

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 is a living document that will be updated on an ongoing basis.

Current as of: February 21, 2025

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<i>Cross-Cutting: Eligibility</i>					
1.	Cross-Cutting	Eligibility	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.
2.	Cross-Cutting	Eligibility	12/6/24	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).
3.	Cross-Cutting	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

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					their eligibility at the time the service request was submitted or authorized.
4.	Cross-Cutting	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.
5.	Cross-Cutting	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.
6.	Cross-Cutting	Eligibility	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	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

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				covered service when a retro-disenrollment happens?	enrolled in OHP on the date service is provided and payment was provided, CCOs should make reasonable attempts to recoup the money.
7.	Cross-Cutting	Eligibility	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.
8.	Cross-Cutting	Eligibility	1/10/25	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. OHA has issued new

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					guidance on date of service to accommodate payment for retroactive services such as arrears. This information can be found in the HRSN Guidance Document.
9.	Cross-Cutting	Eligibility	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.
<i>Cross-Cutting: HRSN Requests</i>					
10.	Cross-Cutting	HRSN Requests	12/6/24 Updated 1/31/25	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 of Member and Contact information 2. Identification of the anticipated HRSN Service need (HRSN Services include Climate-Related Supports, 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

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					Per OAR 410-120-2010, with the exception of HRSN Medically Tailored Meals, 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.
11.	Cross-Cutting	HRSN Requests	12/6/24	If an HRSN Request comes in without all of the necessary documentation (e.g. no scope of work for Home Modifications), would that be an invalid request for those HRSN services? Could that be voided rather than denied?	Please refer to OAR 410-120-2010 for HRSN Request requirements. An incomplete HRSN Request does not result in a denial. 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.

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					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. This would include developing the written scope of work for Home Modifications.
12.	Cross-Cutting	HRSN Requests	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.
13.	Cross-Cutting	HRSN Requests	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

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					the OAR 410-120-2010 for HRSN Request requirements.
14.	Cross-Cutting	HRSN Requests	1/10/25	If a Member is 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.
15.	Cross-Cutting	HRSN Requests	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.
16.	Cross-Cutting	HRSN Requests	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).
17.	Cross-Cutting	HRSN Requests	1/17/25	For HRSN requests that do not qualify as a complete request (e.g.,	An incomplete HRSN Request would need to be sent back to the provider and/or

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				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?	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.
<i>Cross-Cutting: Service Authorization</i>					
18.	Cross-Cutting	Service Authorization	12/6/24 1/31/25 Update	Does the 14-day timeline for authorization begin from the date of receipt of the HRSN request? Is there any flexibility in this timeline?	Yes, the timeline begins upon receipt of the HRSN Request, per OAR 410-120-2020 and 410-141-3935. OHA understands that 14 days for service authorization may not always be feasible, which is why there is a 14 day extension option.
19.	Cross-Cutting	Service Authorization	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."
20.	Cross-Cutting	Service Authorization	12/6/24	Are approval letters necessary?	HRSN Service Authorization requirements align with other covered service requirements. Please refer to OAR 410-141-3835 for service authorization and notification requirements.
21.	Cross-Cutting	Service Authorization	1/10/25	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. CCOs

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				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?	that have contracted with HRSN Service Providers to provide outreach and engagement (O&E) services may also coordinate this responsibility with those providers. CCOs may also coordinate with the HRSN Service Provider or HRSN Connector who worked with the Member to submit the HRSN Request. 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.
22.	Cross-Cutting	Service Authorization	1/10/25	Do the housing and nutrition clinical risk factors need to be	OHA has decided not to define further the recency of the housing/nutrition/O&E

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				current conditions like for climate-related home remediations for which the clinical risk factor must have been active for the last 12 months?	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.
23.	Cross-Cutting	Service Authorization	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 section: HRSN Service Delivery: Member Identification, Screening, Authorization, and HRSN PCSP, section 5: 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.

