service Providers?	Administrative load is embedded in the fee schedule rates for outreach and engagement and tenancy services.
Billing, HRSN Service Providers, Documentation	6/6/25	Is there is any specific documentation required by the provider at the time of submitting an invoice/bill?	HRSN Service Providers must maintain appropriate documentation before invoicing for services. No specific documentation is required to bill OHA for services, but providers should work with their CCO to ensure that the documentation is maintained for audit purposes.
Billing, Documentation	6/6/25	Billing Medicaid using time-based codes typically carries strict tracking and documentation	For installation of Home Changes for Health devices (S5165), there needs to be proof that the installation occurred, details on the member connected to the device being installed, and

		requirements. What documentation is needed from vendors to ensure compliance?	the amount of time to install the device. This could be a receipt detailing the service provided, date installed, and time to install, which also notes the member name/Medicaid identification with the member's signature. Providers should work with the member's CCO to confirm the type of documentation required.
			For Tenancy Support Services (H2015), there needs to be documentation of the member ID, date of service, duration (units), and a brief description of services provided.
			For Assessment of Medically Tailored Meals (97802), there needs to be documentation of the member ID, date of service, duration (units), and a brief description of services provided.
			For Reassessment for Medically Tailored Meals (97803), there needs to be documentation of the member ID, date of service, duration (units), and a brief description of services provided.
			For Nutrition Education (98961), there needs to be documentation of the member ID, date of service, duration (units), and a brief description of services provided (including 1:1 or group).
			For Outreach and Engagement (T1017), there needs to be documentation of the member ID, date of service, duration (units), a brief description of services provided, and outcome of the O&E visit.

			Refer to the CCO HRSN Guidance Document for additional details.
Billing, Unit Limit, MMIS	6/6/25	Will MMIS deny above 24 units if two different HRSN service providers billed for the same Member on the same date of service?	No, the 24 unit limit is per Member, per date of service, per provider.
Billing, Unit Limit, MMIS	6/6/25	If the claim as a start and end date that covers multiple days, will the claim deny above 24 units?	No, the 24 unit limit is per date of service, not per claim.
Billing, Service Month	12/6/24	Can we add the service month somewhere on the claim?	Currently, we cannot pull service date anywhere else on the claim. If CCOs have a Loop/Segment they would propose to use, we are open to the future possibility, but it would require a MMIS change request to implement. We weren't able to identify a usable Loop/Segment.
Billing, Dates of Service	1/31/25	Do CCOs need to ask Members for exact dates of service?	CCOs should reference the HRSN Billing Guide for information on the date of service to be submitted with claims.
Billing, Loop	1/10/25	What does "a loop" mean in relation to encounters?	CCOs submit an X12 / 837P claims transaction when encounter data is submitted. An 837 is made of loops and segments. A loop is the part of the 837 where data is sent.
Billing, FFS Claims Submission	1/10/25	How are the processes for claims submission similar or different for Open Card/FFS Members vs. CCO Members?	The general process is similar for claims submission for Open Card/FFS and CCOs. HRSN providers contracted with CCOs should submit claims invoices to CCOs and confirm claim submission processes with CCOs. HRSN providers contracted with the state FFS entity should submit claims to the state FFS entity and confirm claim submission processes with the state FFS entity. HRSN service providers should reach out to the CCO (or FFS entity) they are contracted with questions regarding their specific payment processes.

Billing, 15 Minute Increments	1/31/25	For services billed in 15-minute increments, do these services need to be billed by day?	HRSN providers should coordinate with CCOs to confirm invoicing requirements for these services. When CCOs bill OHA for 15-minute increment services for HRSN, they must be billed by day (i.e., one encounter for each day that the service was delivered to a member.) However, if services are delivered on consecutive days (e.g., the 10th, 11th, and 12th, of the month), one encounter can be used to bill for the entire service period. Please see the HRSN Billing Guide for further details.
Billing, 15 Minute Increments	6/6/25	When billing in 15-minute units, does the eight-minute rule apply?	Yes, the eight-minute rule applies. The provider may bill for one 15-minute unit if the duration of the service is eight minutes or more of a 15-minute increment. For Outreach and Engagement and Tenancy Services, HRSN Service Providers may bill based upon the total amount of time spent with a Member by different staff within an organization or across different interactions within the same day.
Billing, Replacement Services, Replacement Devices	2/28/25	How do we encounter claims when we need to replace a device or service was not delivered (e.g., a climate device or MTM was stolen and needs to be replaced)?	If a device or service needs to be replaced, and is eligible for replacement, both the original and replacement devices should have the actual dates of services when submitted.
Billing, Self-Attestation	1/24/25	What is the process for CCOs submitting claims and encounters for Members who are self-attesting but for who CCOs are unable to substantiate the diagnosis?	As noted in the HRSN Clinical Risk Factor Crosswalk, located on the CCO Contract Forms webpage: "Z-codes may be the most appropriate diagnosis code when there is self-attestation of a clinical risk factor and no corroborating claims data or clinical report of a current medical condition. Z codes may be used as the primary and single diagnosis code. For example, Z59.6 (low income) may be the most accurate and specific ICD-10 code for a child meeting the less than 6 years

			of age clinical risk criteria who has not experienced any other qualifying health condition." Please see OAR 410-120-2015 for more information on self-attestation.
Billing, YSHCN	1/17/25	Does YSHCN use the same Z code (Z59.6) as the population transitioning to dual Medicaid/Medicare status?	Z codes do not differ by program or population. Z59.6 can be used for the YSHCN population, if indicated.
Billing, Payment Timeline	2/21/25	What is the general turnaround time on payment to the CCO after the encounter submission?	The general turnaround time for payment from the date of the encounter submission is 2-3 weeks (if there are no errors). It is advisable for CCOs to work with their encounter liaison and do testing to ensure that the process goes smoothly.
Billing, NPI	2/21/25	An HRSN provider has multiple NPIs that correspond to different business practices (the provider wants to have separate payment methods for the organization), but one tax identification number. Does the tax identification need to match the NPI 1:1 when these are encountered?	If the provider enrolls using an NPI on their HRSN Type 68 enrollment, they can/should use it on their claim submission; however, if they use the same NPI on a regular Medicaid Provider ID#, the unique Taxonomy Code used on the HRSN Type 68 enrollment will be necessary to ensure correct claims processing.
Billing, Case Management Codes	2/21/25 ==Updated 6/6/25==	Should providers who are providing care management to a behavioral health client use the behavioral health case management code for billing or bill to HRSN outreach and engagement?	If ==providers are== already doing ==case management== work ==to connect Members to needed services, under an existing funding stream/program,== they should bill to that funding stream. HRSN outreach and engagement is to fill in the gaps where case management is not currently in scope. ==However, it depends on the needs of the HRSN Service Provider as well as any agreements between the HRSN Service Provider and the health plan. There are no requirements that HRSN Service Providers bill for HRSN==

			Outreach & Engagement Services. It is possible the HRSN Service Provider prefers, or is dictated by contracts with CCOs, to bill other funding streams.

Service Providers

Keywords	Publication Date	Question	Response
Service Provider, Vendor Contracts	12/6/24	How do we manage vendor contracts in terms of encounter data? For CCOs without CBOs to provide services, they will likely contract with vendors who will not be enrolled as HRSN Service Providers.	OHA understands that the CCO will likely be the provider in a lot of areas for encounter data, especially at the beginning.
Service Provider, Liability Insurance	12/6/24	Do HRSN Service Providers need to carry professional liability insurance? If so, what are the coverage limits?	Yes; HRSN Service Providers need to carry professional liability insurance. OHA does not dictate coverage limits; that is up to the CCO.
Service Provider, Business Registry, Government	2/21/25	Can entities without business registry numbers (e.g., a governmental agency) apply for CCBF or become HRSN Service Providers?	In order to be an HRSN Service Provider, organizations must maintain an active business registration with the State with the exception of governmental entities. Because CCBF is available to organizations that may serve in a network manager or 'hub' capacity (and these entities may not have business registry numbers), CCBF applicant criteria will not require a business registry number.
Service Provider, Funding, Federal	1/10/25	Can organizations, including state programs, participate as HRSN providers or vendors if they receive funding from federal or other sources (e.g., donations)?	Organizations, including state programs, receiving funding from other sources can participate as HRSN providers and vendors. However, HRSN funding cannot supplant or duplicate existing funding sources, and the HRSN services provided cannot supplant or duplicate existing services the organization already provides to clients.

Service Provider, Vendor Qualifications	12/20/24	Can HRSN Service Providers attest that the vendors they procure meet state licensing and CCBF requirements? Or, do CCOs need to collect documentation of vendor qualifications?	As noted in OAR 410-120-1260, all vendors must meet applicable national and state licensure/certification requirements. CCOs have discretion in how they determine that vendors procured by HRSN Providers meet these requirements. CCBF does not outline any requirements for HRSN vendors—rather, it outlines eligibility criteria for organizations that wish to apply for CCBF funding. Self-attestation is accepted for certain CCBF eligibility criteria (e.g., intent to contract with a CCO or OHA Open Card (fee-for-service) Administrator to provide HRSN), while others require documentation (e.g., confirmation of financial stability).
Service Provider, Reporting Requirement	1/10/25	Can HRSN Service Provider reporting requirements be clarified?	DSN-The Delivery System Network(DSN) is an inventory of each individual, facility/clinic, or business/healthcare service provider, whether employed by or under subcontract with a CCO, or paid fee-for-service, who agrees to provide the described services to members. HRSN providers will be noted as such on the Facility section of the report using the "HRSN_Ind" variable. Individual Providers found in the Individual Provider section must complete the "GrpDMAP_ID" variable with their organization's ID issued upon enrollment as an Oregon Medicaid Provider.

In-depth explanations of the variables requested can be found in the DSN guidance document.

SNSC-The Social Needs Service Coordination Report (SNSC) has two tabs on HRSN Provider Reporting - HRSN Closed Loop Referrals and Care Coordination – Manual and HRSN Closed Loop Referrals and Care Coordination – CIE. The HRSN Manual Referrals tab is to be used when the CCO receives |

			closed-loop referral reports from HRSN providers through any system that is not Community Information Exchange (CIE). If a CCO receives all their closed-loop referral data through CIE, then the HRSN Manual Referrals tab can be left blank. Each row in both of the HRSN Closed Loop Referrals tabs (Manual and CIE) is a unique referral attempt to a single organization for a single service. If a member is receiving multiple services and/or if a single referral covers multiple services, there should be multiple rows with unique service IDs that correspond respectively. A separate line should also be used for every referral attempt for the same service (e.g., first attempt to Organization A is declined and member is subsequently referred to Organization B). Data elements 'Referral Status' and 'Service Status' could change for a single referral attempt over the course of a quarter; CCOs should report the final status of each referral attempt as of the end of the reporting period. In-depth explanations of the variables requested can be found in the SNSC guidance document. Further guidance and templates for Exhibit I, DSN, and SNSC can be found here.
Service Provider, Data Access	1/17/25	Can community action centers (CACs) access data on denials for HRSN services?	OHA collects information on service denials, including HRSN service denials, at the end of each quarter from CCOs. In the future, OHA plans to summarize the data on HRSN authorizations and denials and share this through a public dashboard or other report. Until then, if groups are interested in getting summary data specific to their regions,

