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# CCO HRSN Guidance Document

**Version Date:** September 30, 2026

**Note:** This guidance document is intended to provide Coordinated Care Organizations (CCOs) with additional programmatic details and expectations for delivering HRSN Services. This document is available on the CCO Contract Forms Website and will be updated as needed. Updates shall be considered effective thirty (30) days after OHA provides Administrative Notice thereof to CCO.

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## Background

Health-related social needs (HRSN) Services provide housing, nutrition, and outreach and engagement services to support eligible Members' health and well-being. HRSN Services are Oregon Health Plan (OHP) covered benefits and must be provided by Coordinated Care Organizations (CCOs) to eligible Members enrolled in CCO-A or CCO-B<sup>1</sup> who need and want services. The services are foundational to health, intended to improve health outcomes during times of instability and transition, designed to increase health equity, and are assessed based on need. The State received approval from the Centers for Medicare & Medicaid Services (CMS) in September 2022 to implement and provide these services as part of the [OHP 2022 – 2027 1115 Medicaid Demonstration Waiver](#).

## Document Purpose

The Oregon Health Authority (OHA) developed the following guidance to support the provision of HRSN Services. This guidance is informed by provider and CCO feedback and provides CCOs with additional programmatic details and expectations for delivering HRSN Services, building on CCO Contract requirements and Oregon Administrative Rules (OARs). OHA expects CCOs to adopt the standards detailed in this document. This document is stored on the [CCO Contract Forms Website](#) and will be updated as needed. Updates shall be considered effective thirty (30) days after OHA provides Administrative Notice thereof to CCO.

## HRSN Services

### 1. Service Eligibility Overview

HRSN Services are intended for specific populations, and not everyone who is enrolled in the OHP is eligible for HRSN Services. To be eligible for one or more HRSN Services, an individual must meet the following criteria:

- Be enrolled in an OHP Plus package.
  - See [Appendix A](#) for additional information on OHP Plus packages and identifying codes.

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<sup>1</sup> See [Appendix B](#) for information on CCO Plan Types.

Belong to a qualifying “HRSN Covered Population ” (further described in [Appendix C](#)) for the HRSN benefit they are seeking,

Have a qualifying clinical risk factor for the benefit they are seeking,

Have a qualifying social risk factor for the benefit they are seeking, and

Meet additional service specific eligibility criteria that may apply.

Each individual will be screened to ensure they meet all these conditions prior to a CCO authorizing an HRSN Service. Additional detail on each eligibility component is described below and detailed in tables within [OAR 410-120-2005](#).

#### a. HRSN Covered Populations

Individuals who are part of at least one of the following populations may require and be eligible to receive support with their HRSNs. Full definitions are available in [OAR 410-120-0000](#):

- Adults and youth discharged from an HRSN Eligible Behavioral Health Facility in the past 12 months;
- Adults and youth released from incarceration, including prisons and local correctional facilities in the past 12 months;
- Individuals with current or past involvement in the Oregon child welfare system;
- Individuals Transitioning to Dual Eligible Status in the upcoming 3 months or who transitioned in the past 9 months;
- Individuals who are Homeless;
- Individuals who are at Risk of Homelessness;
- Young Adults with Special Health Care Needs (YSHCN).

Each HRSN Service has specific eligibility criteria. Not all HRSN Covered Populations are eligible for all HRSN Services. An individual must belong to a qualifying HRSN Covered Population for the benefit they are seeking. For example, only individuals who are in the HRSN Covered Population “Individuals who are at Risk of Homelessness” may qualify for rent and utility financial assistance, storage, and tenancy services.

#### b. Clinical Risk Factors

In addition to belonging to a qualifying HRSN Covered Population, individuals must meet specific clinical criteria to be considered eligible for HRSN Services, as detailed in the [CMS-approved HRSN Services Protocol](#). Clinical criteria ensure that a particular HRSN service is clinically appropriate. Members meet clinical criteria by having at least one qualifying clinical risk factor. Examples of clinical risk factors for HRSN services include individuals with persistent or progressive

health needs, including physical health and mental health conditions, or who are in times of life that are particularly sensitive to health needs. More examples of qualifying clinical risk factors may be found in Tables 1-3 of [OAR 410-120-2005](#).

Some clinical risk factor criteria changed January 1, 2026. The HRSN Rent and Utility Assistance changes are included in [HRSN Rent and Utility Financial Assistance](#). More information on clinical risk factors is included in [HRSN Services: Section 8. Additional Requirements, Clinical Appropriateness](#) of this document.

#### c. Social Risk Factors

Individuals must also meet social risk factor criteria. This risk factor broadly indicates what domain of service(s) a Member might benefit from (e.g., housing vs. nutrition). In some cases, the HRSN Covered Population may be the same as the social risk factor (e.g., being at risk of homelessness serves as both an HRSN Covered Population and a qualifying social risk factor.)

Refer to [OAR 410-120-2005](#) for more information on Social Risk Factors.

#### d. Service Specific Eligibility Criteria

Beyond meeting the criteria listed above, some services and service domains have additional, service specific eligibility criteria. For example:

- Only individuals who need support maintaining current housing are eligible for rent and utility financial assistance, storage, and tenancy services.
- Only individuals who are eligible for and receiving rent financial assistance are eligible to receive financial support for payment of utilities.
- Only individuals who meet the At-risk of Homelessness definition can receive hotel/motel stays during home modification or remediation services.
- Only individuals who have serious health conditions, are working with a registered dietitian, and have a nutrition care plan that recommends Medically Tailored Meals (MTMs) may receive them.
- Only individuals who can safely store and heat meals are eligible to receive MTMs.
- Only individuals who can safely and legally use a device provided under the Home Changes for Health benefit can receive one.

Refer to [OAR 410-120-2005](#) for more information on service specific eligibility criteria.

### e. HRSN Service Delivery and Member Conduct

CCOs may refer to [OAR 410-141-3810](#) to address Member conduct that interferes with HRSN Service Delivery. Many HRSN Service Providers and HRSN Vendors have their own policies for determining when to refuse service based upon an individual's behavior that is threatening or disruptive; the CCO must honor these policies.

## 2. Outreach and Engagement Services (HRSN O&E)

### a. Service Overview

HRSN O&E Services are intended to:

- Identify Members who may be eligible for HRSN Services and help them access needed HRSN Services.
- Connect Members to additional healthcare and non-healthcare services to address holistic health and well-being needs.
- Be readily accessible, culturally specific and responsive.

CCOs shall incorporate HRSN O&E activities into their Care Coordination processes for Member identification, outreach, and connection to services. CCOs must also build a network of HRSN Service Providers that provide HRSN O&E Services to Members, particularly Members of HRSN Priority Populations.<sup>2</sup>

### **Outreach and Engagement Activities**

HRSN O&E Services performed and documented by HRSN Service Providers must include all of the activities specified below in 1 - 3 at the initial service delivery and may also include the activities specified in 4 - 10. Subsequent service delivery may include any or all activities specified in 1-10. The CCO is responsible for coordination and tracking of HRSN O&E Service hours cumulatively and communicating with all HRSN O&E Service Providers. The HRSN Person-Centered Service Plan (PCSP), included in the Member's overall Care Plan (as outlined in [OAR 410-141-3870](#)), shall include a description of the

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<sup>2</sup> Regional Health Equity Coalition definition of priority populations per ORS 413.256: "Priority populations" means: Communities of color; Oregon's nine federally recognized Indian tribes, including descendants of the members of Oregon's nine federally recognized Indian tribes; Immigrants and refugees; Migrant and seasonal farmworkers; Low-income individuals and families; Persons with disabilities; and Individuals who identify as lesbian, gay, bisexual, transgender or queer or who question their sexual or gender identity. For the purposes of HRSN Services, priority populations are those with the intersectional impact of being low income and a member of at least one other of the priority populations.

goals and outcomes of the HRSN O&E activities as they relate to the Member's need and goals. HRSN O&E activities include:

- 1) Engaging Members who may be eligible for HRSN Services. Engagement activities may use multiple strategies, including, without limitation, meeting Members in-person.
- 2) Identifying and verifying the Member's CCO enrollment or, as applicable, enrollment in the Fee-for-Service (FFS) program.
- 3) Verifying the Member is Presumed HRSN Eligible.
- 4) Transmitting HRSN Requests to the applicable CCO or, as applicable, to OHA.
- 5) Working with Members to obtain the information necessary to determine HRSN service need, including through multiple engagements.
- 6) Helping Members maintain enrollment in OHP.
- 7) Helping Members with securing and maintaining entitlements and benefits, such as Temporary Assistance for Needy Families (TANF), Women, Infants and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), and other federal and state housing programs including through application assistance and providing support in identifying coverage for application fees, as necessary.
- 8) Assisting Members with obtaining identification and other required documentation needed to receive benefits and other supports (e.g., Social Security card, birth certificate, prior rental history).
- 9) Connecting Members to settings where basic needs can be met, such as access to showers, laundry, shelter, and food.
- 10) Providing Members, who may have a need for medical, peer, social, educational, legal, and other related services, with information and logistical support necessary to connect to resources.

#### b. Eligibility

To be eligible for HRSN O&E Services, an individual must be Presumed HRSN Eligible. Presumed HRSN Eligible is defined in [OAR 410-120-0000](#) and means the HRSN Service Provider must have confirmation the individual is enrolled in OHP and may presume that they belong to an HRSN Covered Population, are presumed to have at least one HRSN Clinical Risk Factor, and are presumed to have the HRSN O&E Social Risk Factor. The HRSN O&E Social Risk Factor is that the Member requires support to obtain or maintain connection with a benefits program, services, supports for basic needs (i.e., they need and would benefit from HRSN O&E Services). HRSN O&E eligibility criteria are detailed in OAR [410-120-2005](#), Table 7.

### c. Fees Payable

The HRSN Fee Schedule is located on the [HRSN Provider web page](#).

CCOs shall compensate HRSN Service Providers for providing HRSN O&E Services to Members Presumed HRSN Eligible up to a maximum of thirty (30) hours per Member per 12 months from the initial date of service, with a daily maximum of six (6) hours per date of service (24 units). A Member may be reassessed for continuing to be Presumed HRSN Eligible for HRSN O&E Services annually. If a Member transitions to a different CCO, the benefit hours will reset to allow for sufficient time to connect to region-specific resources or HRSN Services.

HRSN Service Providers must be compensated for the provision of HRSN O&E Services if following the Presumed HRSN Eligible definition and acting in good faith. The CCO is not required to verify HRSN Covered Population for the provision of HRSN O&E Services if the Member has attested to being in any HRSN Covered Population. If it is discovered the Member is not in an HRSN Covered Population, subsequent HRSN O&E Services shall be denied by the CCO. While most eligibility criteria do not need to be reconfirmed each date of service (e.g., HRSN Covered Population, clinical and social risk factors), OHA encourages HRSN Service Providers to reconfirm the Member's OHP eligibility prior to delivering services to reduce the denial of claims for ineligible Members (i.e., individuals not enrolled in OHP).

HRSN O&E Services shall follow industry standard billing practices for timed codes.<sup>3</sup> For example, to bill for one unit per the HRSN O&E service fee schedule (15 minutes), the industry standard is that at least eight (8) minutes was spent with the Member, or supporting the Member with O&E, on the date of service. Two units would require at least 23 minutes spent, and so on.

Beginning November 1, 2025, O&E activities carried out over seven calendar days or less that do not add up to the minimum eight (8) minutes for one unit per date of service per Member may be payable. Please see the HRSN Billing Guide on the [CCO Contract Forms](#) webpage for more detailed information and different scenarios.

### **Travel Time**

Travel time is payable for HRSN O&E Service Providers traveling directly to or from the Member's location and/or directly to or from the meeting place to coordinate directly with the Member's care team or on the Member's behalf, as

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<sup>3</sup> <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/r2121cp.pdf>

set forth in OAR 410-120-2005. Travel time is limited to three (3) hours per date of service per Member.