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					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.
24.	Cross-Cutting	Service Authorization	2/21/25	What should we do if we suspect we are creating a safety risk by authorizing HRSN services? For 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.	The CCO care coordinator has a critical role in determining the health care needs and supports warranted. 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. In addition, beginning January 1, 2026, Members who are receiving the HRSN rent/utilities benefit but need to move because they are experiencing domestic

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					violence from a household member will be allowed to transfer the balance of their 6 months of HRSN rent/utilities benefit to a new address. These members will be eligible for a select group of move in benefits. Prior to the January 2026 policy change, CCOs may consider using HRS/flex funds to support members who need to move for safety reasons.
25.	Cross-Cutting	Service Authorization	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.”

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26.	Cross-Cutting	Service Authorization	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 plausible, then CCOs should not authorize the requested HRSN Service, in accordance with OARs 410-120-2015 and OAR 410-120-2020. In the event there are no data verifying the health condition, it may be reasonable to deny a self-attested clinical risk factor if: a) It would be reasonably expected that the attested health condition would require some type of health care service due to the impact of its symptoms (prescription, clinic visit, acute care, etc.); and b) The member has been enrolled in the same CCO long enough to ensure a sufficiently long period of time of claims or medical record data can be accessed and reviewed. Due to barriers in accessing care, some conditions, particularly mental health conditions and substance use disorders, may be less likely to have corroborating data. Similarly, due to threats to safety,

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					there may be no documented record of interpersonal violence.
27.	Cross-Cutting	Service Authorization	2/21/25	How can CCOs meet requirements to accept self-attestation and continue to maintain program integrity?	CMS endorses the use of self-attestation for HRSN services in recognition that these are foundational health promoting services that should be relatively straightforward to access given their potential to foster engagement in healthcare services as well as improve health outcomes. The covered population, social risk, and clinical risk eligibility requirements specifies the clinical appropriateness of HRSN services for members who meet the criteria. As some HRSN eligible individuals experience barriers to establishing and sustaining engagement in healthcare services, self-attestation permits access to HRSN services when they are most needed. Accepting self-attestation of HRSN Service eligibility does not obviate the role of CCOs and the Agency to guard against suspected fraud. The statement of truth on the HRSN request form, CCO good faith verification process, and HRSN Person Centered Service Plan are three additional mechanisms to corroborate self-attestation and evaluate suspected fraudulent

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					requests, in addition to the existing processes and tools.
<i>Cross-Cutting: Payment</i>					
28.	Cross-Cutting	Payment	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.
29.	Cross-Cutting	Payment	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.

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30.	Cross-Cutting	Payment	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/\$20 and PMPM rates for outreach and engagement/tenancy services.
31.	Cross-Cutting	Payment	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.
32.	Cross-Cutting	Payment	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 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.
33.	Cross-Cutting	Payment	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.

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					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.
<i>Cross-Cutting: Billing</i>					
34.	Cross-Cutting	Billing	12/6/24	Would a claim be denied if the service provider uses a date of service other than the 1 st or 2 nd of the month?	No; claims would not be denied based on 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 6 th of the month.
35.	Cross-Cutting	Billing	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.
36.	Cross-Cutting	Billing	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.
37.	Cross-Cutting	Billing	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.
38.	Cross-Cutting	Billing	1/10/25	How are the processes for claims submission similar or different for	The general process is similar for claims submission for Open Card/FFS and CCOs.

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				Open Card/FFS Members vs. CCO Members?	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.
39.	Cross-Cutting	Billing	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.
40.	Cross-Cutting	Billing	1/31/25	At what point does a bill become an arrears payment?	If a bill is not yet due, it will be considered forward utilities. If a bill is past due, it is considered utility arrears.
41.	Cross-Cutting	Billing	1/24/25	What is the process for CCOs submitting claims and encounters for Members who are self-attesting	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

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				but for who CCOs are unable to substantiate the diagnosis?	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."
42.	Cross-Cutting	Billing	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

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					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 HRSN eligible members, to authorize HRSN services, and for claims coding purposes.
43.	Cross-Cutting	Billing	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.
44.	Cross-Cutting	Billing	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.
45.	Cross-Cutting	Billing	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	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