			they can submit a data request through the OHA Health Analytics webpage.
Service Provider, Acentra	1/31/25	Why is Acentra reaching out to HRSN Service Providers on behalf of OHA Open Card?	HRSN Service Providers are encouraged to serve Members enrolled with a CCO as well as those receiving care through Open Card (fee-for-service). Acentra is reaching out to HRSN Service Providers to determine if they would also like to participate as an Open Card HRSN Service Provider and to walk them through next steps to bill accordingly for Open Card Members.
Service Provider, DMAP Timeline	2/21/25	A potential HRSN housing provider indicated that the timeline to get a DMAP is very delayed. Is this what OHA is tracking as well? Is there anything we can do to expedite their request?	For enrollment in fee-for-service (FFS), providers should receive their DMAP Provider ID# within approximately one week if they email Provider Enrollment when they enter their application. For CCO enrollment, the time to complete enrollment is dependent on the CCO's process and timing.
Service Provider, DMAP, Code	2/21/25	When enrolling as a DMAP provider, there is a requirement for a taxonomy code. Does OHA have any recommendations on the taxonomy code?	Taxonomy codes for HRSN are as follows: Medically Necessary Climate-Related Home Remediations Code: 680 • Taxonomy Code: 171WH0202X - Home Modifications Outreach and Engagement Specialty Code: 681 • Taxonomy Code: 172V00000X - Community Health Worker Housing Specialty Code: 682 • Taxonomy Code: 177F00000X - Lodging Provider Nutrition Specialty Code: 683 • Taxonomy Code: 332U00000X - Supplier/Home Delivered Meals

| | | | • Taxonomy Code: 335G00000X - Medical Foods Supplier |

Other

Keywords	Publication Date	Question	Response
General, Member Contact, Contact Attempts	1/10/25 <mark>Updated 6/6/25</mark>	If a Member has been authorized and referred for services but the HRSN Service Provider is unable to reach them, what standards are there for how many times and using what methods should the HRSN Service Provider attempt to contact them? How should the CCO track that the Member has not yet received services, and does the authorization become void or turn into an NOABD after a certain amount of time?	Payment authorization is valid for the time period specified on the authorization notice, but not to exceed twelve (12) months, unless the Member's benefit package no longer covers the service, in which case the authorization will terminate on the date coverage ends. <mark>If 12 months have passed and the Member has not yet received services, the authorization is no longer valid, and the Member must reapply if they wish to receive services. See OAR 410-120-1320: Authorization for Payment for more information.</mark> <mark>It is not defined in rule how many times an HRSN Service Provider should attempt to contact an HRSN-Authorized Member to deliver services; however, per OAR 410-120-2020, the authorized service must be delivered within four weeks, unless it cannot be delivered due to circumstances of impossibility described in rule. CCOs have discretion to determine what is required of their contracted HRSN Service Providers related to Member outreach for HRSN-Authorized services, and should establish requirements that appropriately balance provider caseload as well as consideration that HRSN-Authorized individuals may not have timely or frequent access to phone or email.</mark> <mark>In terms of tracking that Members have received services, the HRSN Service Provider is required to meet Closed Loop</mark>

			Referral requirements, meaning they must let the CCO know if they can provide the service or not (accept/decline) and when services were provided or when the HRSN Service Provider determined HRSN services could not be provided and the reason.
General, HRS Flex, Braiding	1/10/25	Can HRS flex be used after a Member has exhausted their HRSN benefit?	Yes, at the CCO's discretion. For example, if a Member receives 6 months of HRSN rent assistance and they need additional support beyond the 6-month limit, CCOs can direct them to HRS to see if they meet HRS criteria for additional support.
General, PERC Codes	1/10/25	How will the changes in YSHCN income affect the PERC codes CCOs add to their systems?	The PERC codes will not change due to the change in YSHCN income eligibility standard. YSHCN PERC Codes can be found attached to the YSHCN CCO Guidance, Appendix 3.
General, Point Click Care	1/17/25	Where will the information on PointClickCare be available?	At this moment, OHA has temporarily suspended progress on that initiative. OHA needs deeper engagement with health care system partners to understand workflows and determine the added benefit of sharing this information via PointClickCare.
General, Point Click Care	1/17/25	Would CCOs be able to tell which HRSN covered population a Member belongs to using PointClickCare, or would it just be a Y/N indication of whether they belong to a covered population?	At this moment, OHA has temporarily suspended progress on that initiative. OHA is prioritizing the privacy and protection of OHP member data and therefore has decided on a one flag option that will be shared with CCOs via a flat file. This option will still enable CCOs to do outreach and then find out whether the person needs HRSN services without having to re-ask questions that might be retraumatizing.
General, Point Click Care	1/17/25	What is the risk of missing HRSN-eligible Members given PointClickCare only captures about 90% of the eligible population? What is the likelihood that less than 90% of HRSN-	At this moment, OHA has temporarily suspended progress on that initiative. If data is shared via PointClickCare in the future, the same data would continue to be shared with CCOs separately via a flat file, capturing all members that otherwise may not appear in PointClickCare.

		eligible Members are represented in PointClickCare?	
General, Point Click Care	1/17/25	Can CCOs receive from PointClickCare the number of Open Card (fee-for-service) Members in each CCO region?	CCOs can use the Medicaid Enrollment Report dashboard to view Oregon Health Plan fee-for-service members by county. Click on the "geography" tab in the dashboard and filter by "fee-for-service"
General, Record Retention	6/6/25	What are the record retention schedules for HRSN Service Providers?	Records retention for Medicaid organizations contracted with a CCO is 10 years under the Code of Federal Regulations (CFRs). Any organization receiving Medicaid dollars is required to retain records for 10 years regardless of what services are performed or goods are being provided. 42 CFR 438.6(u): Recordkeeping requirements. MCOs, PIHPs, and PAHPs must retain, and require subcontractors to retain, as applicable, the following information: enrollee grievance and appeal records in § 438.416, base data in § 438.5(c), MLR reports in § 438.8(k), and the data, information, and documentation specified in §§ 438.604, 438.606, 438.608, and 438.610 for a period of no less than 10 years. 42 CFR 438.604 = Essentially all kinds of encounter data and other data that gets submitted to OHA (including payment data. There is no statute of limitations on the authority of CMS to claw back overpayments). 42 CFR 438.606 = certifications of all data submitted to OHA 42 CFR 438.608 = all documents related to FWA compliance 42 CFR 438.610 = documents related to prohibited affiliations

Housing

Service Eligibility and Authorization

Keywords	Publication Date	Question	Response
Service Eligibility and Authorization, Income Limits	12/6/24	How is the 30% AMI determined and what documentation is needed?	There must be a good faith effort to provide the annual income, but it is understood that income may change and it is acceptable to use the last two months to approximate Member's income. Housing providers have expertise in working with an individual to determine if they meet this criterion. Income is gross, and dependent on last two months. For income verification, the options in the order of preference are: 1) Third party verification (such as a copy of most recent paystub(s), unemployment statement, worker's compensation, SSI, SSDI, most recent TANF payment statement, or records directly from the income source), OR 2) Written statements by a case manager, social worker, or other authorized staff that are documented and verified by an HRSN connector/intake worker, OR 3) Self-attestation. OHA has included language in contract that indicates if CCOs cannot in good faith verify self-attestation within a reasonable period of time, they can authorize services if in their reasonable discretion they believe the attestation is truthful. If a minor is the one who needs the housing, the documentation can be for the parent/head of household.

			When receiving benefits, the rental agreement and income will be of the guardian(s) but the other criteria will be the child (covered population, social risk factor, clinical risk factor). More information can be found in the At-Risk of Homelessness: Housing Income Verification and Documentation Guide on the HRSN Provider webpage.
Service Eligibility and Authorization, Income Limits	12/13/24	How can Members who have had a recent change in income that is not accurately reflected in their recent tax return or other income documentation show proof of income?	The Member may use self-attestation to document their income. Please see the At-Risk of Homelessness: Housing Income Verification and Documentation Guide for more information.
Service Eligibility and Authorization, Income Limits	1/10/25	What if a Member has increased income during the 6 month period that they are receiving rent? Should the Member be re-evaluated for income eligibility?	OHA does not require re-verification of HRSN eligibility after each payment, only that the Member maintain OHP membership.
Service Eligibility and Authorization, Income Limits	12/13/24	Would Oregon Paid Leave, unemployment, or disability income constitute income as it relates to their eligibility for HRSN housing services?	This could go under wages or unemployment/disability, but should still be captured as income. Please see the At Risk of Homelessness: Housing Income Verification and Documentation Guide: https://www.oregon.gov/oha/HSD/OHP/Tools/HRSN-Income-Guide-EN.pdf
Service Eligibility and Authorization, Income Limits	6/6/25	Should tax returns count as income for eligibility determination?	No, tax returns or refunds are not considered income for eligibility determination.
Service Eligibility and Authorization,	6/6/25	In the housing eligibility document, the income guide states to exclude the income of children under 18. It also states	The criteria for household size and income are different. Children under 19 can qualify as part of the household.

Income Limits, Household		==that children under 19 can be included in the household for purposes of household size. Why is there this discrepancy?==	
Service Eligibility and Authorization, OHP Eligibility	2/28/25	What is the timeline to check Member eligibility and administer the rent check for the following month's rent?	The timeline for checking the Member's eligibility for following month's rent is up to 10 days before the rent is due. For example, if rent is required to be paid prior to the first of the month, use a date within the last ten (10) days of the preceding month (e.g., rent is due February 1; DOS can be February 1 or any day January 22 – January 31. Please see the HRSN Billing guide for more information.
Service Eligibility and Authorization, Member Eligibility, At-Risk of Homelessness	12/6/24	How is the eligibility criterion that a Member "lacks sufficient resources or support network to prevent them from becoming homeless" assessed?	The "lack of sufficient systems/support" is subjective, so the State is allowing for self-attestation (i.e., no additional documentation is needed). In the housing system, this is collected by a case manager talking with the Member about the systems and support they have in place.
Service Eligibility and Authorization, Documentation, Rent and Utilities	12/6/24	Does the Member need to provide all of the following or just one of the following for the rent services: 1. Written lease, 2. Written agreement, 3. HRSN Renter/Landlord verification form?	The Member only needs to provide one of the forms of verification.
Service Eligibility and Authorization, Documentation, Rent and Utilities	1/10/25	What documentation is needed for Members who are doubled up or listed as occupants on the lease agreement?	Members may provide a copy of their lease or the HRSN Verification of Landlord/Tenant Relationship form if their name is not listed on the official lease.

Service Eligibility and Authorization, Rent and Utilities, Documentation	12/13/24	A yearlong lease has expired, and been converted to a month to month lease. However, there is no documentation of the new month to month lease, only the expired lease. Is this documentation acceptable?	Expired leases that have converted to and are now serving as a Member's current month to month lease, as permitted under ORS 90.427, will suffice as acceptable documentation for the Rent/Utilities service. In the event the rent amount has changed, the Member will need to supply documentation demonstrating the current amount.
Service Eligibility and Authorization, Rent and Utilities, Documentation	12/13/24	How should CCOs handle instances where a lease agreement may not have all the required information on the landlord/tenant agreement?	If a Member has a lease, that is sufficient. OHA does not expect CCOs to renegotiate existing leases to include all required information on the landlord/tenant agreement. The "required components" noted in OAR for the landlord/tenant agreement are only required if the Member does not have a lease and is developing alternative documentation of their current living arrangement. Refer to OAR 410-120-2005 Table 4 for additional information.
Service Eligibility and Authorization, Documentation, Rent and Utilities	1/10/25	What documentation is required to demonstrate the amount of the total rent that a Member pays (if the other individuals on the lease are not covered as part of the household)?	Members may attest to the amount of rent they pay if it is a portion of the overall rent and less than the total rent that is listed on the lease.
Service Eligibility and Authorization, OHP Address	12/6/24	Does the address on the lease need to match the physical address on the Member's OHP record?	Yes, the address on the lease must match the physical address on the Member's OHP records. If the address does not match, CCOs should take steps to update the Member's address with OHP (PHTech).
Service Eligibility and Authorization, OHP Name	2/28/25	If a Member's name in OHP does not match the name on the utility bill due to a name change, can the Member submit proof of name change to proceed with utility payments?	Yes, the Member can submit proof of name change in order to proceed with utility payments. This would also be an opportunity to utilize outreach and engagement to assist the Member in making the necessary changes.