OHA expects HRSN Service Providers to be judicious with how they utilize travel time. Travel by the HRSN Service Provider should only be utilized if it is necessary to support meeting the Member where they are at. Travel time counts toward the annual 30-hour benefit cap. To support judicious utilization of travel time, OHA encourages the following:

- When travel time is needed to support a Member, if possible, support multiple Members in the area or facilitate an event to lessen the length of travel time attributed to one single Member. HRSN Service Providers may support multiple Presumed HRSN Eligible or HRSN Eligible Members and split the travel time between them as appropriate.
- Use virtual or telephone encounters to support the Member when possible.
- If the Member is HRSN Authorized for Tenancy Services, it may be beneficial to the Member to bill under Tenancy Services for travel when applicable and appropriate, as there is not an annual cap on Tenancy Services. There is, however, the same daily limit of 6 hours (24 units) per Member, per date of service.

### **Documentation Time**

Beginning June 1, 2025, documentation time related to HRSN Outreach & Engagement Services is covered and payable. Examples of this include time spent documenting:

- The services provided and what activity in [OAR 410-120-2005](#) was provided.
- Details regarding the engagement with the unique Member as it relates to the activities in [OAR 410-120-2005](#), Table 7.
- The outcome and next steps of an engagement with a Member.

HRSN O&E Services do not include billing for administrative tasks, such as submitting invoices or scheduling staff, or other activities not attributable to a unique Member. These administrative activities are built into the rate for HRSN O&E Services.

Payment for HRSN O&E activities performed by the CCO or Subcontractor are included in CCO HRSN Administrative Payments.

#### d. Authorization

HRSN O&E Services are not subject to Prior Authorization requirements for a Presumed HRSN Eligible or HRSN Eligible Member to receive them.

#### e. Documentation Requirements

CCOs must require all HRSN O&E Service Providers to document the date, duration, description, and outcome of the HRSN O&E Services provided. These documentation components are further detailed below. Though this documentation is required for record-keeping, the specific HRSN O&E activity details and outcomes of HRSN O&E Services will not be reported through claims submitted to OHA for reimbursement (i.e., there are no procedure code modifiers to distinguish various O&E activities).

- Date = date of service
- Duration = units or time spent on the activity (including travel time)
- Description = type(s) of activity (refer to HRSN O&E activities listed above in 1 - 10)
- Outcome = result of activity (e.g., connected to laundry, HRSN request sent, OHP paperwork completed, etc.)

At the CCO's discretion, outcome reporting definitions may be developed to include any HRSN O&E activities provided by HRSN O&E Service Providers.

### 3. Tenancy Services

#### a. Service Overview

HRSN Tenancy Services aims to support health and well-being by preventing homelessness, sustaining current housing, and supporting tenancy during times of housing insecurity. See [OAR 410-120-2005](#) Tables 2 and 5 for a full description of Tenancy Services, eligibility, and documentation requirements for service authorization.

HRSN Tenancy Services (e.g., housing case management) are often crucial to support people in maintaining their housing and must be offered to eligible Members alongside all other HRSN Housing-Related Supports (e.g., Rent and Utility Financial Assistance, Home Modifications and Remediation) provided the member also meets the At-risk of Homelessness definition in [OAR 410-120-2000](#) and is not a homeowner. A description of HRSN Tenancy Services is included in [OAR 410-120-2005](#) Table 5.

HRSN Tenancy Services can be used to support an eligible Member to find a new place to live, if their current housing is unaffordable or otherwise not conducive to their housing goals (note that assisting a Member with housing

applications is included in the service description). However, HRSN program funds cannot be used to support the Member's moving costs or rent assistance at the new residence because moving costs are not a current HRSN Service offering, and HRSN Rent and Utility Financial Assistance is to help maintain an eligible Member's current housing.

HRSN Outreach and Engagement (O&E) Services should also complement HRSN Housing-Related Supports. HRSN Housing Service Providers are encouraged to enroll as an HRSN O&E Service Provider and use HRSN O&E Services to support Members to gather information and other documentation required for service authorization

## **b. Eligibility**

To be eligible, an OHP Member must meet all of the following requirements, as further defined in [OAR 410-120-2005](#) Table 5:

### **HRSN Covered Populations**

The Member must be in one of the HRSN Covered Populations, as defined in [OAR 410-120-0000](#) and further described in [Appendix C](#).

### **Clinical Risk Factor**

The Member must have at least one of the Clinical Risk Factors detailed in [OAR 410-120-2005](#) Table 2.

### **Social Risk Factor**

A Member must be currently housed and meet the HRSN At-Risk of Homelessness definition as defined in [OAR 410-120-2005](#).

### **Additional Eligibility Requirements for Tenancy Services**

To be eligible for Tenancy Services Member must:

- Be currently renting housing and able to provide one of the following (with the components outlined in the HRSN Rent and Utility Financial Assistance service description:
  - Residential Lease signed by Member and Landlord or equivalent entity.
  - Completed [HRSN Verification of Landlord/Tenant Relationship](#) agreement signed by both the landlord (or equivalent entity).
- Need financial support maintaining current housing.
- Not be a homeowner.

## **c. Fees Payable**

The HRSN Fee Schedule is located on the [HRSN Provider web page](#).

HRSN Tenancy Services are offered as a 15-minute increment as well as a Per Member Per Month (PMPM) option. Further guidance about the PMPM option can be found in [Contractor Payment to HRSN Service Providers](#).

HRSN Tenancy Services should follow industry standard billing practices. For example, to bill for one unit per the HRSN Tenancy Services fee schedule (15 minutes), the industry standard is that at least eight (8) minutes was spent with the Member on this service. Two units would require at least 23 minutes spent, and so on.

Beginning November 1, 2025, Tenancy Service activities carried out over seven calendar days or less that do not add up to the minimum eight (8) minutes for one unit per date of service per Member may be payable. Please see the HRSN Billing Guide on the [CCO Contract Forms](#) webpage for more detailed information and different scenarios.

CCOs shall compensate HRSN Service Providers for providing HRSN Tenancy Services to Members up to six (6) hours per date of service (24 units).

### **Travel Time**

Travel time is payable for HRSN Housing Tenancy Service Providers traveling directly to or from the Member's location and/or directly to or from the meeting place to coordinate directly with the Member's care team or on the Member's behalf, as set forth in [OAR 410-120-2005](#). Travel time is limited to three (3) hours per date of service per Member.

OHA expects HRSN Service Providers to be judicious with how they utilize travel time. Travel by the HRSN Service Provider should only be utilized if it is necessary to support meeting the Member where they are at. To support judicious utilization of travel time, OHA encourages the following:

- When travel time is needed to support a Member, if possible, support multiple Members in the area or facilitate an event to lessen the length of travel time attributed to one single Member. HRSN Service Providers may support multiple HRSN Eligible Members and split the travel time between them as appropriate.
- Use virtual or telephone encounters to support the Member when possible.

### **Documentation Time**

Beginning June 1, 2025, documentation time related to HRSN Tenancy Services is covered and payable for HRSN Tenancy Services. Examples of this include time spent documenting:

- The services provided and what activity in OAR 410-120-2005 was provided.

- Details regarding the engagement with the unique Member as it relates to the activities in OAR 410-120-2005, Table 5.
- The outcome and next steps of an engagement with a Member.

HRSN Tenancy Services do not include billing for administrative tasks, such as submitting invoices, or other activities not attributable to a unique Member.

#### d. Authorization

While Members are not required to engage with a case manager to receive HRSN Rent and Utility Financial Assistance, Tenancy Services must be authorized for eligible Members who are authorized for HRSN Rent and Utility Financial Assistance. This is because HRSN Tenancy Services includes the coordination and logistics of service delivery and information sharing with the CCO that the HRSN Service Provider will do while providing the other HRSN Rent and Utility Financial Assistance.

HRSN Tenancy Services must be authorized for a minimum of six months but are intended to last for as long as the Member's circumstance requires up to 18 months. OHA recognizes that individuals often require an average of 6 – 18 months of tenancy support to achieve their housing goals. CCOs should determine the service duration and re-assessment expectations with the Member and HRSN Service Provider.

HRSN Tenancy Services can also be authorized as a stand-alone service to eligible Members if they meet all eligibility criteria.

HRSN Tenancy Services can complement care coordination efforts. The HRSN Person Centered Service Plan (PCSP) should include information from the case manager(s) providing HRSN Tenancy Services, in accordance with [OAR 410-120-2025](#) and [OAR 410-141-3870](#).

**Note:** OHA's authority for HRSN services ends on the same date as the current Medicaid waiver: September 30, 2027. This means that HRSN service authorizations cannot extend past this date. As a result, CCOs must not authorize or provide any HRSN services for dates of service after September 30, 2027.

#### e. Documentation Requirements

CCOs must require all HRSN Tenancy Service Providers to document the date, duration, and description of the provided HRSN Tenancy Services. These documentation components are further detailed below. Though this documentation is required for record-keeping, the specific HRSN Tenancy activity details of HRSN Tenancy Services will not be reported through claims submitted to OHA for reimbursement (i.e., there are no procedure code modifiers to distinguish various Tenancy activities).

- Date = date of service
- Duration = units or time spent on the activity (including travel time)
- Description = type(s) of activity conducted in support of Tenancy Services

## 4. Rent and Utility Financial Assistance

### a. Service Overview

HRSN Rent and Utility Financial Assistance aims to support health and well-being by preventing homelessness, sustaining current housing, and supporting tenancy during times of housing insecurity. See [OAR 410-120-2005](#) Tables 3 and 5 for a full description of Rent and Utility Financial Assistance, eligibility, and documentation requirements for service authorization.

Members may receive HSRN Rent and Utility Financial Assistance for past due rent (arrears), if the past due and forward rent assistance do not exceed six months of rent assistance. One eligibility requirement of HRSN Rent and Utility Financial Assistance is that a Member needs support to maintain current housing; the provision of rent arrears must enable the Member to maintain their current housing. Rental arrears accrued prior to May 1, 2024 cannot be covered by HRSN.

Members may receive a combination of HRSN Rent and Utility Financial Assistance (forward, recurring payments) and past due (arrears), depending on need. Recurring HRSN Utility payments cannot extend beyond recurring HRSN Rent Financial Assistance in duration. In situations where utilities are bundled with rent into a single payment, and there is no line item for utilities, this payment can be considered a rent payment.

For more example scenarios on how HRSN Rent and Utility Financial Assistance can be provided within the allowed 6 months, please see [Appendix I](#).

Authorization for recurring (forward) rent must be for consecutive months. Past-due rent does not have to be consecutive months. If the Member has paid rent to the landlord during the service authorization period, they may ask their landlord to apply their self-paid rent to a later month that falls after their HRSN assistance period in order to maintain consecutive months of rent assistance.

CCOs are encouraged to employ HRSN O&E throughout the screening and authorization period as needed to assist the Members in gathering documentation requirements, including utility bills. CCOs have the discretion to limit accepting utility arrears bills after they have authorized services and the utility arrears are outside of the authorized 6 months period; however, CCOs should be clear during the screening process that Members should communicate about any bills that may be overdue to ensure the six (6) months authorized supports the members' needs.

## Transfer of Rent and Utility Financial Assistance

HRSN Rent and Utility Financial Assistance cannot be transferred to another address after the provider has made the first payment per [OAR 410-120-2005](#).

If the Member loses their housing or moves post-authorization, but prior to the HRSN rental payment, the Member may withdraw or modify the request connected with their former address and submit an updated HRSN Rent and Utility Financial Assistance request using their current information. In these situations, the CCOs must support the Member in maintaining their original place in the HRSN Request queue to the extent possible, instead of requiring them to start over and be placed at the back of the queue.

### b. Eligibility

To be eligible, an OHP Member must meet all of the following requirements, as further defined in OAR 410-120-2005 Table 5:

#### HRSN Covered Population and Social Risk Factor

A Member must be currently housed and meet the At Risk of Homelessness definition as defined in OAR 410-120-0000.

#### Clinical Risk Factor

The Member must have at least one of the Rent and Utility Financial Assistance Clinical Risk Factors detailed in OAR 410-120-2005 Table 3.

The chart below illustrates at a high level the changes for the January 1, 2026 update to clinical risk factor criteria. For detailed information, see [OAR 410-120-2005](#) Table 5.