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				one tax identification number. Does the tax identification need to match the NPI 1:1 when these are encountered?	Taxonomy Code used on the HRSN Type 68 enrollment will be necessary to ensure correct claims processing.
46.	Cross-Cutting	Billing	2/21/25	Would it be possible on the fee schedule to add a column showing the 150% for home modifications and remediations?	The fee schedule was adjusted and now shows the maximum rate on page 4: https://www.oregon.gov/oha/HSD/OHP/DataReportsDocs/HRSN-Fee-Schedule0125.pdf
	Cross-Cutting	Billing	2/21/25	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 the providers are doing work that is already within their scope to provide to the Member under another funding stream, 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.
<i>Cross-Cutting: PCSP</i>					
47.	Cross-Cutting	PCSP	12/6/24	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 the Member's circumstance requires.
<i>Cross-Cutting: Service Provider</i>					
48.	Cross-Cutting	Service Provider	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	OHA understands that the CCO will likely be the provider in a lot of areas for encounter data, especially at the beginning.

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				be enrolled as HRSN Service Providers.	
49.	Cross-Cutting	Service Provider	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.
50.	Cross-Cutting	Service Provider	2/21/25 update	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.
51.	Cross-Cutting	Service Provider	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.
52.	Cross-Cutting	Service Provider	12/20/24	Can HRSN Service Providers attest that the vendors they procure meet state licensing and CCBF requirements? Or, do CCOs need to	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

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				collect documentation of vendor qualifications?	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).
53.	Cross-Cutting	Service Provider	1/10/25	Can HRSN Provider reporting requirements be clarified?	<u>DSN-The Delivery System Network(DSN)</u> 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.

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					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

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					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.
54.	Cross-Cutting	Service Provider	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.
55.	Cross-Cutting	Service Provider	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

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					(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.
56.	Cross-Cutting	Service Provider	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.
57.	Cross-Cutting	Service Provider	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

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					Nutrition Specialty Code: 683 • Taxonomy Code: 332U00000X - Supplier/Home Delivered Meals • Taxonomy Code: 335G00000X - Medical Foods Supplier
<i>Cross-Cutting: General</i>					
58.	Cross-Cutting	General	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.
59.	Cross-Cutting	General	1/10/25	If a Member has been authorized and referred for services but the HRSN 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 Client's benefit package no longer covers the service, in which case the authorization will terminate on the date coverage ends. See OAR 410-120-1320: Authorization for Payment for more information.
60.	Cross-Cutting	General	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

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					can direct them to HRS to see if they meet HRS criteria for additional support.
61.	Cross-Cutting	General	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.
62.	Cross-Cutting	General	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.
63.	Cross-Cutting	General	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.
64.	Cross-Cutting	General	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	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

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				that less than 90% of HRSN-eligible Members are represented in PointClickCare?	file, capturing all members that otherwise may not appear in PointClickCare.
65.	Cross-Cutting	General	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”
<i>Housing: Service Eligibility and Authorization</i>					
66.	Housing	Service Eligibility and Authorization	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. The State anticipates most Members will not know their income as a % AMI, which is why OHA has provided a chart that helps Members identify their % AMI based on the number of people in their household, income level, and region. 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

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					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.

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67.	Housing	Service Eligibility and Authorization	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.
68.	Housing	Service Eligibility and Authorization	1/31/25	Is there a resource to determine AMI for households larger than 8 members?	Per the HUD Exchange guidance on HOME income limits, family sizes in excess of 8 persons are calculated by adding 8% of the four-person income limit for each additional family member. That is, a 9-person limit should be 140% of the 4-person limit, the 10-person limit should be 148%. The HOME income limit values for large households (9-12 persons) must be rounded up to the nearest \$50.
69.	Housing	Service Eligibility and Authorization	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.
70.	Housing	Service Eligibility and Authorization	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.

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71.	Housing	Service Eligibility and Authorization	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.
72.	Housing	Service Eligibility and Authorization	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.
73.	Housing	Service Eligibility and Authorization	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).
74.	Housing	Service Eligibility and Authorization	1/10/25	What happens in various scenarios where a Member leaves their home while they are receiving rent?	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.
75.	Housing	Service Eligibility and Authorization	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.