Service Eligibility and Authorization, Temporary Vacancy	6/6/25	==If a Member is not physically at their residence (e.g., temporarily had to vacate) but still has a lease, do they still count as being "currently housed"?==	==Yes, the Member should be considered currently housed provided that they have an active lease.==
Service Eligibility and Authorization, Transfer of Rental Assistance, Address Change	1/10/25	What happens in various scenarios where a Member leaves their home while they are receiving rent?	Per OAR 410-120-2005, if the qualifying Member's lease is terminated (e.g. the Member moves), HRSN Rent Assistance cannot be transferred or reauthorized to a new physical address. If a Member loses OHP, the service cannot be delivered. HRSN Rent Assistance is available once per household over the duration of the waiver.
Service Eligibility and Authorization, Rent and Utilities	1/10/25	If a Member requests rental assistance, and then requests utility assistance, does the utility request go on the same authorization? Does it need to be re-reviewed for the utility?	Rental assistance and utility assistance is authorized at the same time. There is no need to re-review separately for utilities once the rent/utility service has been approved.
Service Eligibility and Authorization, Rent and Utilities	1/17/25	Do CCOs have to offer utility assistance when someone requests rental assistance?	CCOs should ask Members if they want utility assistance when they request housing assistance to ensure that Members are aware of all services for which they are eligible. Members can always refuse HRSN services if they do not want them.
Service Eligibility and Authorization, Rent and Utilities, Arrears	1/31/25 ==Updated 6/6/25==	Do Rent and Utilities arrears need to cover the same months? For example, can the Member receive rent arrears for June-August, and utility arrears for August – October?	Timelines for rent and utilities arrears do not need to match. ==However, rent arrears and utilities arrears cannot exceed 6 months in duration, and cannot be provided for dates of service prior to May 1, 2024.== ==For additional information on what is allowable, see OAR 410-120-2005 Table 4.==

Service Eligibility and Authorization, Address, Rent and Utilities, Arrears	6/6/25	Can CCOs authorize payment of rent arrears if a Member owes arrears to their previous property (the Member's current address is different from the address where the rent arrears are due)?	No. Payment for rent arrears must be tied to the Member's current residence, as described in OAR 410-120-2005, Table 4, (1)(j), which states that rental payments—including arrears—must be associated with the address where the Member currently resides.
Service Eligibility and Authorization, Move-In Costs	12/6/24	If a Member is at risk of losing housing, can they get HRSN rent assistance for a new place to live?	HRSN can only be used for a new residence when there is already a rental/lease agreement in place, not for moving costs to a new residence. For moving/relocation costs they would need to go through another program, but once they are established in a new residence HRSN can provide rent assistance.
Service Eligibility and Authorization, Hotel and Motel Stays	Updated 6/6/25	Who is eligible for hotel/motel stays?	Hotel/motel stays are available to Members who are currently renting their home who are receiving the Home Modifications or Home Remediations service and cannot safely reside in their home while the Home Modification or Home Remediation Service is conducted. They are not available to Members who are homeowners. For full eligibility please see OAR 410-120-2005 Table 4(2)(i)

Note: Hotel/motel stays are subject to the 6 month rent assistance maximum. In other words, if someone is already receiving HRSN rent assistance, their hotel/motel stay for home modifications/remediations must be included in the total 6 months available for rent assistance. |
| Service Eligibility and Authorization, Hotel and Motel Stays | 12/6/24 | A Member must be at-risk of homelessness to receive hotel/motel stays, but that is not required for home modifications/remediations. If a Member is not at-risk of | Correct; home modifications/remediations are available for all HRSN covered populations, but hotel/motel stays are only available for those at-risk of homelessness. |

		homelessness, do they need to find an alternate place to stay?	
Service Eligibility and Authorization, Home Remediation	12/6/24	For home modification/remediations, if the Member is a homeowner, do they need to provide verification of home ownership?	Yes; homeowners will need to provide verification of home ownership. See OAR 410-120-2005 Table 4: If the Member owns their home, the Member must provide proof of homeownership (for example, Certificate of Title/Deed).
Service Eligibility and Authorization, OHP Eligibility, Coverage Termination	12/6/24	What if the Member disenrolls from OHP while receiving rent assistance?	Member OHP enrollment should be checked each month before issuing a rent payment. The individual would no longer be eligible to receive forward HRSN rent assistance after they are disenrolled from OHP. For forward rent, OHA recommends using the date of service as the first day of the month to avoid enrollment issues mid-month after rent is paid.
Service Eligibility and Authorization, Household Size, Rent and Utilities	1/31/25	What if the household composition changes (e.g. two partners split up and are now two separate households)? Are both 'new households' eligible again, or are all individuals in the original household unable to reapply for rent?	If a Member has not received rental assistance based on their own eligibility and is part of a household that has not received rental assistance, that individual is eligible for rental assistance. In this situation, the individual whose eligibility was used for the HRSN rent authorization at the previous household is not eligible for HRSN rent at their new household. However, the individual who was a member of the previous household, whose eligibility was not used for HRSN rent authorization could be eligible for HRSN rent at new household.
Service Eligibility and Authorization,	12/6/24	Are home modifications and home remediations available for owners and renters?	Yes, home modifications and home remediations are available for owners and renters. OHA will update the guidance document to reflect this.

Home Remediations			
Service Eligibility and Authorization, Home Remediations	1/10/25	Is there an authorization limit for Home Modifications and Remediations?	There is no limit on the number of times each of these services may be authorized. However, for each service, a Member's total costs across all claims over the lifetime of the demonstration may not exceed the upper payment limit listed in the Fee Schedule for Home Modifications and Home Remediations.
Service Eligibility and Authorization, Home Remediations	12/6/24	Could a Member request multiple home modifications at once or do they need to send a request for each modification?	A separate request is not necessary as long as eligibility can be confirmed for each item.
Service Eligibility and Authorization, Rent and Utilities	12/6/24	What if a Member is authorized for 6-months of rent support and then displaced due to a need for home modifications/remediations? Can CCOs simultaneously pay for rent and hotel/motel stays?	The HRSN rent assistance limitation is by Member household, not by physical address. CCOs can simultaneously use HRSN for rent and hotel/motel stays, so long as the total duration is no longer than six months.
Service Eligibility and Authorization, Tenancy Services, Home Remediations	12/6/24	Can HRSN tenancy services be provided for a homeowner who may need home modification/remediation?	This is not allowed within the 1115 Waiver Special Terms and Conditions eligibility framework. Providers can use HRSN Outreach and Engagement for this purpose.
Service Eligibility and Authorization, Rent and Utilities,	12/6/24	How will CCOs know if the Member has already received HRSN rent assistance from another CCO?	CCOs should review the transition of care rules for any transfer and use self-attestation to see if the Member has previously received rent or other HRSN supports that have an authorization limit. OHA is looking into other ways to support visibility into this process.

Authorization Limit			
Service Eligibility and Authorization, Rent and Utilities	12/20/24 ==Updated 6/6/25==	==If a Member needs two months of rent, and then later they need rent assistance again, can they apply?==	No. The 6 months of utilities and rent must be ==received consecutively.== Per OAR 410-120-2005, HRSN rent assistance can be authorized once per household over the duration of the waiver.
Service Eligibility and Authorization, Rent and Utilities, Arrears	1/10/25	Do rent arrears need to be for consecutive months?	Rental arrears do not need to be consecutive months.
Service Eligibility and Authorization, Rent and Utilities, Housing Types	12/20/24	Are Behavioral Health Resource Network facilities an OHA funded program? Are there restrictions to providing HRSN rent assistance to BHRN facilities?	CCOs should check this Measure 110 tool to determine if the BHR facility is receiving Measure 110 funding. If so, CCOs should reach out to OHA for more information on the grant the facility has received, including restrictions.
Service Eligibility and Authorization, Rent and Utilities, Housing Types	12/20/24	Is student housing an appropriate setting for HRSN rent?	Yes, OHP members living in student housing may be eligible for HRSN rent, as long as they meet all components of the HRSN rent eligibility criteria, per OAR 410-120-2005. As part of determining the member's income, CCOs should review any aid from FAFSA and student loans and determine the amount of aid that is in excess of tuition. Per 24 CFR 5.609(b)(9), the excess amount will be considered income **except** in cases where the student is a minor or a full-time student that is not the head of household. Household assets should also be considered in determining income. In addition to being eligible based on income, the student would also need to self-attest to lacking resources or systems of care to prevent homelessness.

Service Eligibility and Authorization, Rent and Utilities, Housing Types	2/21/25	Are Members living in recovery homes eligible for HRSN rent?	Yes. Members who reside in Recovery Housing who pay rent are eligible for HRSN Rent Assistance.
Service Eligibility and Authorization, Rent and Utilities, Housing Types	2/21/25	Are CCOs able to pay Member's rent if they live in a hotel?	Rental assistance can be provided for housing with a valid lease or written rental agreement, including hotels and motels that serve as a Member's residence when a formal lease agreement has been established. For all allowable settings where rent can be covered, please refer to OAR 410-120-2005 Table 4(1)(f).
Service Eligibility and Authorization Rent and Utilities, Housing Types	6/6/25	Are we able to pay for rent that is for a rent-to-own situation?	No. Under OAR 410-120-2005, Table 4 (1)(g), HRSN rent assistance does not cover homeowner costs such as mortgages, property taxes, or property insurance.
Service Eligibility and Authorization Rent and Utilities, Housing Types	6/6/25	When paying for rent for a mobile park space, how do we count the bedrooms in the space?	When paying for mobile park space, the rent should be calculated based upon 0 – 1 bedrooms.
Service Eligibility and Authorization, Extension, Member Communication	1/31/25	If we request a 14-day extension, do we need to send the member a physical letter via US Mail, or can we inform the member by other means (e.g., text)?	CCOs should use the same process they use for other member noticing requirements subject to OAR 410-141-3835, which states "(B) If the MCE needs to extend the timeframe, the MCE shall give the member written notice of the reason for the extension;"

Service Eligibility and Authorization, Child, Foster Care	2/21/25	Can foster families receive the housing/rental support benefit using the foster child/youth's eligibility?	Youth living in foster care are generally not eligible for HRSN rental assistance because they do not meet the HUD definition of At-Risk of Homelessness under OAR 410-120-0000. CCOs should reach out to OHA if there are instances in which a youth living in foster care meets the eligibility requirements.
Service Eligibility and Authorization, Child, Shared Custody	6/6/25	If the HRSN authorized member is a child and the child's parents have shared custody, is the child able to receive rent assistance at both residences? Or are there any limitations to consider when determining which address the child can receive rent assistance at in this scenario? Are both households able to receive rent assistance?	If the HRSN authorized Member is a child, the child should only receive rental assistance at the address listed as their OHP address.
Service Eligibility and Authorization, HRSN Eligibility, Rent and Utilities	2/28/25	If a member is approved for six months of rental assistance but no longer meets the HUD definition of 'at risk of houselessness' during the period for which the service has been authorized, should HRSN Service Providers continue providing services, or must CCOs re-evaluate eligibility at the date of service and issue an NOABD?	Once a Member has been approved for six months of rental assistance, there is no requirement for ongoing re-verification of HRSN-specific eligibility criteria during service delivery period. If the Member is eligible at the time of service authorization, they may receive the duration of the service for which they have been authorized, as long as the Member remains eligible for OHP. However, CCOs and providers are expected to regularly verify OHP eligibility.