#### 2024-2025 Clinical Risk Factors

- Under 6 years old
- Pregnant/post-partum
- Young Adult with Special Health Care Needs (YSHCN)
- 65 years or older
- Developmental & Intellectual Disability
- Interpersonal Violence Experience
- Complex health condition
- Repeated emergency department and crisis encounters
- Needs assistance with ADLs/ iADLs or eligible for LTSS

#### Status Key:

No Change

Removed

Modified

#### 2026 Clinical Risk Factors

- Under 6 years old
- Pregnant/post-partum
- Young Adult with Special Health Care Needs (YSHCN)
- 65 years or older
- Developmental & Intellectual Disability
- Domestic violence
  - Experienced in past 365 days, or
  - Resulting in child welfare involvement in past 365 days
- Rent and utility specific complex health condition for which member is receiving qualifying treatments and supports:
  - New, acute or unstable health conditions that require engagement in healthcare services for worsening symptoms, including recent hospitalization or residential treatment, scheduled upcoming surgery, increased outpatient appointments

## **Additional Eligibility Requirements for Rent and Utility Financial Assistance**

To be eligible for Rent and Utility Financial Assistance the Member must also meet all of the following requirements, as further defined in OAR 410-120-2005 Table 5:

- Be currently renting housing and able to provide a written lease, rental agreement, or HRSN Verification of Landlord/Tenant Relationship form at time of requesting Rent and Utility Financial Assistance.
- Not be a homeowner.
- Not be facing eviction for non-financial reasons.

### **c. Fees Payable**

The HRSN Fee Schedule is located on the [HRSN Provider web page](#).

HRSN Rent and Utility Financial Assistance services are a partnership between CCOs and HRSN Service Providers, many of whom are housing providers with expertise and experience in the provision and coordination of housing services.

HRSN Rent and Utility Financial Assistance often entails the transmittal of payments to HRSN Service Vendors, such as landlords and utility companies. While these payments may be transmitted by either the CCO or the HRSN Service Provider, it is highly recommended that the HRSN Service Provider transmit payments if it is able to do so. The rationale is that HRSN Service Providers that provide housing supports have the systems to rapidly turn around payments and have relationships with landlords and other HRSN Service Vendors, expertise in tenant-landlord law and regulations, and may provide Tenancy Services and implement HRSN Services as a comprehensive package.

HRSN Rent and Utilities Assistance is available once per household over the course of the demonstration. In the circumstance of the authorized member passing away, it is possible for another member of the household to be authorized for the remainder of the benefit if they meet the eligibility criteria. Please refer to [h. HRSN Benefits in the Event of a Member Death](#) of this section.

CCOs must ensure that the same HRSN Service Vendor (e.g., landlord, utilities companies, storage unit companies) does not receive duplicative payments for the same services during the same time period, obtained by different eligible Members of the same household. If more than one household is residing in the same physical space, each household is eligible for HRSN Rent Assistance once.

A household is defined by the “Family Size” definition in [OAR 410-200-0015\(42\)](#). In other words, a household is not based on the physical space where a family resides. For example, multiple households may live in the same physical space,

such as an Accessory Dwelling Units (ADUs) or an RV on another household's land, or in the cases of being "doubled-up" where a household is living in the home of another household, or a roommate situation. Family size is obtained through self-attestation.

The upper payment limit (UPL) for HRSN Rent and Utility Financial Assistance and Storage Fees is based on the number of bedrooms in the house occupied by members of the HRSN Authorized Member's household. This is regardless of whether the other household members are HRSN Eligible. If more than one household is living in the same physical space, the UPL is solely determined by the number of bedrooms used by the HRSN Authorized Member's household. In other words, the UPL cannot be influenced by members of other households who may reside in the same physical location.

In the case that a Member's rent is above the UPL for HRSN Rent Assistance, it is allowable for the Member to contribute the difference in cost.

The HRSN Rent and Utility Financial Assistance benefit is intended to provide phone/internet services for the purposes of maintaining Member connection to necessary services and continued housing stability. OAR 410-120-2005 further clarifies that television streaming services and other devices for entertainment purposes are not covered.

#### d. Authorization

Members should be prioritized according to the Member's circumstance. For HRSN Rent and Utility Financial Assistance, this means according to when the payments for rent assistance, utilities, and storage are due. If a Member is awaiting service authorization and changes their address and is in the process of changing their OHP address and remains in the same service area as described in [OAR 410-120-2005](#), they must maintain their place in the queue.

If a Member who has requested HRSN Rent and Utility Financial Assistance experiences a change of circumstances, such as a move to a new address or an addition or subtraction to income or household size, then services can be authorized based upon the Member's current circumstances provided that:

- The Member remains OHP eligible, and
- HRSN Rent and Utility Financial Assistance has not yet been delivered, and
- All applicable address and household changes have been updated with OHP or are in progress with OHA. Members may show a screenshot of their address request change or other proof as needed.
- Update: Please note revision to [OAR 410-120-2005](#) effective October 28, 2026 allows for transfer of HRSN benefit should an authorized member pass away after receiving at least one month of rent assistance. There

must be a remaining HRSN eligible member in the household and the total financial and case management assistance cannot exceed the limits in OAR 410-120-2000.

### **Members Facing Imminent Eviction**

Members who have an eviction notice in hand require rapid service provision to prevent the Imminent Eviction. Imminent Eviction is defined in OAR [410-120-0000](#), and means having an eviction notice in hand (e.g. either an intent to terminate or court summons). HRSN Rent Assistance may take up to 14 days (or 28 days if an extension is taken) to be authorized and 4 weeks to be delivered, which may not meet the timeframe required to prevent Imminent Eviction and therefore may not be the appropriate service. CCOs should develop a process to identify Members who have submitted HRSN Requests for imminent eviction prevention support in a timely manner. In these situations:

- CCOs must simultaneously make an HRSN Eligibility determination and refer the Member to existing local and state programs that address eviction prevention.
- If the Member is determined eligible for HRSN Rent and Utility Financial Assistance, the CCO must contact the Member prior to authorizing HRSN Services to verify that they are still eligible for HRSN Rent Assistance (i.e., still residing in the residence where they requested rent assistance).
- If the Member has moved to a new address and their address has been updated prior to service authorization or service delivery, they may be authorized for HRSN Rent and Utility Financial Assistance at the new address.
- Referrals to other programs and to HRSN Service Providers should be provided as part of Tenancy or Outreach and Engagement Services. CCOs are encouraged to work with eviction prevention providers in their regions to conduct outreach to people who have requested and/or received eviction prevention support to determine if follow-up support via HRSN Housing-Related Supports is necessary to support housing stabilization.
- If the HRSN Rent and Utility Financial Assistance is not sufficient to resolve arrears and eviction risk, the CCO should work with partners and other resources, such as Community Action Agencies, to support the Member with accessing other resources to braid with the HRSN Rent and Utility Financial Assistance. The CCO and/or HRSN Service Provider can also work with the landlord and negotiate on behalf of the Member before the CCO denies the HRSN Rent and Utility Financial Assistance request.

## Notifications

If a Member is authorized for HRSN Rent and Utility Financial Assistance, effective September 1, 2025, written notification is required for Members authorized for HRSN Rent Assistance per [OAR 410-120-2020](#).

OHA encourages CCOs to provide Members with more information than is required per [OAR 410-120-2020](#) referenced above. See [Appendix L: HRSN Housing Sample Approval Letter](#).

The Member's landlord should receive an HRSN Housing Landlord Letter. Please see [Appendix K: HRSN Housing Landlord Letter](#).

### e. Documentation Requirements

HRSN Rent and Utility Financial Assistance requires additional documentation prior to service authorization, as outlined in [OAR 410-120-2005](#).

If enrolled as HRSN O&E Service Providers, HRSN Housing Service Providers can provide HRSN O&E Services to support Member in compiling documentation required for HRSN Housing-Related Supports service authorization, including landlord advocacy.

HRSN Rent Assistance requires a lease, [HRSN Verification of Landlord-Tenant Relationship and Rent Owed Form](#) (available on the [HRSN Provider web page](#)) or written agreement between the Member and the landlord. Prior to November 1, 2025, this was part of the screening process. Beginning November 1, 2025, the lease agreement and income verification (self-attestation is still acceptable) to be submitted at the time of request.

### f. Guidance on Recovery Housing/Transitional Housing

HRSN is intended to support members in current housing and may be used for rent and utility systems in recovery housing settings. HRSN may not be used for rent and utility assistance in transitional housing. The following definitions provide details on both recovery and transitional housing in order to help CCOs determine when a member is living in recovery housing or a transitional setting.

#### **Definition / Qualification of a Recovery Home**

Recovery Housing includes the following components (a detailed definition can be found in [ORS 90.243](#))

- If the property has more than eight units, at least eight contiguous units must be designated as recovery housing.
- If the property has eight or fewer units, at least four contiguous units must be designated as recovery housing.

- Provides a drug- and alcohol-free environment (for tenants, employees, staff, agents, and guests) that includes support for substance use recovery.
- Includes a written lease or rental agreement that specifies that the unit is designated as drug and alcohol-free housing requiring the tenant to participate in a verifiable program of recovery that may include individual or group treatment including groups such as NA (Narcotics Anonymous) and AA (Alcoholics Anonymous) and similar support groups.

### **Definition of Transitional Housing**

In comparison, Transitional Housing and Residential Substance Use Disorders Treatment Program are defined as:

- Transitional housing is defined in [ORS 197A.452](#) as short-term shelter within an urban area for individuals or families without safe or permanent housing, using temporary structures or vehicle spaces with basic shared facilities, and not governed by Oregon's landlord-tenant laws.
- As defined in [OAR 309-018-0100](#)(127) "Residential Substance Use Disorders Treatment Program" means a publicly or privately operated program as defined in ORS 430.010 that provides assessment, treatment, rehabilitation, and twenty-four hour observation and monitoring for individuals with substance use dependence, consistent with Level 3 of The ASAM Criteria, Third Edition.

### **g. Partnerships and Braiding Funding**

CCOs are encouraged to work with their region's Community Action Agencies (CAAs) and Continuums of Care (CoCs) to explore opportunities for Member eligibility in other housing programs, and for opportunities to braid existing eviction prevention and housing stability funding sources. CAAs and CoCs may be able to provide CCOs with insight on how to prevent duplication of services, referral pathways to pursue, among other details related to crisis response and the provision of housing services.

CAAs offer support to families statewide to gain self-sufficiency and financial security. CAAs are non-profit, state, and federal grant-funded organizations that can administer rapid eviction prevention funding and other crisis response funds, in addition to paying for needed social services to help lift families out of poverty. CAAs work in close coordination with the region's CoC, which are designed to promote a community-wide response to the goal of ending homelessness and provide agencies with federally funded homelessness prevention services to quickly rehouse individuals and families. For more information, please see: [Oregon Housing and Community Services: What are](#)

Continuums of Care (CoCs) organize and coordinate the planning for homelessness services. For more information, please see: [Oregon Housing and Community Services: Continuum of Care \(CoC\)](#).

It is allowable for a CCO to authorize and refer different HRSN Housing-Related Supports (or activities within HRSN Housing-Related Supports) to be provided by different HRSN Service Providers, if a Member's needs are best addressed through this approach. For example, a CCO could authorize and refer an HRSN Home Remediation to one HRSN Service Provider and authorize and refer the provision of HRSN Rent Assistance and HRSN Tenancy Services to another HRSN Service Provider. Except in the case of the PMPM payment structure, the CCO may authorize different activities within HRSN Tenancy Services to different HRSN Service Providers; for example, one HRSN Service Provider can support the Member to apply to different benefit programs and another can create a housing stability plan.

HRSN Housing Services may be braided or sequenced with funding from other local, state, and federal programs. However, a Member may not receive duplicative services (i.e., receive the same service at the same time). If a Member is receiving a similar service with differences in amount or duration, then they can receive HRSN Services. For example, Members who are receiving support from another program that covers a portion of their rent may be able to receive HRSN Rent and Utility Financial Assistance, subject to that program's requirements. HRSN Housing Service Providers should be consulted to determine if/how HRSN rent assistance would impact eligibility for other programs.

When a member is a recipient of a federal HUD (Department of Housing and Urban Development) voucher, including but not limited to HCV (Housing Choice Voucher), HRSN services for prospective (future) Rent and Utility Financial Assistance are considered duplicative and are disallowed by HUD rule. HRSN rent assistance cannot replace or pay any portion of the gross rent that is owed on behalf of an HCV recipient – which includes: (1) Rent and Utility Financial Assistance that the HCV program pays to the landlord, and (2) the Rent and Utility Financial Assistance the tenant is responsible for paying (30% of household income) (see 24 CFR 982.515(c)). However, an HCV recipient who meets all HRSN eligibility criteria may receive HRSN rent and utility assistance for rent and utility arrears. HUD considers HRSN rent assistance for arrears as “nonrecurring income,” which is excluded from adjusted income in HUD eligibility calculations (24 CFR 5.600(b)(24)).