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76.	Housing	Service Eligibility and Authorization	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.
77.	Housing	Service Eligibility and Authorization	1/31/25	Do rent and utility 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.
78.	Housing	Service Eligibility and Authorization	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.
79.	Housing	Service Eligibility and Authorization	12/6/24	Who is eligible for hotel/motel stays?	Hotel/motel stays are only available to Members who: 1. Are currently housed with a written agreement or lease signed by both the landlord and Member; and, 2. Need support maintaining current housing; and,

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					3. Meet the At-Risk of Homelessness definition in OAR 410-120- 0000; and, 4. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005; and, 5. 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. 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.
80.	Housing	Service Eligibility and Authorization	12/6/24	Are homeowners eligible for hotel/motel stays during home modifications/remediations?	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.
81.	Housing	Service Eligibility and Authorization	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	Correct; home modifications/remediations are available for all HRSN covered populations, but hotel/motel stays are only available for those at-risk of homelessness.

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				Member is not at-risk of homelessness, do they need to find an alternate place to stay?	
82.	Housing	Service Eligibility and Authorization	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).
83.	Housing	Service Eligibility and Authorization	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.
84.	Housing	Service Eligibility and Authorization	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.

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					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.
85.	Housing	Service Eligibility and Authorization	12/6/24	If a Member is receiving housing subsidies, can HRSN be used to cover the portion of 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.
86.	Housing	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.
87.	Housing	Service Eligibility and Authorization	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.
88.	Housing	Service Eligibility and Authorization	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.

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89.	Housing	Service Eligibility and Authorization	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.
90.	Housing	Service Eligibility and Authorization	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.
91.	Housing	Service Eligibility and Authorization	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.
92.	Housing	Service Eligibility and Authorization	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.
93.	Housing	Service Eligibility and Authorization	1/31/25	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 only receive storage fees during the corresponding months when they receive rent. For example, if a Member receives forward rent for May – August, they may receive storage fees during May – August. A Member may not receive storage fees for months when they receive rent arrears.

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				the Member receive storage assistance for January-May?	
94.	Housing	Service Eligibility and Authorization	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.
95.	Housing	Service Eligibility and Authorization	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 on the HRSN Provider web page: https://www.oregon.gov/oha/HSD/OHP/Tols/HRSN-Income-Guide-EN.pdf
96.	Housing	Service Eligibility and Authorization	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.
97.	Housing	Service Eligibility and Authorization	12/13/24	How should CCOs handle instances where a lease agreement may not have all the required information	If a Member has a lease, that is sufficient. OHA does not expect CCOs to renegotiate existing leases to include all required

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				on the landlord/tenant agreement?	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.
98.	Housing	Service Eligibility and Authorization	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.
99.	Housing	Service Eligibility and Authorization	12/20/24	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 consecutive months. Per OAR 410-120-2005, HRSN rent assistance can be authorized once per household over the duration of the waiver.
100.	Housing	Service Eligibility and Authorization	1/10/25	Do rent arrears need to be for consecutive months?	Rental arrears do not need to be consecutive months.
101.	Housing	Service Eligibility and Authorization	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

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					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.
102.	Housing	Service Eligibility and Authorization	2/21/25 Update	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.
103.	Housing	Service Eligibility and Authorization	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. Row 1.
104.	Housing	Service Eligibility and Authorization	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

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					the member written notice of the reason for the extension;”
105.	Housing	Service Eligibility and Authorization	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.
106.	Housing	Service Eligibility and Authorization	2/21/25	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 issue an NOABD. If the member has been receiving any other housing supports (e.g. Tenancy Support),

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					the CCO should notify the Service Provider about the change in eligibility for the member.
<i>Housing: Service Design – Rent/Utilities</i>					
107.	Housing	Service Design: Rent/Utilities	12/6/24	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 months prior to the benefit go live. It is the responsibility of the current health plan authorizing HRSN rent assistance to cover the eligible arrears costs.
108.	Housing	Service Design: Rent/Utilities	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. The date of service should reflect the month that the Member receives the service, and the day after the 1 st from most recent to least recent. Please refer to the HRSN Billing Guide for additional information.
109.	Housing	Service Design: Rent/Utilities	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.
110.	Housing	Service Design: Rent/Utilities	12/6/24	How are HRSN rent and utility arrears combined with forward rent and utility payments?	Guidelines for combining Rent and Utilities:

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					• 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.
111.	Housing	Service Design: Rent/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.
112.	Housing	Service Design: Rent/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.
113.	Housing	Service Design: Rent/Utilities	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.