If the member becomes ineligible for OHP during the rental assistance service delivery period, CCOs should stop making payments and notify the HRSN Service Provider about the change in eligibility for the member. |

Service Eligibility and Authorization, Rent and Utilities, Eviction	2/28/25 Updated 6/6/25	Can we deny a request for rent/utilities support when a member has an eviction for any reason other than non-payment?	Yes, it is acceptable to deny a request if a Member will be evicted regardless of whether they can provide rent per OAR 410-120-2005 Table 4(1)(i): Member must "not be facing eviction for reasons other than financial hardship." In this case, it would be appropriate to refer the Member to outreach and engagement and other supports.
Service Eligibility and Authorization, Rent and Utilities, Arrears	6/6/25	Can utility assistance be authorized for service periods that occur before the rent authorization period begins? For example, if rent assistance starts January 1st, can utility assistance be approved for November/December usage that appears on the January bill?	A Member must be receiving HRSN rent assistance to qualify for utility assistance and the two services should be authorized for the same time period. Therefore, utilities authorized under the "Rent and Utilities" cannot begin before rent assistance begins.

However, past-due utility costs from service periods before rent assistance begins can be covered through utility arrears. For example, if a January bill includes charges for November and December, those months can be paid through arrears, which will count toward the Member's six-month limit on utility assistance. |

Rent and Utilities

Keywords	Publication Date	Question	Response
Rent/Utilities, Arrears, Launch Date	12/6/24 Updated 6/6/25	Are arrears that were accrued prior to go live eligible to be covered under HRSN rent/utilities? Or arrears accrued when the Member was with a different CCO?	Yes; if a Member is currently eligible for HRSN rent assistance, the Member can receive up to 6 months of HRSN rent assistance, including arrears for claims with a date of service on or after May 1, 2024 (OAR 410-120-2005).
It is the responsibility of the current health plan authorizing HRSN rent assistance to cover the eligible arrears costs.
Rent/Utilities, OHP Eligibility	12/6/24	Are arrears covered if they were accrued when the Member was not on OHP?	Yes, if a Member is currently eligible for HRSN rent/utilities, the Member can receive up to 6 months of HRSN

			rent/utilities, including arrears for months prior to their OHP enrollment. Please refer to the HRSN Billing Guide for additional information.
Rent/Utilities, Arrears, Collections	12/6/24	Can CCOs pay arrears if they have been sent to collections?	HRSN rent and utilities arrears should not be used to cover arrears that have been sent to collections in which documentation cannot be provided confirming duration of past due amount (for example, the number of months). See OAR 410-120-2005.
Rent/Utilities, Authorization Limit	12/6/24	How are HRSN Rent and Utilities arrears combined with forward Rent and Utilities payments?	Guidelines for combining Rent and Utilities: • A Member may not receive more than 6 months of rent and 6 months of utilities. • To receive HRSN utilities, a Member must be receiving HRSN rent. • A Member may not receive more months of HRSN utilities than they receive of HRSN rent. • A Member may not receive HRSN utilities going forward if they are not receiving HRSN rent going forward.
Rent/Utilities, Standalone Utilities	12/6/24	Are HRSN utility payments only allowed for those tied to the rent ledger?	No. Utilities that are separate from the rent payment are reimbursable through the HRSN program, as well as utilities that are bundled with rent. The Member must be receiving the HRSN rent payment to be eligible for utilities payments. A comprehensive list of eligible utility payments is available in the OAR 410-120-2005 Table 4.
Rent/Utilities, Standalone Utilities	12/6/24	How do CCOs distinguish between 1) utilities on a rent ledger and 2) standalone utilities directly from a vendor?	Please refer to the HRSN Billing Guide.

Rent/Utilities, Standalone Utilities	1/10/25 Updated 6/6/25	Are CCOs able to cover utilities for Members whose utilities are: (a) not included in their rent, (b) in their landlord's name, and (c) paid for directly by the Member?	Please refer to OAR 410-120-2005 Table 4 for information on what utilities can be covered.
Rent/Utilities, Bulk Fuel Sources	1/31/25 Updated 6/6/25	Are firewood, propane, oil, and other fuel considered "gas" utilities?	Yes, these can be paid if they are used to supplement or as an alternative to conventional utility services. See OAR 410-120-2005 Table (4)(1)(a).
Rent/Utilities, Bulk Fuel Sources, Arrears	6/6/25	Are arrears for bulk fuel included in utilities arrears?	Bulk fuels in utilities arrears are not included as these are purchased from commercial retailers rather than utility companies, and therefore there will not be "arrears" in the same way that there will be for regular utility companies. We included bulk fuel, to be purchased by the CCO or HRSN Service Provider on behalf of the Member, to accommodate non-traditional heat sources for Members (particularly those in rural communities).
Rent/Utilities, Documentation, Standalone Utilities	6/6/25	What documentation is required to make payments for standalone utility bills?	Per OAR 410-120-2005 Table 4: For utilities that are not bundled with the rent payment, the Member or parent/Member Representative must provide the bill(s) from the utility company(ies). Each bill must include the Member's name and indicate the service timeframe that the payment covers (e.g. quarterly or monthly). The address on the utility bills must be the same as the address on the lease or written rental agreement. When reviewing utility bills, HRSN Service Providers/CCOs should review for the following components: • The Member' or parent's/Member Representative's name

			<mark>• The amount owed by the Member or household, as applicable; up to the allowable upper payment limit for the service (UPL).</mark> <mark>• The address for the utility service;</mark> <mark>• The service period for the charges on the utility bill</mark>
Rent/Utilities, Utility Payments	1/24/25	How do HRSN service providers track when the payment for utility bills is above the UPL for the month? How do CCOs ensure they are aware, rather than their claims being denied?	CCOs are encouraged to work with service providers during authorization to understand typical past utility payments and process invoices in accordance with the fee schedule.
Rent/Utilities, Housing Types	12/6/24	For manufactured homes and RV parks, a Member may have a rental agreement for the land, and a mortgage payment for the home/RV. Can the rental assistance and utilities be used for this?	HRSN rent payments may be used for the rental agreement, but they may not be used for the mortgage payment. The Member may receive HRSN utilities assistance if they are receiving HRSN rent assistance.
Rent/Utilities, Utility Set Up	12/13/24	Do utilities set up count against the 6 months?	Under the utilities set up service, the payment for the first month of the utility payment **does count** toward a Member's total allowable six months of utility payments. A Member may not receive more than six months of utility support through HRSN Housing Supports.
Rent/Utilities, Late Fees	12/20/24	Are late fees that were incurred as part of past-due rent covered as part of rent arrears?	Yes, as detailed in Table 4 of the attachment in OAR 410-120-2005, HRSN rent covers the cost of recurring rent, to include past-due rent and any associated late fees as a result of past-due rent.
Rent/Utilities, Move-In	12/20/24	Can rent be used to pay for the cost of breaking a lease?	No, as detailed in Table 4 of the attachment in OAR 410-120-2005, rent cannot cover the cost of breaking a lease.

Rent/Utilities, Variable Utilities, Payment	12/20/24	Does OHA have a specific vision or guidance for authorizations that include variable utilities?	CCOs should authorize the UPL for utilities for up to six months and review the utility bills as they are submitted in claims.
Rent/Utilities, W-9	1/24/25	Is collection of the W-9 the responsibility of the CCO or the HRSN Service Provider?	The responsibility should be held by the entity that is directly paying the rent to the property management company/landlord, which may be the CCO or the HRSN Service Provider, depending on the situation.
Rent/Utilities, Landlord Communication	2/21/25	Is the memo provided by OHA (to landlords) something that both CCOs and HRSN Housing Providers can share with landlords?	Both CCOs and HRSN Providers can share the Memo provide by OHA to landlords. The memo is available on the CCO Contract Forms website.

Storage Fees

Keywords	Publication Date	Question	Response
Storage Fees, Authorization	1/10/25	If a Member does not have a storage unit prior to getting authorized for HRSN coverage, can the Member still be authorized for this service?	Yes, this service may cover a new or existing storage unit. As defined in Table 4 of the attachment to OAR 410-120-2005, only payment of the storage unit itself is covered by the HRSN service. All other fees associated with procuring the storage unit (e.g. set-up fees or deposits) would not be covered by this service.
Storage Fees, Storage Use	1/10/25	Can storage fees be used to store an RV while it is not in use?	Storage of an RV is not an allowable cost under the Storage Fees service.
Storage Fees, Authorization Limit, Duration	6/6/25	Can Members only receive storage assistance for the same months that they are receiving rent assistance? For example, if a Member is receiving rent arrears for November-December and rent assistance for February-May, can	Members may receive assistance for storage arrears, not to exceed 6 months total of both forward and arrears. Forward storage fees may not be paid longer than the duration of forward rent assistance. See OAR 410-120-2005 Table 4(5) for information.

		the Member receive storage assistance for January-May?	
Storage Fees, Home Remediations and Modifications	12/6/24	If a Member is receiving HRSN home modifications, can they receive HRSN storage fees assistance?	If a Member is only receiving a home modification, they cannot receive storage fees assistance. A Member must be receiving HRSN rent assistance to be eligible for HRSN storage fees.
Storage Fees, Eligibility	12/6/24	Who should consider using HRSN the storage fee service?	Storage fees are for circumstances where, for example, someone is in a doubled up situation and needs somewhere to store their belongings.

Hotel and Motel Stays

Keywords	Publication Date	Question	Response
Service Design: Hotel/Motel	12/6/24	Are AirBnBs allowed for HRSN hotel/motel stays?	No; hotel/motel stays are limited commercially zoned hotels and motels.

Home Modifications and Remediations

Keywords	Publication Date	Question	Response
Home Remediation, Mold Removal	12/6/24	Is mold remediation covered?	No, mold remediation is not covered under the HRSN program.
Home Remediation, Mold Removal	1/10/25	If a Member needs mold removal, would they need to request Tenancy Services or Outreach and Engagement Services?	HRSN does not cover mold removal; however, Members that are renters may be referred to legal assistance to address mold concerns through the Tenancy Services. Members that are homeowners may be referred to legal services through the Outreach and Engagement service.
Home Modifications and	1/31/25	Is there guidance on hazardous waste removal for the home remediations	OHA would anticipate most home remediations are addressing issues that are hazardous to the Member's health, and likely not a biohazard, but

Remediations, Hazardous Waste		benefits? What are vendors looking for and what are they assessing?	to the extent that is a necessary remediation it would be covered under HRSN. The CCO would want to look for vendors that are qualified to execute that specific remediation. For more information, see OAR 410-120-2005 Table 4(9).
Home Modifications and Remediations, Guidelines	12/6/24	Are there recommended specifications for Home Modifications and Remediations?	Recommended specifications can be found in the CCO HRSN Guidance Document. Pest eradication may include sealing areas where pests can enter or hide, or other activities identified as best practices for pest control and eradication. Please see OAR 410-120-2005 Table 4(9).
Home Modifications and Remediations, Billing	12/13/24 Updated 6/6/25	How should we bill for the work to deliver home mods and remediations?	The contractor/vendor who performs the service will include their labor/materials costs in their bill, which is included in the S5165 Procedure Code. HRSN Tenancy Services may be used for Members who are eligible (note that eligibility for HRSN Tenancy Services is the same for HRSN Rent Assistance. See OAR 410-120-2005, Table 5). O&E may be used to assist a Member in coordinating the delivery of home modifications and remediations for Members who are not eligible for Tenancy Services, including homeowners.