A Member may receive Imminent Eviction prevention support from a local or state program, followed by HRSN Rent Assistance to stabilize.

CCOs are encouraged to review resources for Landlord/Tenant law as detailed in [Appendix J: Resources for Landlord Tenant Law](#).

#### h. HRSN Benefits in the Event of a Member Death

HRSN Rent and Utilities Assistance is generally available once per household during the demonstration period. If an HRSN eligible Member passes away while receiving HRSN rent and utility assistance, a remaining member of the household may be eligible to receive HRSN assistance if they independently meet all applicable HRSN eligibility requirements.

The death of an HRSN eligible Member does not create a new benefit period for the household or allow duplicative payment for the same expense and time period. CCOs must ensure that HRSN Service Vendors (e.g., landlords, utility companies, or storage unit companies) do not receive duplicate payments for the same service or expense as a result of benefits issued to different eligible Members of the same household.

When determining whether a remaining household Member is eligible for HRSN Rent and Utilities Assistance following the death of a Member, the CCO should apply the household definition and eligibility requirements in effect for the HRSN benefit.

## 5. Home Changes for Health During Extreme Weather

### a. Service Overview

HRSN Home Changes for Health During Extreme Weather (“Home Changes for Health”) aims to support Members with health conditions that may be worsened by extreme weather. Home Changes for Health include devices and services provided to HRSN Authorized Members in their own home or non-institutional, primary residence, and for whom such equipment and support are Clinically Appropriate as a component of health services treatment or prevention during extreme weather.

Clinically appropriate devices for Members residing in their home or non-institutional, primary residence include:

- Air conditioners (ACs) for individuals at health risk due to significant heat,
- Heaters for individuals at increased health risk due to significant cold,
- Air filtration devices (AFDs) and, as needed, replacement filters for individuals at health risk due to compromised air quality,
- Mini refrigeration units as needed for individuals for medication storage, and

- Portable power supplies (PPSs) for individuals who need access to electricity-dependent equipment (e.g., ventilators, dialysis machines, intravenous equipment, chair lifts, mobility devices, communication devices, etc.) or are at risk of public safety power shutoffs (PSPS) that may compromise their ability to use medically necessary devices.

Services include, as may be needed by the Member, the provision and service delivery of the devices identified above, installation as needed by the Member, replacement AFD filters, and coordination of replacement devices. Members must remain eligible at the time of replacement if the manufacturer warranty does not cover the device.

## b. Eligibility

To be eligible, an OHP Member must meet all of the following requirements, as further defined in [OAR 410-120-2005](#) Tables 2 and 4.

### **HRSN Covered Populations**

The Member must be in one of the following HRSN Covered Populations, as defined in [OAR 410-120-0000](#) and further described in [Appendix C](#).

### **Device-Specific Clinical Risk Factor**

The Member must have at least one of the Home Changes for Health Device-Specific Clinical Risk Factors, which are detailed in [OAR 410-120-2005](#) Table 1.

### **Social Risk Factor**

A Member must meet the HRSN Home Changes for Health Social Risk Factor requirement, which means they require a device to treat, improve, stabilize, or prevent their Device-Specific Clinical Risk Factor during extreme weather.

### **Additional Eligibility Requirements for Home Changes for Health**

To receive a device, Members must attest to their ability to safely use the device to reduce the risk of injury or harm. The safe use of devices requires that a Member reside in their own home or non-institutional primary residence or a “recreational vehicle,” as defined in ORS 174.101, that has a reliable source of electricity for operating a device, and that the Member or their Representative can safely and legally install the device in their place of residence.

Individuals who reside in congregate or institutional settings do not qualify for devices under this program. These group settings include:

- Group homes,
- Shelters,
- Assisted living facilities,
- Long-term care facilities,

- Adult foster homes,
- Treatment facilities or treatment homes, and
- Nursing facilities.

Members are eligible if they share housing in non-institutional settings; for example, a college student living with roommates or someone living with multiple families may still be eligible for HRSN Home Changes for Health if they meet other eligibility criteria. Members may also be eligible if they are in transitional housing for extended periods of time.

Members are not eligible if they have received the same service from a local, state, or federally funded program within the last 36-months.

There is a standard limit of one of the same device type per Member, even if several similarly Authorized Members live in the same household. For situations where an HRSN Authorized Member is requesting multiple devices of the same type (e.g. two ACs), the CCO must review for medical exception considering an individual's specific health needs.

In the event the foregoing conditions cannot be met, the Member may not be Authorized for receipt of Home Changes for Health, in accordance with [OAR 410-120-2005](#).

Medical review of the clinical risk factor for approval by exception does not waive the requirement for the Member to be in at least one HRSN Covered Population in order to receive HRSN Home Changes for Health devices.

### c. Fees Payable

The HRSN Fee Schedule is located on the [HRSN Provider web page](#).

For billed installation services, HRSN Service Providers and Vendors shall follow industry standard billing practices for timed codes. For example, to bill for one unit per the HRSN fee schedule (15 minutes), the industry standard is that at least 8 minutes was spent on service delivery. Two units would require at least 23 minutes spent, and so on. HRSN Service Providers and Vendors can bill for total time to complete installation, including drive time.

The maximum billable amount is 8 units, or two (2) hours for any installation within 35 miles of the closest available installation contractor/vendor who can provide the service and 12 units, or three (3) hours for any installation further than 35 miles from the nearest available contractor/vendor who can provide the installation service.

#### d. Documentation Requirements

HRSN Service Providers and Vendors must maintain documentation for installation services. Documentation should include the service provided, the Member for whom service was provided, the date and time of the service, and signature of Member or Member representative confirming receipt of services.

#### e. Device Considerations

The following processes should be followed when determining an individual Member's device needs:

- Utility costs – these devices may cause an increase in utility charges; energy efficiency models should be made a priority. The HRSN PCSP should address whether assistance may be needed to pay for utilities and the CCO care coordinators should connect individuals to resources for utility costs as needed.
- CCOs should use a 36-month look-back period when determining whether the Member is receiving the same service as the requested HRSN Services from a local, state, or federally funded program, in alignment with the device replacement policy detailed in OAR 410-120-2005. In situations with gaps in coverage, or for devices received through other programs, Member attestation is sufficient.
- CCOs should use discretion to determine when device limitations should not apply, such as in the case of moving, damage not covered by warranty, or other exceptional cases for multiple devices of the same type. Examples of potential exceptions include requests for more than three replacement air filters during a calendar year due to residing in a region that experiences more periods of prolonged air quality issues due to wildfire smoke, or if there is a request for two ACs for a child who lives with parents who are separated and therefore has two residences.

#### f. Device Descriptions and Recommended Specifications

The following is an overview of the five device types available under Home Changes for Health. All devices should be portable and not require home modifications outside of window kits.

**Air Conditioner (ACs)** – ACs for Members who are eligible are meant to maintain safe and healthy temperatures in a Member's residence to prevent heat-related illness and death. ACs should be portable, be energy efficient, and be appropriate for the size of room in which they will be utilized. Units that provide both cooling and heating are allowable. Additional resources on preventing heat-related illnesses can be found on OHA's webpage on Extreme Heat.

**Air Filtration Devices (AFDs)** – AFDs should be portable, have a high energy efficiency, be rated for smoke, and have replaceable HEPA grade filters. More information on reducing the health effects of wildfire smoke can be found on OHA’s webpage on Wildfires and Smoke.

**Mini Refrigeration Units** – Mini refrigeration units are available to ensure a Member’s medically necessary medications, and enteral or parenteral nutrition can be stored at safe and consistent temperatures. Medication storage should be the main use of these devices. The mini refrigerators should not have freezer compartments to avoid unintentional freezing of medications (unless the medication or nutrition requires freezing, e.g. breast milk storage), and be able to cool down to 36° F.

**Portable Power Supplies (PPS)** – PPSs are a category of backup power units that include a range of devices including portable power stations, large backup batteries, and generators. These devices are for Members who use electricity dependent medical devices in their home. These devices should extend the time an individual can safely continue using their medical devices in their residence when there are extended power outages. Fuel powered generators are not recommended due to risk of improper use indoors and carbon monoxide poisoning but may be the best option for some Members and can be determined on a case-by-case basis.

**Space Heaters** – Space heaters should be portable heating units that have automatic shutoff systems, safe surface temperatures, and tip protection to reduce the risk of fire and injury. These units should have a high energy efficiency rating and be appropriate size for the room they are being used in.

Table 1 below contains recommended minimum specifications for the types of devices covered by HRSN Home Changes for Health. These specifications are intended to create consistency in service delivery across the state. Other models, brands, and suppliers are available with similar specifications. The selected device should reflect the Member’s need. The safe use of the device is of the highest priority.

**Table 1: Home Changes for Health Device Recommended Specifications**

| Device                       | Specifications                                                                                                                                                                                                                                                                     | Example                                                                          |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <b>Air Conditioner (ACs)</b> | <ul style="list-style-type: none"> <li>Recommend a standalone, portable unit (window units are not recommended)</li> <li>Minimum 8,000 BTUs (~400 sq/ft)</li> <li>EnergyStar rated – high efficiency rating</li> <li>Minimum 1 year warranty, 3-year warranty preferred</li> </ul> | FRIEDRICH Portable Air Conditioner: 8,000 BtuH, 450 to 550 sq ft, 115V AC, 5-15P |

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Air Filtration Devices (AFDs)</b> | <ul style="list-style-type: none"> <li>• Must not create ozone</li> <li>• Rated for PM2.5</li> <li>• AHAM certified, tested by US standards for CADR ratings</li> <li>• HEPA filter</li> <li>• EnergyStar rated – high efficiency rating</li> <li>• &lt;20lbs</li> <li>• &gt;300cfm</li> <li>• CADR &gt;200 for smoke</li> </ul>                                                                                                                                                                           | GrovPure Aspen HEPA Air Cleaner for Large Rooms |
| <b>Mini refrigeration units</b>      | <ul style="list-style-type: none"> <li>• Minimum .5 Cu Ft capacity</li> <li>• Cools down to 36° F</li> <li>• EnergyStar rated – high efficiency rating</li> <li>• No Freezer compartment (unless the medication or nutrition requires or can be preserved longer with freezing, e.g. breast milk storage)</li> <li>• Minimum 1 year warranty</li> </ul>                                                                                                                                                    | Danby Mini Fridge – 1.6 cu ft                   |
| <b>Portable Power Supply (PPS)</b>   | <ul style="list-style-type: none"> <li>• Emission free</li> <li>• Minimum 1500W, 12amp</li> <li>• &lt; 50lbs</li> <li>• 3+ month shelf life (battery)</li> <li>• Note: Gas generators are permitted but are not recommended</li> </ul> <p>CCOs have discretion to determine whether a particular type of electricity-dependent device establishes a need for a PPS; however, the intention is to reserve PPS devices for life-sustaining medical equipment such as a ventilator or oxygen concentrator</p> | GENERAC Powerstation                            |
| <b>Space Heater</b>                  | <ul style="list-style-type: none"> <li>• Automatic Safety Shut-off System</li> <li>• Tip Over Protection</li> <li>• Low/High settings</li> </ul>                                                                                                                                                                                                                                                                                                                                                           | VH2 Whole Room Heater                           |

|  |                                                                                                                              |  |
|--|------------------------------------------------------------------------------------------------------------------------------|--|
|  | <ul style="list-style-type: none"> <li>• Max surface temp &lt;130F</li> <li>• Heats ~200sq/ft</li> <li>• Portable</li> </ul> |  |
|--|------------------------------------------------------------------------------------------------------------------------------|--|

## 6. Home Changes for Safety (Home Modifications and Remediations)

### a. Service Overview

HRSN Home Changes for Safety require that the service treat, stabilize, improve or prevent the Member's HRSN Housing Clinical Risk Factor. See [OAR 410-120-2005](#), Table 5, which contain the Home Changes for Safety service descriptions and required documentation.

HRSN Home Modifications do not cover the cost of removal. This must be discussed and agreed upon with the Member and landlord (if renting) prior to developing the Scope of Work.

HRSN Service Providers may use designated staff in-house with the appropriate licensing or other requirements to perform home modifications and remediation services, in lieu of procuring an HRSN Service Vendor externally. For example, an HRSN Service Provider may employ a team to conduct home modifications. Refer to [OAR 410-120-2030](#) Table 1, for information on specific HRSN Service Provider Qualifications.