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114.	Housing	Service Design: Rent/Utilities	1/10/25	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?	For situations where the Member pays for utilities that are not included in their rent and are in the landlord's name, the Member may self-attest; the HRSN Verification of Landlord/Tenant Relationship and Rent Owed form will be updated to be used for these situations in the future.
115.	Housing	Service Design: Rent/Utilities	1/31/25	Are firewood, propane, oil, and other fuel considered "gas" utilities?	OHA has proposed an OAR change that will permit firewood, heating oil, pellets, propane that is used to supplement or as an alternative to conventional utility services, if provided by bulk fuel HRSN vendors. See OAR 410-120-2005, Table 4 (1)(q).
116.	Housing	Service Design: Rent/Utilities	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.
117.	Housing	Service Design: Rent/Utilities	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.

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118.	Housing	Service Design: Rent/Utilities	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.
119.	Housing	Service Design: Rent/Utilities	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 to 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.
120.	Housing	Service Design: Rent/Utilities	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.
121.	Housing	Service Design: Rent/Utilities	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.
122.	Housing	Service Design: Rent/Utilities	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.

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123.	Housing	Service Design: Rent/Utilities	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.
124.	Housing	Service Design: Rent/Utilities	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.
125.	Housing	Service Design: Rent/Utilities	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.
<i>Housing: Service Design – Storage Fees</i>					
126.	Housing	Service Design: Storage Fees	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.
127.	Housing	Service Design: Storage Fees	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.
<i>Housing: Service Design – Hotel/Motel</i>					
128.	Housing	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.

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<i>Housing: Service Design – Home Modifications and Remediations</i>					
129.	Housing	Service Design: Home Remediation	12/6/24	Is mold remediation covered?	No, mold remediation is not covered under the HRSN program.
130.	Housing	Service Design: Home Remediation	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.
131.	Housing	Service Design: Home Modifications and Remediations	1/31/25	Is there guidance on hazardous waste removal for the home remediations benefits? What are vendors looking for and what are they assessing?	OHA would anticipate most home remediations are addressing issues that are hazardous to the Member's health, and likely not a biohazard, but 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. Please note, the service definition for home remediations is being revised in the OARs. CCOs may provide additional comments or questions on the suggested edits during OAR public comment period beginning February 1 through February 21.
132.	Housing	Service Design: Home Modifications	12/6/24	Are there recommended specifications for Home Modifications and Remediations?	The following specifications will be added in CCO Guidance for ramps: • Must conform to ADA requirements (1:12) or if necessary due to space

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		and Remediations			constraints and with consumer approval 1:10 • Must have non-slip surface • Must have handrails, even if the consumer doesn't choose this • Is preferred to be a metal ramp Pest eradication may include sealing areas where pests can enter or hide, or other activities identified as best practices for pest control and eradication.
133.	Housing	Service Design: Home Modifications and Remediations	12/13/24	How should we bill for the work to deliver home mods and remediations?	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.
134.	Housing	Service Design: Home Modifications and Remediations	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.

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135.	Housing	Service Design: Home Modifications and Remediations	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.
136.	Housing	Service Design: Home Modifications and Remediations	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

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					- 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
<i>Housing: Service Design – Medically Necessary Climate-Related Home Remediations</i>					
137.	Housing	Service Design -		Can portable power supply and refrigeration for the storage of breast milk qualify under HRSN	Authorizing portable power supply and refrigeration for short term storage of breast milk would be an acceptable use of

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				medically necessary climate-related home modifications? Who would the qualifying Member be?	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.
<i>Housing: Payment</i>					
138.	Housing	Payment	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.
139.	Housing	Payment	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

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					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.
140.	Housing	Payment	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 utility costs, once for home modifications, and once for home remediations.
141.	Housing	Payment	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.
142.	Housing	Payment	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.
143.	Housing	Payment	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 utility costs, once for home

#	Benefit Area	Topic	Publication Date	Question	Response
					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.
144.	Housing	Payment	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.
145.	Housing	Payment	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'. This option will be available in January 2025.
146.	Housing	Payment	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.