Home Modifications and Remediations, Travel Time	12/13/24	Can a vendor charge for mileage within the bid for a home remediation or modification?	Vendors may include the cost of transport within their bid for a home modification or remediation. Oftentimes, the cost of transport is rolled into the overall cost of the project. The cost of the project may not exceed the UPL.
Home Modifications and Remediations, Scope of Work	1/10/25	What happens if a Member's initial authorized SOW for a home modification or remediation is no longer feasible (e.g. the contractor found rot so needs to replace the wall where the ramp adheres), and a new SOW is needed?	After authorizing the service and accompanying SOW, CCOs must accept any updates to the SOW that are within reason. The CCO should work with the contractor, landlord (if applicable), and Member to accommodate updates to the SOW to the greatest extent possible.
Home Modifications and Remediations, Landlord, Scope of Work	1/17/25	For home modification and remediations, if something is not covered that would be the responsibility of the landlord, how does the CCO know?	It is the CCOs' responsibility to understand what state and local landlord obligations and tenant rights are. CCOs should review state and local laws that pertain to landlord and tenant responsibilities. For example, ORS 90.320 details the landlord's requirements to maintain premises in a habitable condition. CCOs should partner closely with HRSN Housing Service Providers who have expertise in these topics, and ensure that workflows are designed to leverage this expertise. These information sources could support in determining tenant rights: • Fair Housing Council of Oregon 1-800-424-3247 Report Housing Discrimination - Fair Housing Council of Oregon • Oregon Bureau of Labor & Industries 971-245-3844 BOLI : Housing Discrimination Complaint : Civil Rights : State of Oregon

			• Housing and Urban Development 1-800-669-9777 [Report Housing Discrimination | HUD.gov / U.S. Department of Housing and Urban Development (HUD)](#) • Oregon Law Center [Find Your Local Office - Oregon Law Center](#) Learn more about Source of Income discrimination: • Oregon Revised Statute [ORS 659A.421 – Discrimination in selling, renting or leasing real property prohibited](#) • [Fair Housing Council Of Oregon - Home - Fair Housing Council of Oregon](#) • [Pre-Recorded Courses - Fair Housing Council of Oregon](#) • [Oregon Housing and Community Services : Training : Housing Compliance & Monitoring : State of Oregon](#) • [Fair Housing Basics, 5-29-2024 on Vimeo](#)

Home Changes for Health

Keywords	Publication Date	Question	Response
Home Changes for Health, Breast Milk	2/21/25	Can portable power supply and refrigeration for the storage of breast milk qualify under HRSN medically necessary climate-related home modifications? Who would the qualifying Member be?	Authorizing portable power supply and refrigeration for short term storage of breast milk would be an acceptable use of HRSN climate-related supports. Although this is not a clinical risk factor listed in OAR 410-120-2005 Table 1, it is aligned with the intent of the existing clinical criteria for enteral and parenteral nutrition and

			we included language in that same OAR and CCO Contract stating the CCO's ability to approve other conditions by medical exception review for this type of circumstance. Please note, in this case, it would be the infant that would need to have the qualifying medical condition and be the eligible Member for the device.
Home Changes for Health, Multiple Devices	2/28/25	Can Members approved for a HRSN climate device in one season (e.g., A/C in the summer) request a different device (e.g., heater or generator in winter) when the different device is not under the same authorization?	Yes. Multiple authorizations are permitted, as each device requires its own authorization due to differing eligibility criteria.
Home Changes for Health; Variable Admin Fee	6/6/25	How do CCOs encounter for the variable admin fee for climate devices when they have the same date of service?	In this case, each device would need to have a different date of service. As long as the variable admin payments can be tracked to the services delivered, changing the date of service should not pose a problem.
Home Changes for Health, Installation Cost	6/6/25	Is there guidance regarding the time installation vendors can claim? (e.g. can they bill for transportation time or just the time doing the installation?)	HRSN Service Providers/Vendors can bill for total time to complete installation, including drive time. The maximum billed amount is eight units, or two hours.
Home Changes for Health, Installation Cost	6/6/25	If a vendor charges a flat rate for installation, can they serve as an HRSN vendor?	Yes, vendors who charge a flat fee for installation can serve as HRSN vendors. The fee for installation must: • Not exceed more than $42 • The total amount of the fee for installation plus the cost of the device may not exceed the UPL for that device

Payment

Keywords	Publication Date	Question	Response
Payment, Credit Card Fees	12/6/24	Can HRSN service providers include the cost of credit card fees in their invoices to CCOs when paying for housing benefits through credit card (e.g., utilities, storage)?	OHA leaves the form of payment to the discretion of the provider. Credit card fees cannot be included in the cost of the service.
Payment, HRS Flex, Rent and Utilities	12/6/24	Can CCOs pay the first month of rent under HRS flex and then authorize under HRSN for the remaining 5 months to another housing provider? Does it matter if the service is being provided by multiple service providers?	If the individual is eligible for HRSN rent assistance, HRS flex cannot be used to cover the rent; however, if HRS flex is used to pay for rent prior to the launch of the HRSN program/Member's eligibility, HRSN can be used moving forward once the Member is determined eligible. There should be no problem in changing the source of payment. The months where the Member received rent assistance through HRS flex (prior to becoming eligible/prior to program launch) do not count toward the 6 month HRSN rent assistance limit. Housing providers do not need to provide all housing services, so either CCO or housing provider can provide rent payment, tenancy services, etc.
Payment, Administrative Rate, Rent and Utilities	12/6/24	Is the variable administrative fee only for providing the Member the first month of rent, but not for providing the consecutive five months of rent?	Yes; the housing variable admin. is payable associated with claims for the first month of Rent and Utilities costs, once for home modifications, and once for home remediations.

Payment, Administrative Rate, Services Undelivered	1/10/25	If for some reason the HRSN rent check is voided and rent doesn't get paid, does the CCO have to return the administrative fee for the work they did?	Yes. Variable administrative fees are only valid for clean claims and must also be voided when the claim that qualifies this payment is voided.
Payment, Administrative Rate, Home Modifications and Remediations	1/10/25	How would the administrative fee for CCOs apply for home modifications and home remediations?	CCOs will receive one administrative fee for the first instance of a home modification and the first instance of a home remediation.
Payment, Administrative Rate, Code	1/10/25	Are variable administrative payments automatically triggered when we bill OHA for a qualifying HRSN service (e.g., first month's rent, air conditioner, etc.)?	No. CCOs must bill the variable administrative code 99499 alongside a qualifying HRSN service to claim the variable admin payment. The housing variable admin fee is payable when associated with claims for the first month of Rent and Utilities costs, once for home modifications, and once for home remediations. The same bill code is also used to claim the climate variable admin fee, which is payable for qualifying devices (maximum of one payment per member, per device) Please see additional information in the HRSN Billing Guide.
Payment, Eviction	12/6/24	Will CCOs be reimbursed for funds spent assisting a Member in preventing imminent eviction even though CCOs are not required to do so?	Yes; as long as the individual receiving the services is eligible and authorized for HRSN services, the CCO can get reimbursed. However, HRSN Outreach and Engagement and Tenancy Services performed by the CCO are included in the CCO Administrative Payments.
Payment, Eviction	6/6/25	Can eviction fees be paid for by HRSN housing services?	No, eviction fees are not eligible for payment if they are included on the rent ledger.

Payment, Per Member Per Month, Nancycy Services	12/20/24	What information is available about the Tenancy Services that can be billed on a PMPM basis?	The PMPM option is a second reimbursement option for Tenancy Services, the current option for reimbursement is 'per 15 minutes'.
Payment, Tenancy Services	1/31/25	For the Tenancy Service, can HRSN Providers opt into PMPM payments, or is this at discretion of the CCO? If at the discretion of the CCO, what sort of guidance is there in making the determination?	The PMPM Payment model for the Tenancy Service is available at the discretion of the CCO. OHA has provided CCOs with guidance on what is required in order for an HRSN Provider to use the PMPM Payment model, and CCOs will assess their networks to determine feasibility. HRSN Providers can reach out to any CCOs they work with for additional information on their current payment processes.
Payment, Rent and Utilities, Recoup Funds	1/10/24	What do CCOs do about recoupment of rental assistance when Member moves out of housing before rent was due?	If a Member moves out of housing for which they are receiving HRSN rent assistance, they are no longer eligible for rental assistance. If a CCO or HRSN service provider paid for rent after the member moved out, the CCO should attempt to recoup the money. OHA expects CCOs to have processes in place to assure this happens infrequently.
Payment, Rent and Utilities, Arrears	1/31/25	If rental arrears payments are added to the current bill for a month, do CCOs need to split the arrears payment from the current rent payment?	Yes; CCOs must split out arrears payments from current rent payments. Each claim can only cover one month, or one unit, of rent and utilities.
Payment, Telephone and Internet	6/6/25	How would CCOs operationalize paying for prepaid phone cards as an allowable form of utility assistance?	Members cannot be directly reimbursed for prepaid phone cards. Instead, CCOs should work with a vendor a HRSN service provider to provide the phone cards and provide payments to the vendor.

| Payment, Parking | 6/6/25 | If a Member is paying a parking fee to their property management company in addition to their rent, could this be covered? | Per OAR 410-120-2005, table 4, this is not a covered service. |
| Payment, Rent and Utilities, Recoup Funds | 6/6/25 | What should CCOs do if there is a credit remaining on a utility account either because the Member closed the account or because a credit remains at the end of 6 months? | OHA does not require CCOs to attempt to recoup funds. |

Billing and Claims

Keywords	Publication Date	Question	Response
Billing and Claims, Home Remediations and Modifications	12/6/24	Will CCOs need to differentiate labor/materials in documenting costs for home remediations?	No; that level of information is not needed for encounter claims.
Billing and Claims, Home Remediations and Modifications	1/10/25	How is work separated for billing purposes for home modifications or remediations that require two or more services/items?	Whether work is included on the same Scope of Work or separated is at the discretion of the CCO, the HRSN Service Provider, and HRSN Vendor. All combined claims cannot exceed the UPL on the fee schedule per Member over the lifetime of the waiver.
Billing and Claims, Rent and Utilities, Prorated	5/1/25	How is prorated rent to be handled? If the first payment is made on the last day of the month or part way through the month, does it count in the six-month limit?	Monthly rent can be billed at any point of the month and will count towards the six-month rent limit. Rent that is only for a partial month, to be followed by monthly rent billing, can be billed per day until the monthly billing date begins. Per day units will be tallied, with 30 days counting as 30 units representing one month, and counted in the six-month limit. The monthly bill should be

			for the day of payment as stated in the dates of service table, not a range.
Billing and Claims, Rent and Utilities, Prorated	1/10/25	When submitting encounters for a partial month of rent, do CCOs submit one encounter for each day in a range?	Yes, encounters for prorated or partial month's rent will be billed using bill code H0043 (and applicable modifiers) and must have one encounter for each day of the service period. Please see additional detail in the HRSN Billing Guide.
Billing and Claims, Hotel/Motel Stays,	1/31/25	If CCOs pay for 10 days of rent for hotel/motel services, does this require 10 encounter submissions or one encounter submission?	If the days for payment for the hotel/motel stay are consecutive, one encounter payment may be submitted with the date range, and number of days as the unit (using the per diem code).
Billing and Claims, Rent and Utilities, Standalone Utilities	12/6/24 ==Updated 6/6/25==	Should there be a separate claim for each utility bill?	==Utilities paid separately from rent can be on one claim, however, the total of the rent and utilities may not exceed the max UPL for that month. Please see HRSN Billing Guide.==
Billing and Claims, Rent and Utilities, Standalone Utilities	12/6/24 ==Updated 6/6/25==	If a Member has multiple bills due across different dates, what date range should be used for authorization?	==For multiple bills that are submitted on one claim, CCOs/providers may use one date that aligns across all the utilities that are submitted on the claim (for example, multiple utility bills can be submitted on the same claim with the rent for the month). Please see HRSN Billing Guide.==
Billing and Claims, Rent and Utilities, Standalone Utilities	6/6/25	==If each utility can be covered for up to six months, how does it work when it is included in a member's rent?==	==Members can have coverage for utilities up to six months, combining utilities arrears, utilities set-up, and monthly utilities. Utilities that are included in a member's rent still count toward the six months of coverage, regardless of if any unbundled utilities are also being paid. For example, if a member receives two months of utilities arrears in a prior housing unit and one==