### Scope of Work

A HRSN Service Vendor Scope of Work is a required document for service authorization. It must outline the project to meet the Member's clinical need for the service.

HRSN Service Providers may use HRSN O&E Services (if enrolled as an O&E Service Provider with OHA) to compile all documents required for service authorization (see [OAR 410-120-2005](#) Table 7 for the O&E service description).

It is recommended that the Scope of Work be completed by the HRSN Service Provider, in consultation with the Member, to ensure the Scope of Work meets the Member's needs. HRSN Service Vendors can then provide their bids for the Scope of Work.

The Scope of Work must serve as the basis of the agreement with the HRSN Service Vendor (e.g., contractor, pest eradication, or cleaning company, etc.) and should be used to provide timeframe and cost estimates.

Given the effort to develop a Scope of Work and secure landlord approval, it is recommended that the CCO develop a process with its HRSN Service Providers to discuss the Member's HRSN Home Changes for Safety eligibility and the

service authorization process before the HRSN Request Form is submitted. Members may require case management support for Home Changes for Safety. Examples of case management support may include developing a Scope of Work that accurately addresses Member need, supporting Members through the HRSN Service Vendor bid process (e.g., going to the Members' house to meet with HRSN Vendors, etc.), supporting Members leading up to and during the service, as necessary, and depending on the service, connecting Members to other services.

Eligible Members may receive HRSN Tenancy Services for case management support. Members who are not eligible for HRSN Tenancy Services may receive HRSN O&E (up to 30 hours per Member per year) for case management support.

### **Ramps**

The following is recommended for the installation of HRSN Home Modification ramps: The ramp should conform to ADA requirements (with a slope that is not steeper than 1:12) or if necessary, due to space constraints and with consumer approval, 1:10; should have a non-slip surface; should have handrails; and be a metal ramp unless a ramp of another material is preferred or better suited. See 2010 ADA Standards for Accessible Design at <https://www.ada.gov/law-and-regs/design-standards/2010-stds/#>.

These services have a cap per Member for the lifetime of the waiver (ending September 2027). A Member can receive any combination or number of HRSN Home Modifications or Remediation services, so long as the total cost per Member does not exceed the cap. The cap is provided in the HRSN Housing Fee Schedule.

### **b. Eligibility**

To be eligible, an OHP Member must meet all of the following requirements, as further defined in [OAR 410-120-2005](#) Table 5:

#### **HRSN Covered Populations**

The Member must be in one of the HRSN Covered Populations, as defined in [OAR 410-120-0000](#) and further described [in Appendix C](#).

#### **Clinical Risk Factor**

The Member must have at least one Clinical Risk Factor criteria detailed in [OAR 410-120-2005](#) Table 2.

#### **Additional Eligibility Requirements for Home Changes for Safety**

To be eligible for Home Changes for Safety, Member must:

- Require the clinically appropriate home modification or remediation

- Be a renter or a homeowner and submit documentation of housing status as described in [OAR 410-120-2005](#) Table 5.

## 7. Nutrition Related Supports

### a. Service Overview

HRSN Nutrition-Related Supports can help eligible Members experiencing low food security. They provide support for people to have a healthy diet, including nutrition education or delivery of Medically Tailored Meals (MTMs) for people with specific health conditions. Please see [OAR-410-120-2005](#) Tables 6 and 9 for a full description of each Nutrition-Related Support and eligibility criteria.

These supports must be provided in accordance with national nutrition guidelines, such as the Dietary Guidelines for Americans, or evidence-based practice guidelines for specific chronic diseases and conditions, follow food safety standards, and consider a Member's personal and cultural dietary preferences.

MCEs are encouraged to support members in receiving whole food or minimally processed foods through this service.

HRSN Service Providers may use HRSN O&E Services (if enrolled as an O&E Service Provider with OHA) to compile documents, connect with nutrition education providers, or other nutrition-related services that align with other HRSN O&E activities (see [2. HRSN Outreach and Engagement Services](#) of this document and [OAR 410-120-2005](#) Table 7 for the O&E service description).

### **Medically Tailored Meals and Assessment (if needed under HRSN)**

“Medically Tailored Meals” means fully prepared meals delivered to individuals living with severe, complex and chronic illness through a referral from a medical professional, MCE, or as applicable, the Authority. These meals are produced or sourced under the consultation of a registered licensed dietitian nutritionist (RDN).

A licensed, RDN (preferred), or, if not available, a primary care provider or a member's specialist (cardiologist, oncologist, etc.) must perform an initial assessment and subsequent reassessment to develop a medically appropriate nutrition care plan specific to the HRSN MTM service. The reassessment is needed to understand whether the service is meeting the Member's needs, to update the nutrition care plan, and document the impact of the MTMs on the Member's clinical status.

MTMs must be provided in accordance with nutrition-related national guidelines, such as the Dietary Guidelines for Americans, or evidence-based practice guidelines for specific chronic diseases and conditions. See

<https://www.eatrightstore.org/product-type/nutrition-care-manuals> for more information.

The Assessment for MTMs must follow the Nutrition Care Process. The Nutrition Care Process is a systematic method that dietetics and nutrition professionals use to provide nutrition care. It is comprised of four steps: nutrition assessment and reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation. See <https://www.eatrightpro.org/practice/nutrition-care-process> for more information.

For most eligible Members, the assessment and reassessment for MTM Medical Necessity should be covered under non-HRSN OHP benefits. If the Member has a health condition that is identified on the OHP Prioritized List, for which Medical Nutrition Therapy (MNT) is an indicated treatment, then the assessment and reassessment of the nutrition care plan and any accompanying MTMs should be covered under non-HRSN OHP benefits. Additionally, an assessment with a licensed, RDN is covered under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) (not HRSN) when the Member meets EPSDT Medically Necessary and Medically Appropriate definitions ([OAR 410-151-0001](#)). In the rare case that the Member's condition cannot be billed under the Medicaid State Plan benefit, the service can be billed under HRSN.

Proactive outreach for MTMs may be challenging given the narrow eligibility criteria; therefore, it is recommended for care coordination teams to identify Members who meet the HRSN Covered Population eligibility criteria and for whom MTMs are medically appropriate and necessary. MTMs might be medically appropriate and necessary for Members with chronic health conditions who need assistance with one or more Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) or are recently recovering from a significant exacerbation of a qualifying health condition.

People who have chronic health conditions and persistent ADL and IADL limitations may be eligible for nutrition and other supports through ODHS Aging and Persons with Disabilities (APD) or Office of Developmental Disability Services (ODDS). Long-term MTM access through these programs should be considered for anyone receiving HRSN MTMs.

### **Nutrition Education**

As defined in [OAR 410-120-0000](#), means any combination of educational strategies designed to motivate and facilitate voluntary adoption of food choices and other food- and nutrition-related behaviors conducive to health and well-being.

Please see [OAR 410-120-2030](#) Table 2 for Nutrition Service specific provider qualifications. CCOs may contract with HRSN Service Providers to provide this

service and are also encouraged to support their existing network of providers (including peer support specialists, traditional health workers, case managers, primary care providers, dental providers, and other individuals with regular Member touchpoints) to receive appropriate training and credentialing to provide this service to Members. Depending on the specific component of this service being provided, appropriate training and credentialing may entail:

- Relevant training(s) (e.g., webinar courses provided by SNAP-Ed, CDC-approved training for the National Diabetes Prevention Program Lifestyle Coach position, or other trainings from accredited nutrition organizations);
- Certification (e.g., Certified Nutrition & Wellness Educator by the American Association of Family & Consumer Sciences); or
- Licensure (e.g., licensed dietitian).

CCOs may use discretion in determining the appropriate level of training or licensure required for each contracted provider of this service.

Nutrition Education primarily focuses on topics such as healthy eating, food resource management, cooking tips, label reading and other topics that apply to general population. This differs from Medical Nutrition Therapy which is delivered by dietitians to help address specific health conditions. Nutrition educators must be trained to deliver evidence-based, audience appropriate curriculum while staying within the scope of their training.

Members receiving any HRSN Nutrition-Related Supports other than MTMs must also be offered Nutrition Education; however, receipt of Nutrition Education shall not be conditioned on engagement in other HRSN Nutrition-Related Supports and receipt of other HRSN Nutrition-Related Supports must not be conditioned on participating in Nutrition Education.

### **Fruit and Vegetable Benefit**

As defined in [OAR 410-120-0000](#) this service allows HRSN Fruit and Vegetable Authorized Member to obtain or otherwise receive fruits and vegetables, including herbs, from an HRSN Service Vendor or HRSN Service Provider. The Fruit and Vegetable Benefit includes fresh, frozen, pureed, dried or canned (or any combination of fresh, frozen, dried, pureed or canned) fruits and vegetables, as well as herbs. This service allows a Member to purchase and receive fruits and vegetables from participating food retailer, grocery stores, mobile markets, produce box delivery programs, community-supported agriculture (CSA) programs, vendors, farms and farmer's markets, HRSN Service vendors, and HRSN Service providers.

The Fruit and Vegetable Benefit can be delivered through the Fruit and Vegetable Card model or the Fruit and Vegetable Box model.

- The Fruit and Vegetable Benefit Card allows a member to receive a voucher, coupons, or retail card to purchase allowable fruits, vegetables and herbs. Any card or voucher program must provide a card restriction feature to ensure that only appropriate items can be purchased with the cards. Cards for the Fruit and Vegetable Benefit align with WIC allowable approved product lists:  
<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Documents/1001-Food-List-2025-engl-2025.pdf>
- The Fruit and Vegetable Box Benefit allows a member to receive pre-selected or pre-packaged fruits, vegetables, and herbs. Depending on which HRSN Fruit and Vegetable Service Vendor or HRSN Service Provider a CCO or the Authority works with, the Member may have the Fruit and Vegetable box delivered to them, or if available, the Member may be able to pick up the box from the HRSN Fruit and Vegetable Service Vendor or HRSN Service Provider.

Please see [OAR 410-120-2030](#) Table 2 for Nutrition Service specific provider qualifications. HRSN Nutrition Service Providers administering the Fruit and Vegetable benefit must have the ability to administer and coordinate the service, including engaging with Members to explain the service, having relationships with food retailers that will accept payment, and monitor and overseeing use of the funds, (e.g., through prepaid cards as applicable, usage of vouchers, associated internet platforms, delivery of produce, etc.).

The HRSN Fruit and Vegetable provider network can be made up of a combination of HRSN Service Providers and/or Vendors (Vendors must support service delivery in accordance with service definitions as defined in [OAR 410-120-2005](#) and related service delivery requirements in the CCO Contract).

The HRSN Fruit and Vegetable provider network ideally supports a mix of local (if possible) and commercial Fruit and Vegetable providers to ensure that Members have access to year-round produce.

Local produce delivery options provide more ways to access the services, including helping to support Member choice, a person-centered approach, and possibly improving access to culturally specific produce. Additionally, partnering with local providers supports local farms, boosts local economy, reduces environmental impact, and promotes sustainable agriculture. [OAR 333-052-0040](#)(13) states “Locally grown” means grown in the state of Oregon or in the following counties of a contiguous state: California — Del Norte, Modoc, Siskiyou; Idaho — Adams, Canyon, Idaho, Owyhee, Payette, Washington; Nevada — Humboldt, Washoe; Washington state — Asotin, Benton, Clark, Columbia, Cowlitz, Garfield, Klickitat, Pacific, Skamania, Wahkiakum, Walla Walla.

Many Fruit and Vegetable providers will have relationships with the HRSN-eligible population. It's recommended that those providers or vendors also become HRSN O&E Service Providers to support Member's additional needs, to help build healthy relationships, and to encourage enrollment with other nutrition assistance programs.

HRSN O&E may be able to be used for some activities. The HRSN Billing Guide on the CCO Contract Forms webpage includes more information and examples of billable O&E activities for Nutrition-Related Supports.

Given the diversity of produce vendors and HRSN Nutrition Service Providers, there are different ways to issue the Fruit and Vegetable produce benefits. Examples include issuing vouchers to be redeemed at Farmer's Markets or Farm Stands, delivery or pick up of a produce box, payment for a full or partial share with a CSA program, or an electronic benefit card or grocery card limited to produce purchases which can be redeemed at approved grocery retail, farmer's market or farm vendors. Any combination of one or more services is acceptable.