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147.	Housing	Payment	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. OHA will update the HRSN Billing Guide with this information.
148.	Housing	Payment	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.
149.	Housing	Payment	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.
<i>Housing: Billing and Claims</i>					
150.	Housing	Billing and Claims	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.
151.	Housing	Billing and Claims	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

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					schedule per Member over the lifetime of the waiver.
152.	Housing	Billing and Claims	1/10/25	When submitting encounters for a partial month of rent and utilities, 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.
153.	Housing	Billing and Claims	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).
154.	Housing	Billing and Claims	12/6/24	Should there be a separate claim for each utility bill?	Yes; if the CCO pays each utility separately, there should be a corresponding individual encounter claim representing each payment.
155.	Housing	Billing and Claims	12/6/24	If a Member has multiple bills due across different dates, what date range should be used for authorization?	OHA would prefer to have the information on the specific bills. The dates we are recommending for date of service would be the beginning date of the service date. If the bill is for 10/1-10/31, the date of service is 10/1. If the bill is for 10/4-11/3, the date of service is 10/4. If the bill is for 10/14-11/13, the date of service is 10/14. If the bill is for 10/4-12/3, this would represent two claims, the first date of service would be 10/4 and the second would be 11/4, etc.

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156.	Housing	Billing and Claims	Updated 1/31/25	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).
157.	Housing	Billing and Claims	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.
158.	Housing	Billing and Claims	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.
159.	Housing	Billing and Claims	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.
160.	Housing	Billing and Claims	12/13/24	Could there be a situation where the dates of service overlap, for example, might rent have date of service for 11/2 and utilities have date of service for 11/2?	Yes, this may occur in a situation where rent/utilities are separate and the DOS could be the same.
161.	Housing	Billing and Claims	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

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					the month for the month ahead): use the first day of the month that the rent is for.
162.	Housing	Billing and Claims	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.
163.	Housing	Billing and Claims	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.
164.	Housing	Billing and Claims	12/13/24	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 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.
165.	Housing	Billing and Claims	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	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

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				NPI for both? Do you want them to bill with the separate IDs?	provider included. The CCO will not have an NPI and will be sent as an Atypical provider.
166.	Housing	Billing and Claims	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 for utilities, can the Provider “retroactively” pay for the utilities once the documentation is received?	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 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).
167.	Housing	Billing and Claims	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

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					should be one encounter for each day that the service was delivered.
168.	Housing	Billing and Claims	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.
169.	Housing	Billing and Claims	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.
170.	Housing	Billing and Claims	2/21/25	What dates should CCOs use on the authorization letter for home modifications, and what dates of service should be included on the claim if the modification takes multiple days to complete?	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 modifications should reflect the date the work began. For more, refer to Section 4: Dates of Service for HRSN Services (Pages 9-14) in the HRSN Billing Guide.
171.	Housing	Billing and Claims	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

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					the HRSN Billing Guide for more information.
172.	Housing	Billing and Claims	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.
<i>Housing: Service Providers</i>					
173.	Housing	Service Provider	12/6/24	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. OHA expects additional providers to be added to the CCO network and conflict of interest processes to be implemented throughout the course of the Demonstration. CCOs must confirm plans to meet network adequacy requirements in housing readiness plans. OHA will be available to provide TA to CCOs on conflict-of-interest processes in 1:1 sessions.
174.	Housing	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

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					documentation in their network contracting. For record-keeping, OHA recommends providers maintain documentation similar to what is expected for O&E services.
<i>Nutrition: General</i>					
175.	Nutrition	General	1/10/25	How should CCOs ensure HRSN Medically Tailored Meals do not supplant existing medically tailored meal programs that Members are receiving?	CCOs should make best efforts to determine whether Members are receiving medically tailored meals through other federally-funded or state-funded programs.
176.	Nutrition	General	1/17/25	When will Fruit and Vegetable Benefit and the remaining HRSN nutrition services go live?	Pantry Stocking will go live in 2026. OHA is currently exploring the feasibility of Fruit and Veggie service beginning in 2025.
177.	Nutrition	General	1/31/25	Can the Fruit and Vegetable Benefit be delivered to Members who are unable to go out and purchase on their own?	Yes. Food may be delivered to the Member's home or private residence, if delivery service is available. However, please note that the Fruit and Vegetable Benefit fee schedule is not intended to cover any additional delivery fees.
178.	Nutrition	General	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.
179.	Nutrition	General	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,

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					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.
<i>Nutrition: Service Eligibility and Authorization</i>					
180.	Nutrition	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.”
181.	Nutrition	Service Eligibility and Authorization	1/10/25	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.