			month of utilities set-up for a new housing unit, the member is only eligible for three months of additional monthly utilities coverage. Please see the HRSN Billing Guide.
Billing and Claims, Rent and Utilities, Telephone and Internet	6/6/25	How are landlords to manage telephone and internet, which are included in utilities for HRSN?	It is not expected that landlords include telephone and internet within the rent payment. However, these are covered utilities under HRSN. These utilities will be paid to a vendor other than the landlord. The monthly claim(s) should reflect the total cost of rent and utilities for that month
Billing and Claims, Rent and Utilities, Past Due Balances	12/6/24	Does a bill that has a past due and an overdue balance count as one claim?	This should be further clarified with the Member to better understand the past due and overdue amounts. If they are expenses for different months, then that would not be one claim.
Billing and Claims, Rent and Utilities	12/13/24	Do HRSN providers need to decipher the difference between housing units when they submit claims?	The CCO is responsible for ensuring the payment adheres to the upper payment limit for the region and number of bedrooms per unit.
Billing and Claims, Variable Administrative Fee, HRSN Service Provider	12/13/24	Is the CCO the provider on the claims for variable administrative fee? Is OHA still expecting enrollment of the provider as atypical if an HRSN provider is enrolled as a clinical provider with an NPI? Or do they still use their NPI for both? Do you want them to bill with the separate IDs?	The two provider types that are allowed on regular HRSN claims are the CCO itself or the new Type 68 HRSN Provider Type. The Type 68 may or may not have an NPI. For Variable Admin, the only provider on the claim should be the CCO itself as the billing provider with no separate rendering provider included. The CCO will not have an NPI and will be sent as an Atypical provider.
Billing and Claims, Rent and Utilities, Delay in Documentation	1/10/25	If a Member is authorized to receive rent/utilities and submits documentation for bills initially, but is delayed or unresponsive in getting the Provider the necessary documentation	CCOs may authorize eligible Members for up to six months of utilities up to the UPL as detailed in the Fee Schedule. The date of service for utilities should be the first day within the service period (if the utilities are not bundled with rent). Claims

		for utilities, can the Provider "retroactively" pay for the utilities once the documentation is received?	may be submitted retroactively for payments made and services rendered, so long as the services rendered are the services for which the Member was authorized (e.g. in this example, the Member is eligible to receive six months of consecutive utilities support).
Billing and Claims, Rent and Utilities, Hotel and Motel Stays	1/10/25	When is it appropriate for CCOs to use the code H0043?	This code can be used for Hotel/Motel Stays for eligible members who are receiving HRSN home modifications or remediation services. This code can also be used for payment of partial month's rent or utilities in situations where they're prorated. Please reference the fee schedule for additional details on unit and expected costs for these two distinct services, as they use the same procedure code, but have differing unit and payment caps. When billing using code H0043, there should be one encounter for each day that the service was delivered.
Billing and Claims, Tenancy Services, Per Member Per Month	1/31/25	For the tenancy service PMPM, how should CCOs handle situations where the Member may alternate between a high complexity and low complexity case (CCO Guidance Document, page 75)?	There is no specific guidance on how often complexity is reassessed; CCOs are encouraged to work with their providers to determine a cadence to review at least once a year.
Billing and Claims, Home Modification and Remediations, Deposit	2/21/25	What if a Home Modification vendor requires a deposit? Do we create a separate encounter for the deposit and then another one for the completed service?	OHA recommends that CCOs bundle such payments into one encounter that details the full paid amount (deposit + additional costs) for the home modification service. The date of service should reflect the date the work began.
Billing and Claims, Authorization Letter	2/21/25	What dates should CCOs use on the authorization letter for home modifications, and what dates of service	CCOs can put a date range on the authorization letter if that works best for their systems. The date of service on the claim for home

		should be included on the claim if the modification takes multiple days to complete?	modifications should reflect the date the work began.
Billing and Claims, Housing, Claims Fields	2/21/25	Is there a current list of claims fields necessary for submission of HRSN housing claims?	Yes, required claim elements include Plan ID #, Billing Provider ID #, Rendering Provider ID#, Diagnosis Code, CCO Paid Amount, detail line including HRSN Procedure Code and Modifier, Date of Service, HCP and Allowed Amount, and Claim Adjustment Segment. Please refer to the HRSN Billing Guide for more information.
Billing and Claims, Rent and Utilities, Arrears, Date of Service	2/21/25	For arrears billing, should we consider utilities arrears as overdue at the time of authorization or overdue at the time of payment?	They should be considered overdue at the time of authorization.

Service Providers

Keywords	Publication Date	Question	Response
Service Provider	12/6/24 Updated 6/6/25	Will a CCO be penalized for serving as the housing provider at 11/1 go live? What guidance does OHA have for network adequacy and mitigating conflict of interest for 11/1 and throughout the course of the demonstration?	OHA understands not all providers will be ready to go live with HRSN housing services on 11/1. In the case that only the CCO has capacity to provide housing services on 11/1, they must demonstrate they are the only willing and capable provider available to furnish services. See OAR 410-120-2000: "7) MCE and as applicable, the Authority, shall protect against conflicts of interest in the administration and delivery of HRSN Services. (a) An MCE and, as applicable, the Authority shall not deliver any HRSN Service that it has

			authorized unless the MCE can demonstrate it is the only willing and qualified organization that is capable of providing the HRSN Service to the HRSN Authorized Member within the service provision timelines described in OAR 410-120-2020. (b) The MCE and as applicable, the Authority must devise conflict of interest protections including separation of authorization and HRSN Service Provider functions within the MCE and as applicable, the Authority. (c) The conflict of interest protections devised by the MCE must be documented in a form or format identified by the Authority, is subject to the approval of the Authority, and must be retained and provided if requested for Authority audit or other review."
Service Providers	12/6/24	For HRSN tenancy services, what are the documents that the service provider needs to maintain?	The HRSN PCSP is maintained by the CCO and we encourage HRSN service providers to provide information for the HRSN PCSP. CCOs set standards for provider documentation in their network contracting. For record-keeping, OHA recommends providers maintain documentation similar to what is expected for O&E services.

Nutrition

Service Eligibility and Authorization

Keywords	Publication Date	Question	Response
Service Eligibility and Authorization,	1/10/25	If a Member is eligible for other home-delivered meals outside of HRSN, should they be directed to receive assistance through that program instead of HRSN?	Please assess the member's holistic needs, look at eligibility for different programs, and select the program that best meets their clinical, nutritional, and other care support needs.
	1/10/25	Can Members self-attest to receipt of SNAP or WIC?	As a reminder, receipt of SNAP or WIC benefits does not preclude a Member from receiving nutrition support through HRSN, so long as the member meets all eligibility requirements for an HRSN nutrition service, including experiencing low or very low food security. The HRSN Request Form does not ask members to attest to their receipt of SNAP or WIC benefits. In the event it makes sense for a member to share this information, self-attestation is permissible.
Service Eligibility and Authorization	1/10/25	Under the eligibility section of the HRSN Request Form, it says the Member needs to have "unmet food needs." Our understanding is that Members must meet the definition of low food security as defined by USDA—is this no longer correct?	The USDA screener is still what determines whether a Member meets the HRSN Nutrition social risk factor. In an effort to adhere to plain language standards on the HRSN Request Form, the term "unmet food needs" was used instead of "low or very low food security per USDA's 6-item screener."

Nutrition Education

Keywords	Publication Date	Question	Response

Nutrition Education, Service Provider Qualifications	1/10/25	Can an HRSN Provider attest to or provide documentation of evidence-based training for HRSN Nutrition Education in lieu of receiving training through a CCO?	Yes, HRSN Providers can provide documentation of sufficient evidence-based training in lieu of receiving training through a CCO.
Nutrition Education, Medical Nutrition Therapy	1/24/25 Updated 6/6/25	What is the difference between medical nutrition therapy (MNT) and Nutrition Education? How is overlap avoided if the services are provided concurrently? In what circumstances would a Member qualify for Nutrition Education?	MNT is a clinical nutrition intervention that must be delivered by an RDN. It is specific to the patient and may involve activities like clinical assessments and medical interpretation of labs and diagnoses. Members receiving HRSN MTM will likely require the clinical nutrition counseling provided through MNT as it is tailored to address their specific condition(s) and associated needs. In contrast, Nutrition Education is more general and does not need to be provided by an RDN. It is appropriate for Members who want general information (e.g., food resource management, general tips for healthy meals on a budget, label reading, etc.) and who are unable to receive the service through other funding sources. It may be appropriate for Members receiving HRSN MTM to receive Nutrition Education in addition to tailored MNT. They may choose to receive Nutrition Education through their RDN (if offered) or another Nutrition Education provider that suits their needs.
Nutrition Education, Virtual Classes	6/6/25	Does the nutrition education benefit allow for the virtual broadcasting of classes?	Nutrition education can be offered virtually either in individual or group settings. If in a group setting, the amount billed for HRSN cannot be more than the organization's cost of the class. If the organizations cost of a class is $300 for a one

			==hour class and only one HRSN eligible Member attends, then they would bill $50 for that one Member. If an organizations total cost of a class is $300 for a one hour class and there were 10 HRSN eligible Members in attendance, then they could billf or 30 minutes of time for each eligible HRSN Member ($250) so that they would not exceed the cost of the class.==

Assessment for Medically Tailored Meals

Keywords	Publication Date	Question	Response
Service Eligibility and Design: Assessment for Medically Tailored Meals	1/10/25	Does a referral to a registered dietitian nutritionist (RDN) for HRSN Assessment for Medically Tailored Meals need to be made by the Member's primary care physician (PCP)?	This depends on the CCO's protocol. Some allow for self-referral. However, given that self-attestation of a clinical risk factor is not sufficient to justify the medical appropriateness and medical necessity of Medically Tailored Meals, OHA advises the involvement of a PCP or appropriate medical specialist.
Service Eligibility and Design: Assessment for Medically Tailored Meals	1/24/25	If a Member self-attests to having a condition appropriate for Medically Tailored Meals, and the CCO has clinical documentation or claims information that supports the medical appropriateness and necessity of that attestation, can the CCO directly refer the Member to an RDN for assessment?	Yes, the CCO may directly refer the Member to an RDN in this scenario.
Service Eligibility and Design: Assessment for	1/10/25	Is prior authorization required for HRSN Assessment for Medically Tailored Meals?	No, prior authorization is not needed for HRSN Assessment for Medically Tailored Meals. However, you may need a referral for a dietitian from the PCP.

Medically Tailored Meals			
Service Eligibility and Design: Assessment for Medically Tailored Meals	1/10/25	If an HRSN Provider does not have the capacity to conduct the HRSN Assessment for Medically Tailored Meals, are they allowed to refer to another provider who has an RDN on staff instead of to a primary care provider (PCP)?	Yes, to the extent possible, the HRSN Assessment for Medically Tailored Meals should always be conducted by an RDN rather than a PCP.
Service Eligibility and Design: Assessment for Medically Tailored Meals	1/31/25	OARs specify that Assessment for MTM can be provided by a primary care provider (PCP) when an RDN is not available. What provider types are included in this definition of PCP? Can DOs, NPs, PAs, etc. also conduct the assessment?	We strongly encourage plans to seek out RDNs to conduct the assessment. When an RDN is not available, MDs, DOs, NPs, PAs, or the specialist serving as the primary clinician for the Member may conduct the assessment for MTM. The provider conducting the assessment must follow the Nutrition Care Process as outlined by the Academy of Nutrition and Dietetics. For more information, see https://www.eatrightpro.org/practice/nutrition-care-process.
Service Eligibility and Design: Assessment for Medically Tailored Meals	6/6/25	Can provider types such as Community Health Workers (CHW) provide a Medically Tailored Meal assessment?	The assessment is created from the application of the Nutrition Care Process. That is a systematic method that RDNs and some other clinical medical professionals use to provide nutrition care. Because this is considered Medical Nutrition Therapy, CHWs wouldn't qualify to provide these clinical assessments. There are also no certifications or licenses that are available for CHWs to perform this work. A CHW would need to become an RDN or a medical provider.