### **Pantry Stocking Benefit**

As defined in [OAR 410-120-0000](#) HRSN Pantry Stocking Benefit allows a member to purchase or receive from an HRSN Service Vendor or HRSN Service Provider an assortment of food aimed at promoting improved nutrition for that member. Foods available through this service may be fresh, frozen, dried, pureed, or canned. This service allows a Member to purchase and receive fruits and vegetables from participating food retailer, grocery stores, mobile markets, produce box delivery programs, community-supported agriculture (CSA) programs, vendors, farms and farmer's markets, HRSN Service vendors, and HRSN Service providers.

The Pantry Stocking Benefit may be delivered through the Pantry Stocking Card model or the Pantry Stocking Box model. These foods align with SNAP allowable product lists.

The Pantry Stocking Box benefit allows a member to receive pre-selected, pre-packaged assortment of foods aimed at promoting improved nutrition. Depending on which HRSN Pantry Stocking service vendor or HRSN Service Provider a CCO or the Authority works with, the Member may have the Pantry Stocking box delivered to them, or if available, the Member may be able to pick up the box from the HRSN Pantry Stocking Service Vendor or HRSN Service Provider.

Please see [OAR 410-120-2030](#) Table 2 for Nutrition Service specific provider qualifications. HRSN Nutrition Service Providers administering the Pantry Stocking benefit must have the ability to administer and coordinate the service, including engaging with Members to explain the service, having relationships

with food retailers that will accept payment, and monitoring and overseeing use of the funds, (e.g., through prepaid cards as applicable, usage of vouchers, associated internet platforms, delivery of produce, etc.)

The HRSN Pantry Stocking provider network can be made up of a combination of HRSN Service Providers and/or Vendors.

Vendors must support service delivery in accordance with service definitions as defined in [OAR 410-120-2005](#) and related service delivery requirements in the CCO Contract).

#### **b. Eligibility**

To be eligible for Nutrition-Related Supports, an OHP Member must meet all of the following requirements, as further detailed in [OAR 410-120-2005](#) Table 9.

#### **HRSN Covered Populations**

The Member must be in one of the following HRSN Covered Populations, as defined in [OAR 410-120-0000](#) and further described in [Appendix B](#).

#### **HRSN Nutrition Clinical Risk Factor**

The Member must have at least one HRSN Nutrition Clinical Risk Factor, which are detailed in [OAR 410-120-2005](#) Table 2.

#### **HRSN Nutrition Social Risk Factor**

The Member must be screened with the [U.S. Household Food Security Survey Module: Six-Item Short Form](#), and only Members who are identified as experiencing Low Food Security or Very Low Food Security meet the Social Risk Factor criteria for HRSN Nutrition-Related Supports.

#### **Additional Eligibility Requirements for Nutrition-Related Supports**

In addition to the criteria described above, each Nutrition Service has additional eligibility requirements that must be met in order for the Member to be authorized to receive the service. Full eligibility requirements are detailed below and included in [OAR 410-120-2005](#) Table 9.

#### **Medically Tailored Meals**

MTMs are an intensive nutrition intervention that is appropriate for a limited group of individuals. Therefore, HRSN MTM eligibility is different from other HRSN Nutrition-Related Supports in that a narrower set of medical conditions than those listed in [OAR 410-120-2005](#) Table 2 (HRSN Clinical Risk Factors), which is detailed in [Appendix N: Covered Medical Conditions for Medical Nutrition Therapy and RDN Assessments](#) are appropriate for MTMs.

Before being authorized to receive MTMs, the Member must be assessed and MTMs be determined to be Medically Appropriate and Medically Necessary for the Member's disease, condition, or disorder. This assessment should be done

by a RDN and result in a nutrition care plan that details the MTM recommendations.

CCOs must ensure that their network of MTM providers provide heart healthy, low-sodium, renal, diabetes, and puree/modified texture meal patterns within their service offerings to ensure that Members with any of the health conditions most responsive to MTMs can be served.

It is often appropriate to refer individuals for an RDN assessment when they have the medical conditions that can currently be billed under Medicaid for Medical Nutrition Therapy (MNT), CPT code 97802-04, listed in [Appendix N](#), and in the OHP Prioritized List. In addition, conditions that tend to be most responsive to MTMs has been provided below in [Appendix N](#). People with the conditions in subsection b. who also have functional limitations may particularly benefit from HRSN MTMs.

Please note, Under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, children must receive all Medically Necessary and Medically Appropriate nutrition related services regardless of their underlying health condition. However, MTMs are not appropriate for children when the available MTM meal patterns do not meet developmental, nutritional, and medical needs for children.

### **Pantry Stocking**

HRSN Pantry Stocking Benefit is only for Members who are pregnant, YSHCN, and children under 21.

### **c. Fees Payable**

The HRSN Fee Schedule is located on the [HRSN Provider webpage](#).

HRSN program funds cannot be used to pay for foods or food benefits acquired through USDA programs, other State, County or Local funding, or donated sources. In addition, the HRSN program funds cannot pay for nutrition education delivered through USDA funded programs. For example, it cannot reimburse for WIC, SNAP, SNAP-Ed, WIC or Senior Farm Direct Programs, Child Nutrition Programs, the Child and Adult Care Food Program, or for food supplied through The Emergency Food Assistance Program (TEFAP), Commodity Supplemental Food Program (CSFP), or Food Distribution Program on Indian Reservations (FDPIR). However, Members can participate in these federally funded programs and still be potentially eligible for HRSN Nutrition-Related Supports if they meet all eligibility criteria.

HRSN Nutrition-Related Supports should follow industry standard billing practices. For example,

- to bill for one unit per the MTM Assessment service fee schedule (15 minutes), the industry standard usually is that at least 8 minutes was spent with the member on this service. Two units would require at least 23 minutes spent, and so on.
- to bill for one unit per the Nutrition Education fee schedule (30 minutes), the industry standard usually is that at least 16 minutes was spent with the member on this service. Two units would require at least 46 minutes spent, and so on.

Nutrition-Related Supports that are already covered through Medicaid should be billed through Medicaid and not HRSN; for example, Nutrition Assessment for MTMs for covered conditions (see the OHP Prioritized List).

#### d. Screening to Assess Nutrition Related Social Needs

Low Food Security (defined in [OAR 410-120-0000](#)) is the HRSN Social Risk Factor for this benefit. When someone is food insecure, they don't have the resources to purchase the quantity or quality of food they need to live a healthy life. Screening can help identify people who are impacted by affordability and accessibility, which limit food intake and quality. HRSN Covered Populations who screen positive for low food security have access to HRSN Nutrition-Related Supports to help gain access to nutritious food. OHA worked with the United States Department of Agriculture (USDA) and identified the [U.S. Household Food Security Survey Module: Six-Item Short Form](#) as the required assessment to determine whether a Member is experiencing low or very low food security.

OHA recommends that any HRSN Eligible person who screens positive for food insecurity in a Social Determinants of Health (SDOH) one or two question screening also be screened with the Six-Item Short Form to fully assess level of food security. CCOs may conduct proactive outreach to Members who are part of the HRSN Covered Populations and have also screened positive to having challenges accessing food in past SDOH screenings. These Members would then be screened via the Six-Item Short Form to determine if they have low or very low food security.

When administering the Six-Item Short Form, the USDA strongly encourages asking all six questions. Consistency in the way which the screening is delivered is paramount to accurate results. It is a best practice to provide staff and providers administering the screening with technical assistance to ensure the accurate assessment of level of food security.

#### e. Documentation Requirements

CCOs must require all HRSN Nutrition Service Providers to document the date, duration (units), and description of the provided HRSN Nutrition-Related

Supports. These documentation components are further detailed below. Though this documentation is required for record-keeping, the specific activity details of HRSN Nutrition Services will not be reported through claims submitted to OHA for reimbursement (i.e., there are no procedure code modifiers to distinguish various Nutrition Education activities).

- Date(s) = date(s) of service
- Duration of service = units or time spent on the activity
- Units = Number of meals or time spent on the activity
- Description = type(s) of activity conducted in support of Nutrition Services

#### f. Additional Nutrition-Related Supports Information

##### HRSN Requests for MTMs

Per OAR 410-120-2010 HRSN Requests for MTMs require additional components in order to be considered complete.

HRSN Requests for HRSN MTMs must include the information in 1- 5 and may include the information identified in 6 - 8 as follows:

- 1) Name and contact information for the individual being recommended; and
- 2) The HRSN Service(s) the individual needs or may need; and
- 3) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO, which must be signed by the individual for whom the request is being made or the individual's Representative; and
- 4) RDN assessment (or PCP if RDN access is limited or delayed) indicating that MTMs are Medically Appropriate and Medically Necessary for the individual; and,
- 5) Nutrition care plan,
- 6) Confirmation of individual's current OHP enrollment,
- 7) Confirmation of current enrollment in the CCO or in FFS,
- 8) Any other information regarding the individual's potential HRSN Eligibility, such as whether they are in an HRSN Covered Population and experiencing Low or Very Low Food Security as measured by the U.S. Household Food Security Survey Module: Six-Item Short Form.

If an HRSN Request for MTMs is incomplete, it is not subject to the service authorization timeframe described in [OAR 410-120-2020](#). In those instances, CCOs should support Members to understand what is required for service authorization.

## Member Self-Referral for MTMs

Self-Attestation of the HRSN Clinical Risk Factor is not sufficient for MTMs. Therefore, if a Member requests MTMs without any clinical documentation or claims information supporting the Medical Appropriateness and Medical Necessity of the request, the Member must be referred to their PCP or relevant medical specialist before being referred to an RDN for an assessment for MTMs. Please refer to the list in [Appendix N](#) for examples of specific medical conditions that are most responsive to MTMs.

Upon receipt of the MTM request with a self-attested HRSN Clinical Risk Factor and no existing claims information or clinical documentation verifying the condition, it is recommended that CCOs assess whether the Member is in an HRSN Covered Population and experiencing Low or Very Low Food Security as measured by the Six-Item Short Form, prior to referring the Member to a PCP or RDN. Knowing if Members meet these HRSN eligibility criteria will promote more effective connection to the right nutrition service or support for the Member, as well as more efficient clinical referrals.

The Nutrition Care Plan for HRSN Pantry Stocking; the Person-Centered Service Plan satisfies all requirements for the required Pantry Stocking Nutrition Care Plan and is defined in [OAR 410-120-0000](#).

## HRSN Service Delivery: Member Identification, Screening, Authorization and HRSN PCSP

### 1. Member Identification

To promote access and health equity, it is critical to have many paths that lead to a referral for HRSN Services, including HRSN Requests made directly by Members and caregivers, HRSN Connector and Service Provider submitted Requests, and proactive identification and outreach by CCOs. CCOs must accept HRSN Requests that meet the requirements described in [OAR 410-120-2010](#) from both HRSN Connectors and HRSN Service Providers regardless of whether CCOs requested the Outreach and Engagement. It is the CCO's responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. CCOs shall ensure multiple pathways for individuals to be identified as being enrolled in the OHP, belonging to an HRSN Covered Population, and potentially having one or more HRSN Service needs. Pathways for CCOs to identify HRSN eligible Members must include:

- CCO proactively identifying Members who can be presumed HRSN Eligible based upon a review of CCO's encounter and claims data;

- Contracting with HRSN Service Providers to conduct HRSN O&E Services to identify Members;
- Engaging with and receiving HRSN Requests from HRSN Connectors, including HRSN Service Providers;
- Conducting proactive outreach to HRSN Service Providers, especially HRSN Housing Service Providers for the purpose of encouraging communication with Members who may be eligible for and benefit from HRSN Housing-Related Supports. Such outreach should be made to those HRSN Housing Service Providers that are known to the CCO, regardless of whether Contractor holds a contract with them; and
- Accepting and facilitating Members' Self-Attestations or self-referrals.

CCOs will need to rely on a variety of data sources to identify Members potentially eligible for HRSN Services. The following tables provide additional detail on each HRSN Covered Population for the purposes of Member identification, including:

- More complete, specific, and contextualized definitions for each HRSN Covered Population, including details such as qualifying facilities.
- Specific information to help identify populations using claims and other OHA-provided data sources, such as Program Resource Eligibility Codes (PERC) available on a CCO's 834 report.