#	Benefit Area	Topic	Publication Date	Question	Response
<i>Nutrition: Service Eligibility and Design: Nutrition Education</i>					
182.	Nutrition	Service Eligibility and Design: Nutrition Education	1/10/25	If a Member is receiving HRSN Medically Tailored Meals, are they eligible for Nutrition Education?	No, Members receiving HRSN Medically Tailored Meals are not eligible for HRSN Nutrition Education. Nutrition Education and MTM are mutually exclusive because general nutrition education is not appropriate for Members with medical conditions that require clinical nutrition interventions such as MTM. Members who qualify for MTM should receive clinical nutrition counseling (also referred to as medical nutrition therapy) from an RDN.
183.	Nutrition	Service Eligibility and Design: Nutrition Education	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
184.	Nutrition	Service Eligibility and Design: Nutrition Education	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.
185.	Nutrition	Service Eligibility and Design: Nutrition Education	1/24/25	What is the difference between medical nutrition therapy (MNT) and Nutrition Education? 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 their clinical condition/needs. Nutrition Education is more general and does not need to be

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					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.
<i>Nutrition Service Eligibility and Design: Assessment for Medically Tailored Meals</i>					
186.	Nutrition	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.
187.	Nutrition	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.
188.	Nutrition	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.

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		Medically Tailored Meals			
189.	Nutrition	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.
190.	Nutrition	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. Please see here for more information on the Nutrition Care Process.
191.	Nutrition	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

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					connect with the MTM provider if the service is authorized.
192.	Nutrition	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.
193.	Nutrition	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.
<i>Nutrition: Service Eligibility and Design: Medically Tailored Meals</i>					
194.	Nutrition	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

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					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. The service authorization process for MTM is clarified in the 1/1/25 temporary rule filing as well as a memo released on 12/24/24. Please refer to this memo and OARs 410-120-2010 and 410-120-2015 for more information.
195.	Nutrition	Service Eligibility and Design: Medically Tailored Meals	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.
196.	Nutrition	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	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

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				to go through their primary care provider (PCP)?	Request is complete will the CCO be able to conduct the HRSN Eligibility Screening and HRSN service authorization.
197.	Nutrition	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.
198.	Nutrition	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.
199.	Nutrition	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.
200.	Nutrition	Service Eligibility and	1/10/25	What action should CCOs take if they receive a request for MTM	If a request comes in for MTM but does not include all necessary documentation

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		Design: Medically Tailored Meals		but the necessary documentation (e.g., the RDN assessment or nutrition care plan) to approve a service request is missing?	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.
201.	Nutrition	Service Eligibility and Design: 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.
202.	Nutrition	Service Eligibility and Design: Medically Tailored Meals	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,	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 HRSN Guidance Document to ensure credentials of

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				are clinicians still the appropriate level of clinical licensure to review?	reviewers are appropriate (see HRSN Service Delivery: Member Identification, Screening, Authorization, and HRSN PCSP, section 5, pg. 53). Because MTMs are an HRSN service, they are subject to HRSN expectations, even when OHA requires the service be medically necessary and medically appropriate.
203.	Nutrition	Service Eligibility and Design: Medically Tailored Meals	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

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					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.
<i>Nutrition: Billing and Claims</i>					
204.	Nutrition	Billing and Claims	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.
205.	Nutrition	Billing and Claims	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.
206.	Nutrition	Billing and Claims	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	These activities should be billed separately. The intention of the visit should be predetermined and billed based on the primary focus of the visit.

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				take place at separate times, on separate dates?	
207.	Nutrition	Billing and Claims	1/10/25	The OARs note that Nutrition Education can be provided individually or in a group setting, but the HRSN Fee 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?	Given the inclusion of the HRSN modifier, the Nutrition Education code can be used for individual patients and groups outside of the 2-4 patient range.
208.	Nutrition	Billing and Claims	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.
209.	Nutrition	Billing and Claims	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.
210.	Nutrition	Billing and Claims	1/17/25	Are HRSN Medically Tailored Meals billed per meal or per week?	Providers can bill in any frequency, as needed.
211.	Nutrition	Billing and Claims	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	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.