Keywords	Publication Date	Question	Response
			A CHW could become an O&E provider or even provide Nutrition Education with adequate support, education, and training.
Service Eligibility and Design: Assessment for Medically Tailored Meals	1/10/25	Our CCO has an in-network RDN provider that does not require prior authorization. Can the Medically Tailored Meal service occur if the RDN determines it is the most appropriate intervention?	HRSN Assessment for Medically Tailored Meals does not require prior authorization. If an RDN assessment determines medically tailored meals are the most appropriate intervention, the RDN or member of the care team could assist with sending the completed HRSN request to the CCO who would then review and connect with the MTM provider if the service is authorized.
Service Eligibility and Design: Assessment for Medically Tailored Meals	1/10/25	Would it be acceptable for CCOs to create a template for RDN assessments for Members to take to their appointments to support consistency and ensure all needed information is obtained?	RDNs should follow established protocols to assess Members and develop a nutrition care plan, so a standard template should not be needed. Please review the Nutrition Care Process within the HRSN Guidance Document.
Service Eligibility and Design: Assessment for Medically Tailored Meals	1/24/25	If a Member already has a nutrition care plan, do CCOs need to review the HRSN Request for an Assessment for MTM based on diagnosis?	If during the HRSN Eligibility Screening for Assessment for MTM, the Member produces a current nutrition care plan that has been developed by an RDN and is up-to-date with all relevant information (e.g., the Member's clinical diagnosis and labs), the CCO does not need to review the diagnosis.

Medically Tailored Meals

Keywords	Publication Date	Question	Response
	1/10/25	How should CCOs ensure HRSN Medically Tailored Meals do not	CCOs should make best efforts to determine whether Members are receiving medically

		supplant existing medically tailored meal programs that Members are receiving?	tailored meals through other federally-funded or state-funded programs.
Service Eligibility and Design: Medically Tailored Meals	1/10/25	Can OHA clarify the process flow for an HRSN-eligible Member to be authorized for HRSN Medically Tailored Meals (MTM)?	For an HRSN Request for MTM to be considered complete, it must include documentation that the Member has been assessed by an RDN (or PCP if RDN access is limited or delayed). The RDN must identify that MTMs are medically necessary and establish a medically appropriate nutrition care plan. Self-attestation of a clinical diagnosis for MTM is not sufficient. If a request for MTM does not include all necessary documentation, CCOs shall obtain all the information necessary to complete the request in order to conduct the HRSN Eligibility Screening and HRSN service authorization. An incomplete HRSN Request is not subject to the standard service authorization timeline and a denial should only be issued if it is determined by the CCO from an HRSN Eligibility Screening that the Member does not qualify for MTM.
Service Eligibility and Design: Medically Tailored Meals	6/6/25	From our understanding, we can only authorize delivery of an MTM to the same address as their primary residential address/physical address in OHP's system. However, what if there is a situation where a member had recently gotten surgery and is recovering at a place other than their current physical address? For example, if a member has surgery and stays with their	CCOs may approve MTM service delivery to a residence other than the Member's primary residence if: (a) the Member's primary residence has not changed and continues to be the same as the address in OHP's system, and (b) the Member has a clinical or other reasonable rationale for not being at their primary residence for a temporary period of time. CCOs have the discretion to determine an appropriate length of time and rationale for approving delivery to a

		<mark>parents to get assistance while they recover, would we have to deny this request since their MTM delivery address does not match their primary residence address?</mark>	<mark>different address from the Member's primary residence.</mark>
Service Eligibility and Design: Medically Tailored Meals	1/10/25	The HRSN Request Form seems to encourage Members to self-refer for MTM. However, our understanding is that the Member should be referred by a provider. Is the goal to have Members self-refer like for the housing benefit or to go through their primary care provider (PCP)?	While Members can self-refer for MTM, they will still need to work with their PCP or an appropriate specialist (e.g., in cardiology, endocrinology, pulmonology, etc.) as well as a RDN to determine if MTM is appropriate for their health condition. Self-attestation of a clinical diagnosis for MTM is not sufficient. Only when the HRSN Request is complete will the CCO be able to conduct the HRSN Eligibility Screening and HRSN service authorization.
Service Eligibility and Design: Medically Tailored Meals	1/10/25	Are the clinical risk factors for nutrition listed in OARs correct for HRSN Medically Tailored Meals, or should CCOs and providers refer to the recently shared ICD-10 list instead?	OHA released a memo on 12/24/24 (sent to CCOs via email) that includes a non-exhaustive list of specific medical conditions most responsive to MTM. Please refer to this memo for more information on the conditions that may be most suitable for MTM.
Service Eligibility and Design: Medically Tailored Meals	1/10/25	Do Members need to consult a PCP after being assessed for MTM in order for the MTM request to be advanced to CCOs for approval?	No, Members do not need to consult a PCP after the RDN assessment. However, that is based on the assumption that the RDN utilized information from the PCP/specialist to guide the nutrition care process. Members, RDNs, PCPs, medical social workers, and other entities may submit the nutrition care plan to CCOs as part of the service authorization process.

Service Eligibility and Design: Medically Tailored Meals	1/31/25	OARs state that Members living in institutional settings are not eligible for MTM. However, if the institutional setting only provides a standard meal plan and is unable to provide a medically tailored meal plan, can CCOs authorize MTM for the Member?	No. If a Member resides in an institutional setting that provides residents with meals, they are not eligible to receive MTM through HRSN.
Service Eligibility and Design: Medically Tailored Meals	6/6/2025	If there is a member who qualifies for MTM, but does not own a refrigerator, will we have to deny this individual until they can get access to a refrigerator for safe food storage? From my understanding, the climate benefit for a mini-fridge would not be able to be approved for HRSN solely for MTM storage. How would you recommend that we proceed with these types of situations? Our community is concerned that some members may not be able to access a benefit that they would otherwise qualify for if they do not have access to a refrigerator.	CCOs should consider, based on the Member's living situation and other circumstances, whether MTMs are the most appropriate service for addressing the Member's nutritional needs. If MTMs are appropriate, then CCOs are encouraged to work with the Member to identify the most appropriate pathway to securing safe meal storage capabilities. If the only reason a Member is not eligible for HRSN Medically Tailored Meals (MTMs) is that they require a refrigerator/freezer to safely store the meals, CCOs may consider if the HRSN mini refrigerator with freezer climate device is clinically appropriate for their qualifying MTM clinical risk factor, per OAR 410-120-2005 Table 1. It may also be possible and better suit the Member's needs to obtain a larger refrigerator through HRS/Flex Funds.
Service Eligibility and Design: Medically Tailored Meals	1/10/25	What action should CCOs take if they receive a request for MTM but the necessary documentation (e.g., the RDN assessment or nutrition care plan) to approve a service request is missing?	If a request comes in for MTM but does not include all necessary documentation identified in OAR 410-120-2010, this does not constitute a complete HRSN request. Per OAR 410-120-2015, CCOs shall obtain all the information necessary (assist Member to make clinical connections as

			appropriate to obtain needed documentation) to complete the request in order to conduct the HRSN Eligibility Screening and HRSN service authorization.
Medically Tailored Meals	1/31/25	If a Member wishes to pause the MTM benefit (e.g., because they are going on vacation for two weeks or decide they do not want MTM for a couple months but later decide they would like to resume), could the Member's six-month timeline be extended for the time they did not receive the service? How should CCOs document this situation?	The Member could pause MTM delivery, but their six-month timeframe cannot be extended and any period in which the service was paused cannot be appended to the end of their six-month period. Vendors should bill only for the time when the Member receives services and CCOs should maintain documentation of when services are paused for their own records.
Medically Tailored Meals, Clinician Review	1/10/25	The service description for MTM states the service must be "Medically Appropriate and Medically Necessary per OAR 410-120-0000." Does this mean a denial or reduction of this service must be reviewed by a Level 3 Medical Director for medical necessity and appropriateness? Or, are clinicians still the appropriate level of clinical licensure to review?	Please refer to OAR 410-120-2020(5)(c). If a Member's MTM service request is denied or reduced because they do not meet HRSN Covered Population or nutrition social risk factor criteria, clinical staff do not need to review. Please review the CCOGuidance Document to ensure credentials of reviewers are appropriate. Because MTMs are an HRSN service, they are subject to HRSN expectations, even when OHA requires the service be medically necessary and medically appropriate.
Medically Tailored Meals, Dual Eligibility	1/24/25	One of the HRSN Covered Populations is individuals transitioning to dual Medicaid and Medicare status. If a CCO receives a HRSN Request for Medically Tailored Meals from such a Member, should they refer them to Medicare?	If the Member is in the process of transitioning to dual Medicaid and Medicare status but is not yet enrolled in Medicare, they should be assessed for HRSN eligibility to receive MTM and, if deemed eligible, receive the service through HRSN. If the Member is in the nine-month period

			after becoming dually enrolled and requests HRSN MTM, CCOs should confirm whether the Member is enrolled in Medicare FFS (which does not cover MTM) or Medicare Advantage (MA). If the Member is in Medicare FFS, the CCO should proceed with screening the Member for HRSN MTM service eligibility. If the Member is in MA, the CCO should coordinate with the specific MA plan to determine if they would be eligible for Medicare MTM. If the MA plan does not cover the Member's specific health condition or does not cover the same duration (up to 6 months), HRSN should cover MTM, provided the Member otherwise meets HRSN eligibility requirements. If the MA plan would cover a similar scope and duration for the service, CCOs should deny the service through HRSN and refer the Member to Medicare.

Billing and Claims

Keywords	Publication Date	Question	Response
Billing and Claims, Nutrition Education, Code	1/10/25	What is the rationale for using code 98161 versus code 98160?	The nutrition education benefit can be offered in either an individual or group-based setting. Bill code 98961 was selected to accommodate the fact that this service may be offered in a group setting rather than solely between an individual and a provider.
Billing and Claims, Nutrition	1/10/25	The OARs note that Nutrition Education can be provided individually or in a group setting, but the HRSN Fee	Given the inclusion of the HRSN modifier, the Nutrition Education code can be used for

Education, Individual		Schedule specifies "2-4 patients." Can OHA clarify why the fee schedule specifies this and if Nutrition Education can be provided on an individual basis?	individual patients and groups outside of the 2-4 patient range.
Billing and Claims, Nutrition Education	1/10/25	What is the rationale for the 98961 code for nutrition education?	This allows the service to be provided by non-dietitians or others without clinical licensure.
Billing and Claims, Medically Tailored Meals, Assessment	1/10/25	If the RDN assessment to determine whether an individual should receive HRSN Medically Tailored Meals is covered as an existing state plan benefit, how should it appear on the claim/encounter?	The claim/encounter should be filled out according to existing policies for claims related to non-HRSN Medicaid state plan benefits.
Billing and Claims, Medically Tailored Meals, Assessment	1/17/25	How should registered dietitian nutritionists (RDNs) appear on a claim/encounter for HRSN Assessment for Medically Tailored Meals? Should RDNs be in the "rendering provider" field and the HRSN Provider organization be in the "billing provider" field?	Providers should bill as they would under regular Medicaid rules.
Billing and Claims, Medically Tailored Meals, Assessment	6/6/25	How should the assessment for Medically Tailored Meals be billed?	In nearly all cases, the assessment for Medically Tailored Meals should be billed under regular Medicaid.
Billing and Claims , Medically Tailored Meals	1/17/25	Are HRSN Medically Tailored Meals billed per meal or per week?	Providers can bill in any frequency, as needed.
Billing and Claims, Medically Tailored Meals	1/24/25	In what circumstances would Medically Tailored Meals (MTM) be paid for as a regular Medicaid state plan benefit?	MTM may be paid for by Medicaid through other avenues such as Home and Community-Based Services (HCBS) or the Older Americans Act nutrition programs. If a Member is eligible for these programs and the program meets their clinical needs, they should receive MTM through

			these programs. Otherwise, they should be assessed for eligibility to receive MTM through HRSN.