CCOs are expected to use this information in conjunction with their own records, systems, and data to facilitate the proactive outreach and engagement of potentially eligible HRSN Covered Populations within their membership. CCOs may also be expected to use this information to confirm HRSN Member eligibility once HRSN Services have been requested.

CCOs may adjust the scale and intensity of their proactive outreach to correspond to the number of referrals coming from their HRSN Service Provider network, particularly in the initial months after a HRSN benefit launches. For example, if the CCO and its HRSN Service Provider network are operating at capacity while addressing only the HRSN requests coming from the network, the CCO may elect to temporarily reduce its proactive outreach.

To support proactive outreach, in July 2025 and again in January 2026, OHA shared an HRSN Covered Population Report via managed transfer folders (MFT) with CCOs. The report contains a list of members that may belong to at least one HRSN covered population. While the report provides a strong indication of whether or not a member will meet HRSN covered population criteria, it does not specify which covered population(s) a member might belong to. CCOs should integrate trauma-informed practices when using this file to inform outreach to members. For more information, please review the Data Notes document, also shared via

MFT, that contains additional information about how the report can be used, the data points that are used, and limitations of the data.

This guidance related to Member identification does not guarantee Member eligibility for HRSN through an HRSN Covered Population. The CCO will be required to conduct eligibility verifications as instructed in the HRSN Eligibility Screening process. Additional data and detail will be provided to CCOs as available in future updates to this guidance. The data below has been identified from existing sources, primarily administrative, that were not originally intended to capture whether a person belongs to an HRSN Covered Population. A Member may be part of an HRSN Covered Population, even if existing data sources do not identify them as such. CCOs must use other reasonable information and data sources, in addition to the others listed here. CCOs must also accept self-attestation for all Members and use good faith efforts to verify a Member's Self-Attestation within a reasonable period of time, in accordance with OAR 410-120-2015.

#### a. Adults and youth discharged from an HRSN Eligible Behavioral Health Facility

##### **Definition**

Members who have been discharged from an Institution for Mental Diseases (IMD), a mental health and substance use disorder residential facility, or inpatient psychiatric unit within the last 365 days. Subject to Ex. B, Part 2, Sec. 15 of the Contract, eligibility for the HRSN Services shall expire on the 366th calendar day after discharge.

##### **Definition Details**

- Acute Care Psychiatric Hospitals as defined in OAR 309-015-0005,
- Institution for Mental Diseases as defined in 42 CFR 435.1010,
- Integrated Psychiatric Residential Treatment Facilities and Residential Substance Use Disorders Treatment Programs as defined in OAR 309-022-0105,
- Residential Treatment Facilities (RTF), Residential Treatment Homes (RTH), and Secure Residential Treatment Facilities (SRTF) as defined in OAR 309-035-0105
- Psychiatric Residential Treatment Facilities (PRTF) as defined in OAR 309-022-0105, and
- Residential Substance Use Disorders Treatment Program as defined in OAR 309-018-0105.

##### **OHA-Provided Data for Member Identification**

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the

covered population a member belongs to, it incorporates OHP members that had a claim at an HRSN Eligible Behavioral Health facility in the last 365 days.

CCOs may also use maintenance reason codes found on the 834 to determine whether a current Member has had their membership terminated due to State Hospital Admission in the last 365 days. Members that have had an "SH" termination reason code in the last year but have re-enrolled with a CCO may belong to this HRSN Covered Population.

| Definition Component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Qualifying Facilities                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <p>The list includes the following facility types:</p> <ol style="list-style-type: none"><li>1. Residential Substance Use Disorder (SUD) treatment and Withdrawal Management services</li><li>2. Institutions for Mental Diseases (IMDs) including Specific Oregon State Hospital facilities and community based IMDs</li><li>3. Adult Mental Health Residential Programs<ol style="list-style-type: none"><li>a. Residential Treatment Facilities (RTF)</li><li>b. Residential Treatment Homes (RTH)</li><li>c. Secure Residential Treatment Facilities (SRTF)</li></ol></li><li>4. Inpatient Psychiatric Services in Hospitals</li><li>5. Psychiatric Residential Treatment Facilities (PRTF) for children and youth<ol style="list-style-type: none"><li>a. Sub-Acute Psychiatric Care</li><li>b. Secure Children's Inpatient Treatment Programs (SCIP)</li><li>c. Secure Adolescent Inpatient Treatment Programs (SAIP)</li></ol></li><li>6. Integrated Psychiatric Residential Treatment Facility and Residential Substance Use Disorders Treatment</li></ol> | <p>A list of qualifying facilities in Oregon can be found in <a href="#">Appendix D</a>.</p> |

**Note:** This list should not be relied on for the duration of the waiver and OHA will provide quarterly updates. All facilities that meet the criteria for one of the HRSN-Eligible Behavioral Health Facility types should be considered and CCOs have the discretion to make this determination.

b. Adults and youth released from incarceration

Definition

Members released from incarceration within the past 365 calendar days, including those released from state and federal prisons, local correctional facilities, juvenile detention facilities, Oregon Youth Authority closed custody corrections, or tribal correctional facilities. Eligibility for HRSN Services shall expire on the 366th calendar day after release from a carceral facility.

OHA-Provided Data for Member Identification

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members that were marked as being released from incarceration in the last year in Oregon’s Medicaid eligibility (ONE) system.

CCOs are notified of new FCAA members via email and via the Deliverable Tracking Portal, generally prior to the member's release date.

CCOs may also use maintenance reason codes found on the 834 to determine whether a current Member has had their membership terminated due to incarceration in the last 365 days. Members that have had an "IN" termination reason code in the last year but have re-enrolled with a CCOs may belong to this HRSN Covered Population.

| Definition Components                                                                                                                                                                                                                                           | Qualifying Facilities                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| The list includes the following facility types:<br>1. Federal Prisons<br>2. State Prisons/Department of Corrections (DOC)<br>3. Local Correctional Facilities<br>4. Juvenile Detention Facilities<br>5. Oregon Youth Authority (OYA) Closed Custody Corrections | A comprehensive list of qualifying carceral facilities in Oregon can be found in <a href="#">Appendix E.</a> |

**Note:** There are no active tribal correctional facilities as of the date of this guidance.

This list should not be relied on for the duration of the waiver, and OHA will provide updates every six months.

c. Individuals currently or previously involved in Oregon’s Child Welfare system

Definition

Members who are currently or have previously been involved in Oregon’s Child Welfare system, including Members who are currently or have previously been:

- In foster/substitute care;
- The recipient of adoption or guardianship assistance;
- Served on an in-home plan;
- An alleged victim in an open child welfare case.

**Note:** This definition has been updated for clarity from the definition included in the [HRSN Services Protocol](#) (released February 1, 2024) “Family preservation” was replaced with “served on an in-home plan” to avoid confusion with the Oregon Department of Human Services (ODHS) Family Preservation pilot program. “In any court” was removed from “an alleged victim of an open child welfare case” to clarify that legal involvement is not a requirement.

**OHA-Provided Data for Member Identification**

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members actively covered by PERC codes below. The report will incorporate members currently or previously on an “in-home plan” and “alleged victims in an open child welfare case” when data is available.

CCOs can also identify some Members of the child welfare population using the PERC codes they receive in their daily eligibility files (834), specified below.

The PERC codes below do not collect data on whether the Member was previously involved in Child Welfare specifically in the State of Oregon. If the CCO is using PERC codes to identify this population, it is the responsibility of the CCO to confirm the Member was involved with the foster care system in the State of Oregon.

| Definition Component                                                               | PERC Code available?                                                                                                                                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In foster/ substitute care or the recipient of adoption or guardianship assistance | <ul style="list-style-type: none"><li>• Child welfare foster care, legal guardianship post-adoptive care - 19, GA</li><li>• Children’s Medical Unit - C5, GA</li><li>• Oregon Youth Authority - 19, GA</li><li>• MAGI Substitute Care XIX Residential - C5</li><li>• MAGI Substitute Care XIX Non-Residential - C5</li><li>• Former Foster Care - C5</li><li>• Former Foster Care + YSHCN - 25</li></ul> |

|                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                           | <ul style="list-style-type: none"> <li>MAGI child welfare code CSD - MC</li> </ul>                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>Served on an in-home plan, OR</li> <li>An alleged victim of an open child welfare case.</li> </ul> | <p>OHA does not currently have a way to provide this information to CCOs. It is the CCO's responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. If a Member submits a Self-Attestation, the CCO shall use good faith efforts to verify a Member's Self-Attestation within a reasonable period of time, in accordance with <a href="#">OAR 410-120-2015</a>.</p> |

#### d. Individuals transitioning to Dual Eligible Medicaid and Medicare Status

##### Definition

Members enrolled in Medicaid who are transitioning to dual eligible status with Medicare and Medicaid coverage. Members shall be included in HRSN Covered Population for the ninety (90) calendar days preceding the date Medicare coverage is to take effect and 270 calendar days after it takes effect.

**Note:** This definition has been updated for clarity from the definition included in the [HRSN Services Protocol](#) (Released February 1, 2024). "Eligibility for services must be determined within 270 calendar days after transition to dual status" was removed for clarity. This could mistakenly have been interpreted as "eligibility needs to be determined only in the 270 days after Medicare coverage takes effect, and not in the 90 days prior;" it should be read as "eligibility needs to be determined no later than 270 days after Medicare coverage takes effect".

##### Definition Details

Any Member transitioning to dual eligibility status will be eligible for HRSN during the (90) calendar days preceding the date Medicare coverage is to take effect. Only fully dual eligible Members will be eligible for HRSN once they transition to Medicare, in the 270 calendar days after Medicare coverage takes effect.

See Figure 1 below (Eligibility for HRSN based on Medicare Effective Date).

##### OHA-Provided Data for Member Identification

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members who had a Medicare effective date in the next ninety (90) calendar days or the last 270 calendar days.

CCOs will not be able to predict whether their Members transitioning to dual eligibility will be redetermined by the State as a full or partial dual eligible. If a Member is determined as a partial dual eligible, they will lose their OHP benefits once their continuous eligibility (CE) period has ended. Until that point, they will remain enrolled with a CCO. CCOs should ensure that they are using the information that they have available for timely identification and outreach of this population, as well as planning for potential transition off HRSN Services, in addition to other OHP benefits should the Member be disenrolled from OHP.

### Additional Resources

Medicare is health insurance for:

- People 65 or older
- Some people under 65 with disabilities (individuals must have received Social Security Disability benefits for 24 months)
- People of any age with End-Stage Renal Disease

**Figure 1: Eligibility for HRSN Based on Medicare Effective Date**

|                                                    | 90 calendar days<br>prior to Medicare<br>effective date | 270 calendar days<br>after Medicare<br>effective date |
|----------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------|
| On OHP transitioning<br>to partially dual eligible | Eligible for HRSN                                       | Not eligible for<br>HRSN*                             |
| On OHP transitioning<br>to fully dual eligible     | Eligible for HRSN                                       | Eligible for HRSN                                     |

\* Partial duals not eligible for HRSN because Member is no longer eligible for OHP

### e. Individuals who are homeless

#### Definition

Individuals who meet the definition of “HUD Homeless” as defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5.

- An individual or family who lacks a fixed, regular, and adequate night-time residence, as referenced in 24 CFR 91.5
- An individual or family who will imminently lose their primary nighttime residence, as referenced in 24 CFR 91.5
- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, as referenced in 24 CFR 91.5

- Any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions, as referenced in 24 CFR 91.5

**Note:** This definition has been updated for clarity from the definition included in the [HRSN Services Protocol](#) (released February 1, 2024).

#### **OHA-Provided Data for Member Identification**

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members who had a living arrangement in the ONE system that includes the following fields “homeless”, “homeless shelter”, “domestic violence shelter or safe home”, “someone else’s home”, or “commercial boarding house”.

OHA does not currently have a way to provide this information to CCOs. It is the CCO’s responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. If a Member submits a Self-Attestation, the CCO shall use good faith efforts to verify a Member’s Self-Attestation within a reasonable period of time.

#### **f. Individuals who are at-risk of homelessness**

##### **Definition**

“At Risk of Homelessness” means a Member who:

- Has an income that is 30% or less than the area median income where the individual resides according to the most recent available data from the U.S. Department of Housing and Urban Development.
- Lacks sufficient resources or support networks to prevent homelessness; and,
- Meets any HRSN Housing and Nutrition Clinical Risk Factor.