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				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 benefit), and HRSN benefits should only be leveraged for Medically Tailored Meals (the meals themselves) and Nutrition Education?	
212.	Nutrition	Billing and Claims	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.
<i>Outreach and Engagement: Service Providers</i>					
213.	Outreach and Engagement	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.

#	Benefit Area	Topic	Publication Date	Question	Response
<i>Outreach and Engagement: Billing</i>					
214.	Outreach and Engagement	Billing	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.
215.	Outreach and Engagement	Billing	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).
216.	Outreach and Engagement	Billing	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

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					recommend submitting invoices beyond a monthly basis.
217.	Outreach and Engagement	Billing	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.
CCBF					
218.	CCBF	Funds Use	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.
219.	CCBF	Funds Use	2/21/25	Is it possible to use CCBF for administrative expenses such as auditing, mailing, accounting that are incurred in the provision of HRSN services?	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, 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.

Appendix: Example Rent and Utility Scenarios of HRSN Housing Supports

November 2024

This document provides a sampling of scenarios where different combinations of rent and utilities could be provided under HRSN Housing-Related Supports. The scenarios assume a Member is eligible for the HRSN Services ([Housing Eligibility Guide](#) for additional detail).

According to OAR 410-120-2005:

- To receive HRSN utilities (including forward utilities, arrears, and set up fees), a Member must be receiving HRSN rent.
- Payment may be for past due rent up to six (6) months, or future rent for up to six (6) months, or some combination of past due and future rent not to exceed a total of six (6) months.
- Forward utilities cannot exceed forward rent. Forward rent can be authorized without utilities. In other words, forward (recurring) rent and utilities payments should have the same duration, or utilities should have a shorter duration.
- Scenarios where the utilities have a shorter duration include 1) utilities arrears were paid; or 2) utilities support is not needed.
- In the case that the rent payment includes utilities (in other words, utilities are not provided as a separate line item on the lease or rent bill), consider this payment as rent only.

Member Scenario	HRSN Services for Consideration
• Owes 2 months of utilities in arrears, and • Needs support on rent and utilities going forward	HRSN can either cover: ✓ 2 months of utilities in arrears and 4 months of utilities going forward, and 6 months of rent going forward, or ✓ 6 months of utilities going forward and no utility arrears, and 6 months of rent going forward ✓ The HRSN Service Provider should work with the Member to determine what would be the best fit.
• Owes 8 months of utilities in arrears; and, • Need support on rent going forward.	✓ HRSN can cover up to 6 months of utility arrears payment, and ✓ HRSN can cover up to 6 months of rent going forward
• Owes 6 months of rent in arrears; and, • Needs support on utilities going forward.	✓ HRSN can cover up to 6 months of rent arrears payment - X HRSN cannot cover the utilities going forward because the Member is not concurrently receiving rent going forward.
• Owes 3 months of utilities that are paid for separately from rent (for example, internet) in arrears, and • Needs support on rent and utilities (paid together with rent as a bundled payment, such as sewage) going forward, and	✓ HRSN can cover up to 3 months of utilities (unbundled from rent) in arrears and up to 3 months of utilities (unbundled from rent) going forward, and

Needs support on utilities (paid separately from rent, like internet) going forward.	✓ HRSN can cover up to 6 months of rent and any bundled utilities (because it is a bundled payment) going forward
Needs support setting up utilities and no additional supports	X If the Member is not receiving rent, the Member is not eligible for the HRSN Utility Set Up service
<i>Storage Fees</i>	
Needs support paying for a storage locker and no additional supports	X If the Member is not receiving rent, the Member is not eligible for the HRSN Storage Fees service
- Needs support with 6 months of rent going forward; and, - Needs support with 6 months of utility payments going forward; and, - Needs support with 6 months of paying for a storage locker	✓ HRSN can cover up to 6 months of rent going forward ✓ HRSN can cover up to 6 months of utility payments going forward ✓ HRSN can cover 6 months of payment for the storage locker going forward, because the Member is concurrently receiving 6 months of rent going forward