Outreach and Engagement Services

Billing and Claims

Keywords	Publication Date	Question	Response
Billing, Diagnosis Code	12/20/24	Should a default outreach and engagement diagnosis code be used for generating O&E claims? Is a short list of diagnosis codes available for outreach and engagement providers to select from as appropriate?	CCOs are obliged to use best practices for billing HRSN O&E services. However, recognizing the challenge in applying best billing practices for the HRSN benefit, particularly due to the low barrier access nature to O&E services, OHA has provided guidance that z-codes, and particularly Z55-Z65: persons with potential health hazards related to socioeconomic and psychosocial circumstances, may be the most appropriate diagnosis code when there is no self-attestation, claims data, or clinical report of a current medical condition.
Billing, Benefit Cap, HRSN Service Providers	1/10/25	What guidance is available to mitigate the risk that multiple providers bill O&E for one Member, and combined, the providers unknowingly go over the 30 hour cap? Will an exception be made in this instance to pay providers even if the total time billed exceeds the per Member cap?	It is the role of the CCO to track the number of O&E hours billed per Member. The CCOs and HRSN providers should be in communication about services provided to Members, particularly through the Person-Centered Service Plan (PCSP).
Billing, Frequency	1/10/25	On what cadence should HRSN Service Providers bill for O&E?	HRSN providers should coordinate with CCOs to confirm required timeframes for submitting

			invoices. The state does not recommend submitting invoices beyond a monthly basis.
Billing, OHP Eligibility	1/10/25	Can O&E be billed retroactively to the date an OHP application was submitted or does the O&E provider need to wait until the OHP enrollment is confirmed?	HRSN O&E services require verification of OHP enrollment as a required activity. HRSN O&E services would not be billable by HRSN Service Providers retroactively due to this requirement to bill for initial HRSN O&E services.
Billing, Travel time	6/6/25	How would encounter data work for billing travel for tenancy services since there is not an ability to adjust encounters?	CCOs may adjust submitted encounters but payments will not automatically update.
Billing, Travel Time	6/6/25	Is the travel time limit the same regardless of service area?	Yes, the travel time limitation across all service areas.

Service Providers

Keywords	Publication Date	Question	Response
Service Provider	12/6/24	Can HRSN outreach and engagement services be furnished by the HRSN Service Provider and/or by the CCO?	Yes; however, payment for HRSN O&E activities performed by the CCO are included in the CCO HRSN Administrative Payments.

CCBF

Keywords	Publication Date	Question	Response
Funds Use, Credit Card Fees	12/13/24	Since credit card fees (for making online utilities/rent payments) are not allowed, can CCBF be used for those?	No, CCBF cannot be used for these payments.
Funds Use, Administrative	2/21/25	Is it possible to use CCBF for administrative expenses such as auditing, mailing, accounting that are	CCBF can be used to pay for staff (limited to a period of 18 months) to support activities related to HRSN including, but not limited to: auditing,

		incurred in the provision of HRSN services?	communications and associated mailing, and accounting processes incurred in the provision of HRSN services. CCBF can also cover costs associated with outreach, education, or convening related to HRSN.	

Deleted Questions

Date Deleted	Publication Date	Question	Answer	Reason
6/6/25	1/10/25	CCOs are experiencing retro-terminations where they authorize a service for a Member but the Member is no longer eligible when payment is provided for the service. What happens to the covered service when a retro-disenrollment happens?	If a Member's OHP service is terminated before service authorization or before a service is delivered, they are no longer eligible for that service regardless of their eligibility at the time the service request was submitted or authorized. If a Member is authorized for a service but is no longer enrolled in OHP on the date service is provided and payment was provided, CCOs should make reasonable attempts to recoup the money.	Currently evaluating process/cases for this instance. More information forthcoming.
6/6/25	1/17/25	Why aren't administrative rates built into the fee schedule?	Administrative load is embedded in the fee schedule rates for outreach & engagement and tenancy services. OHA welcomes specific feedback from providers and CCOs regarding fee schedule inadequacies. OHA encourages CCOs to be innovative in how they collect and track administrative fees. CCOs should consider how to build contracts with providers to ensure the sustainability of service provision for the future when CCOs will take on risk.	Duplicate question

6/6/25	12/6/24	Would a claim be denied if the service provider uses a date of service other than the 1st or 2nd of the month?	No; claims would not be denied based on a date of service alone; however, date of service should follow guidance included in the HRSN Billing Guide. The date of service could be up to the 6th of the month.	Information will be in updated Billing Guide
6/6/25	1/24/25	Are claims for recent healthcare services, such as CPT, place of service, or revenue codes, required to validate a self-attested complex behavioral health or physical health need clinical risk factor?	A recent diagnosis from a clinician or engagement in health care services is not a required component of the Complex Health Needs risk factors. The only exception is that a diagnosis is required to establish the medical necessity and medical appropriateness of HRSN Medically Tailored Meals (MTM), see OAR 410-120-2005 Tables 6 and 7. The Complex Health Needs risk factor must warrant treatment, or for the Behavioral Health Need, non-clinical supports, to promote health stability, prevent symptom exacerbation, or maintain Member defined health goals. This requirement is intended to acknowledge that the Member is not currently at their optimal health and there is an expectation that the HRSN service will make a positive impact on their health and well-being. This requirement does not oblige the Member to be receiving treatment. The HRSN Clinical risk factors crosswalk is a non-inclusive list of diagnostic, procedure, place of service, and revenue codes that may be used to support outreach to presumed	Please see OAR for relevant information

			HRSN eligible members, to authorize HRSN services, and for claims coding purposes.	
6/6/25	12/6/24	Are homeowners eligible for hotel/motel stays?	While homeowners are potentially eligible for HRSN home modifications and remediations, they are not eligible for hotel/motel stays during the home modifications and remediations.	Combined with another question
6/6/25	12/6/24	If a Member is receiving housing subsidies, can HRSN be used to cover the portion of the rent the Member is responsible for?	It depends on the funding source. Some forms of assistance cannot be combined with others, but where allowed HRSN can supplement other forms of assistance.	Please see Guidance Document for further information
6/6/25	12/20/24	How can CCOs ensure timely payment of rent?	CCOs may use a date during the last week of the prior month that rent is due to ensure the landlord receives the rent payment on, or before, the date it is due. Please see the HRSN Billing Guide.	Duplicate question
6/6/25	12/13/24	Does the address for the rental assistance need to be the same for the full 6 months? If they move, would they lose the benefit?	Yes; it needs to be the same address.	Please see OAR for relevant information
6/6/25	12/13/24	Does the phone utilities benefit cover just the Member, or other lines on their plan? If it does cover other lines, is it correct o assume this would not extend to a business line/ Does the phone utilities benefit cover just the line costs or does it also cover device costs (e.g. phone, hotspots)?	Business lines, hotspots, insurance, and cost of the devices are not covered under HRSN. The benefit includes all lines included in the plan, provided that the address on the cell phone plan matches the Member's address, subject to the UPL	Please see OAR for relevant information

6/6/25	12/13/24	How are utilities set up and utilities arrears differentiated?	The procedure code for utilities set up is different than the procedure code for utilities arrears. Utilities set up has a modifier, but the utilities arrears do not.	Deleting pending changes to the fee schedule
6/6/25	1/13/25	What if a Member has one bill that spans across multiple months? How should utility arrears be paid for months where the bill does not break down costs by month?	Refer to the HRSN Billing Guide for more information. This bill would need to be separated into multiple claims, one claim per month. All bills should have an attributable amount and should be approved/encountered accordingly. In lieu of a bill that cannot be itemized, the utility company can provide confirmation as to how many months that the arrears are for and the charges for those months (e.g., through a screen shot)	Duplicative with HRSN Billing Guide
6/6/25	12/13/24	Will there be an additional modifier for the utility arrears to distinguish by region?	Utilities Arrears does not have additional modifiers beyond the U1 modifier required for all HRSN services.	Duplicative with HRSN Billing Guide
6/6/25	12/13/24	Should utilities be billed using the first of the month, without date ranges?	For utilities that are not bundled with forward rent: Use the first day within the service period.	Duplicative with HRSN Billing Guide
6/6/25	12/13/24	What date of service should be used for forward rent payments?	For forward rent assistance (i.e., rent assistance that is paid at the beginning of the month for the month ahead): use the first day of the month that the rent is for.	Duplicative with HRSN Billing Guide
6/6/25	1/10/25	What date of service should be used for claims for utilities and rental arrears?	For utilities arrears: Use the first day within the service period. This includes the first day of the month, if applicable, using the utilities procedure code	Duplicative with HRSN Billing Guide

6/6/25	12/13/25	Future rent and rent arrears use the same procedure code. How will CCOs know if they should approve utilities based on the rent?	The fee schedule and procedure codes are intended to align with the housing service definitions. HRSN service providers and the Member's CCO will need to determine CCO HRSN FAQ 1/31/25 59 # Benefit Area Topic Publication Date Question Response billing details for all invoices. Utilities arrears has its own procedure code, an invoice for past due utilities should be billed using that procedure code. Invoices for past due rent should be billed through the rent procedure code. CCOs will be responsible for tracking service limits for Members.	Duplicative with HRSN Billing Guide
6/6/25	1/17/25	Are all HRSN nutrition services mutually exclusive?	On 1/1/25, the HRSN nutrition services that became available are Assessment for Medically Tailored Meals, Medically Tailored Meals (MTM), and Nutrition Education. Nutrition Education and MTM are mutually exclusive because general nutrition education may not be appropriate for Members with medical conditions that require clinical nutrition interventions such as MTM.	Deleted due to OAR change
6/6/25	1/10/25	Does OHA have recommended evidence-based nutrition education training that CCOs could use?	Please refer to the 11/21/24 CCO Work Session slides to learn more about what CCOs would look for in an evidence-based nutrition education curriculum. If you do not have access to these materials, please reach out to Jessi Wilson at jessica.l.wilson@oha.oregon.gov	Deleted due to OAR clarification

6/6/25	1/10/25	Does the address for MTM delivery have to match the Member's OHP address?	Yes, the address for MTM delivery must match the Member's OHP address.	Deleted due to OAR change
6/6/25	1/10/25	RDN services and nutrition education services often overlap or occur simultaneously. How should HRSN Providers distinguish between the two? How should they bill? Do these services have to take place at separate times, on separate dates	These activities should be billed separately. The intention of the visit should be predetermined and billed based on the primary focus of the visit.	Duplicate question
6/6/25	1/17/25	For Assessment for Medically Tailored Meals (MTM), OARs now specify that Members must have a health condition on the OHP Prioritized List for which Medical Nutrition Therapy (MNT) is an indicated treatment. If this is the case, then MNT will always be considered medically necessary and appropriate for the Member's condition. Should the assessment then always be billed as MNT (as an existing Medicaid state plan) and HRSN benefits should only be leveraged for Medically Tailored Meals (the meals themselves) and nutrition education?	Yes. At this time, we do not foresee a scenario in which a provider would bill the HRSN Fee Schedule for Assessment for MTM, rather than MNT as an existing Medicaid state plan benefit.	Duplicate question
6/6/25	11/1/24	Appendix: Example Rent and Utility Scenarios of HRSN Housing Supports		Duplicative with HRSN Billing Guide