**Note:** This definition has been updated for clarity from the definition included in the [HRSN Services Protocol](#) (released February 1, 2024).

#### **OHA-Provided Data for Member Identification**

CCOs may use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members with the PERCs identified below and OHP members with an income below the 30% area median income based on data available in ONE.

CCOs can also identify some individuals that may meet the annual income requirement specified in the first part of the at-risk of homelessness definition.

CCOs can use the PERC codes they receive in their daily eligibility files (834), specified below.

The PERC codes below do not guarantee real-time data on an individual's income, nor do they cover the entire population of individuals that might be eligible based on income. Notably, children are rarely identified with the Parent of Other Caretaker/Relative (PCR) PERC code ('KA'), as they are most often embedded in the MAGI Child population. This limitation extends to the Blind & Disabled and Old Age Assistance (OAA) populations.

| Definition Component                                                                                                                                                                              | PERC Description and Codes                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Has an income that is 30% or less than the area median income where the individual resides according to the most recent available data from the U.S. department of Housing and Urban Development; | <ul style="list-style-type: none"><li>• MAGI Parent or Other Caretaker/Relative - KA</li><li>• HOP Parent or Other Caretaker/Relative - CE, HJ</li></ul>                                                                                                                                                                                                                                                                                                 |
| Lacks sufficient resources or support networks to prevent homelessness                                                                                                                            | OHA does not currently have a way to provide this information to CCOs. It is the CCO's responsibility to ensure all information necessary for an authorization decision is compiled, while making an effort to avoid duplicative screening. If a Member submits a Self-Attestation, the CCO shall use good faith efforts to verify a Member's Self-Attestation within a reasonable period of time, in accordance with <a href="#">OAR 410-120-2015</a> . |
| Meets any HRSN Housing and Nutrition Clinical Risk Factor                                                                                                                                         | Presence of a qualifying clinical risk factor satisfies this criterion.                                                                                                                                                                                                                                                                                                                                                                                  |

### Additional Resources

- HRSN Housing documentation requirements are consistent with Oregon Housing and Community Services' processes.
- Income verification is required as part of the verification of the at-risk of homelessness HRSN eligible population because the Department of Housing and Urban Development's (HUD) At-Risk of Homelessness

definition includes that household income should be below 30% Area Median Income (AMI).

- Income includes the countable gross income of all household members. Household is defined as “Family Size” in OAR 410-200-0015. Income should reflect the previous two months.
  - HUD compiles AMI data annually. If a city is listed instead of a county, the city’s data applies for its county. It is the CCO’s responsibility to use updated data as it becomes available.
  - See the [At-Risk of Homelessness: Household Income Verification and Documentation Guide](#) for information on documentation standards, a list of income inclusions and exclusions, acceptable types of documentation for each income source, steps to calculate the income, and more. This Guide also has optional income calculation and income documentation worksheets.
  - While third party documentation is preferable, income can be self-attested by the Member. For more information on self-attestation, see OAR 410-120-2015.
- The criteria of "lacks sufficient resources to avoid homelessness" is determined based upon a Member's self-attestation.

#### g. Individuals identified as Young Adults with Special Health Care Needs (YSHCN)

##### **HRSN Covered Population Timeline**

Young Adults with Special Health Care Needs (YSHCN) are now eligible as an HRSN Covered Population.

YSHCN Benefits will have a phased in rollout by age. Starting January 1, 2025, young adults ages 19 and 20 who have special health care needs will be eligible to enroll. Once a Member enrolls in the YSHCN program, they will remain a YSHCN Member until their 26th birthday, as long as their OHP re-assessment confirms continued eligibility. Oregon plans to expand eligibility to people ages 21 through 25. Expanding this coverage in future years is subject to funding availability.

For current program eligibility information, visit [www.Oregon.gov/YSHCN](http://www.Oregon.gov/YSHCN).

##### **Definition Details**

Individuals aged 19 and 20 with individual or family income up to 205% of the Federal Poverty Level (FPL), meeting at least one of the following criteria:

- Identified in the Pediatric Medical Complexity Algorithm (PMCA) as someone with a complex chronic disease (PMCA score = 3);

- Serious emotional disturbance or serious mental health issue indicated by qualifying behavioral health diagnosis;
- Be found eligible for services by a Community Developmental Disabilities Program (CDDP) due to an intellectual or developmental disability at age 16 or older;
- “Elevated Service Need” or functional limitations as determined by two or more affirmative responses to a screener.

#### OHA-Provided Data for Member Identification

CCOs may also use the HRSN Covered Population Report shared by OHA via managed file transfer (MFT) folders. Although the report does not specify the covered population a member belongs to, it incorporates OHP members with YSHCN PERCs.

CCOs are also able to use the Program Eligibility Resource Codes (PERCs) in their daily eligibility files (834s) to identify YSHCN Members. The specific PERCs are listed in the YSHCN guidance document.

Individuals are not considered YSHCN Members (and therefore do not receive YSHCN benefits) until OHA identifies via the 834 report that the Member is enrolled in the YSHCN program.

| Definition Component                                                                                                       | Current Data Sources                                                                                                                                                                          | Expected Data Sources                   |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Identified in the Pediatric Medical Complexity Algorithm (PMCA) as someone with a complex chronic disease (PMCA score = 3) | Members meeting these criteria will be captured in the YSHCN PERC codes. In the meantime, CCOs can reference the standardized PMCA algorithm housed on <a href="#">github</a> .               | PERCs listed in YSHCN guidance document |
| Serious emotional disturbance or serious mental health issue indicated by qualifying behavioral health diagnosis           | Members meeting these criteria will be captured in the YSHCN PERC codes. In the meantime, a list of qualifying behavioral health diagnosis codes can be found in <a href="#">Appendix G</a> . | PERCs listed in YSHCN guidance document |

|                                                                                                                                                               |                                                                                                                                                                                    |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Be found eligible for services by a Community Developmental Disabilities Program (CDDP) due to an intellectual or developmental disability at age 16 or older | Members meeting these criteria will be captured in the YSHCN PERC codes.                                                                                                           | PERCs listed in YSHCN guidance document |
| Have an “elevated service need” or functional limitations as determined by two or more affirmative responses to a screener                                    | Members meeting these criteria will be captured in the YSHCN PERC codes. In the meantime, the screener that will be in the ONE portal can be found in <a href="#">Appendix H</a> . | PERCs listed in YSHCN guidance document |

### Additional Resources

For more information on the Young Adults with Special Health Care Needs Benefit, please visit: <https://www.oregon.gov/YSHCN>.

For questions about the YSHCN program, please contact [YSHCN.info@oha.oregon.gov](mailto:YSHCN.info@oha.oregon.gov).

A YSHCN Guidance Document is now available on the [CCO Contract Forms](#) page.

## 2. HRSN Service Requests

Requirements related to HRSN Service Requests (“HRSN Requests”) are further detailed in [OAR 410-120-2010](#).

The State will provide an HRSN Request Form that contains the necessary and optional Member information required to make a request to their CCO for HRSN service authorization. CCOs, HRSN Service Providers, and Connectors may elect to use this form but are not required to. The form for Home Changes for Health and Safety, Rent and Utility Financial Assistance, and Nutrition-Related Supports are available in multiple languages on the HRSN webpage.

With the exception of requests for HRSN Medically Tailored Meals (MTMs), Rent and Utility Financial Assistance, and Home Modifications and Remediations, per [OAR 410-120-2010](#), at a minimum, the form or tool must include:

- The name and contact information for the individual being recommended for HRSN Services;

- Identification of one or more HRSN Service needs the individual may have; and
- A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO.

Other information that may be documented in the HRSN Request Form includes:

- Confirmation of OHP Medicaid enrollment.  
**Note:** This confirmation is required for HRSN Outreach and Engagement Service Providers to receive payment for providing HRSN Outreach and Engagement Services.
- Confirmation of enrollment in a particular CCO/Open Card.
- Any other information regarding the individual's potential HRSN eligibility.

HRSN Requests for MTMs, Rent and Utility Financial Assistance, and Home Modifications and Remediations require additional components in order to be considered complete. Please refer to [OAR 410-120-2010](#) for further information.

The HRSN Connector that identifies a Member in need of HRSN Services will work with the Member or their Representative to complete the HRSN Request Form (or equivalent tool) and transmit it to the Member's CCO.

If the entity does not know whether the Member is enrolled in the FFS (Open Card) program or a CCO, or which CCO the Member is enrolled in, the entity should contact OHP Client Services at 1-800-273-0557.

The transmission of the information for a complete HRSN Request to a CCO can occur through a variety of delivery methods. Pathways must be made clear and accessible to potential HRSN Connectors through information posted on the websites of each CCO and through other means.

CCO must accept HRSN Requests by email and personal delivery. CCOs may also accept any other delivery method used by HRSN Connectors, including, but not limited to fax, community information exchange (CIE), or any other reliable delivery method. For HRSN Connectors who are not HRSN Service Providers (and Members), delivery method may also include telephone.

To ensure equitable access for Members, CCOs must acknowledge and inform the Member of an incomplete HRSN Request. CCOs should use good faith efforts to connect with the Member and/or provide HRSN Service Provider services through O&E to help the Member with a complete request. Examples of a good faith effort include:

- Using the Member's preferred contact method, reaching out three times over the course of two weeks at different times of day.

- If known, using the Member's preferred contact method and at least one other contact method.
- If applicable, reaching out to the HRSN O&E Service Provider that the Member engaged with and confirming the provider will work with the Member.

The CCO is required to document its attempts to collect the information needed to determine eligibility.

### 3. Screening Members for HRSN Eligibility Absent Self-Attestation

**Confirm OHP enrollment:** The CCO shall first confirm OHP enrollment and, if confirmed, ensure such Member is enrolled with their CCO in plan type CCO-A or CCO-B (per [OAR 410-141-3826](#)) prior to proceeding with a full HRSN Eligibility Screening. If the Member is an OHP Member, but not enrolled with the CCO for which the HRSN Request was made, the CCO shall then ensure the Member is connected with the correct CCO or OHA (for Open Card) for the purpose of participating in HRSN Eligibility Screening.

**Conduct HRSN Eligibility Screening:** Once the CCO confirms the Member requesting HRSN services is enrolled in the CCO, the CCO shall complete the HRSN Eligibility Screening. The CCO's eligibility screening should include, without limitation, using the information included in the CCO's own records, obtaining only the relevant information from the Member, and when permitted by the Member, obtaining the relevant and appropriate information from the HRSN O&E Services Provider.

CCOs must complete the full HRSN screening unless the Member consents to end the screening prior to completion. All eligibility factors should be assessed and documented before a denial is issued. This is helpful in the event of an appeal, as it creates a complete record and avoids the need to re-screen the member, reducing delays and administrative burden. [OAR 410-120-2015](#) states the Member must consent to the screening. As part of the screening process, OHA strongly encourages health plans to document that the member understands the HRSN benefit is once per household per demonstration.

**Documentation:** The CCO will be required to document its attempts to collect the information needed to determine eligibility, as well as document the results of the HRSN Eligibility Screening, including, at a minimum:

- The Member's OHP Medicaid Number,
- The HRSN Covered Population to which they belong,
- The Member's HRSN Clinical Risk Factor(s),
- The Member's HRSN Service(s) authorized,

- Any additional service specific eligibility requirements if applicable,
- The Member's HRSN Social Risk Factor(s), and
- Whether the Member is receiving the same service as the requested HRSN Services from a local, state, or federally funded program.

**Note:** CCOs must make reasonable efforts to determine whether the Member is receiving the same service as the identified HRSN Services from a local, state or federally funded program. This requires reviewing the CCO's internal records but does not require seeking to obtain documentation from third parties, including the Member themselves. Member self-attestation is acceptable.

- Each HRSN request and its source, including Member self-referral, HRSN Connector/Service Provider, and direct outreach from CCO.
- Ensuring compliance with OHA reporting requirements described below in the HRSN Data and Reporting section of this guidance.

OHA has developed an HRSN Eligibility Screening Template that CCOs may use, which was sent to all CCOs in November 2025; however, CCOs are not required to use OHA's Template. CCOs may develop and use their own screening tool, as long as the tool captures the required documentation components described above.

#### 4. HRSN Eligibility Screening with Self-Attestation

For HRSN Service eligibility criteria that allow for self-attestation, the CCO will complete an HRSN Eligibility Screening by documenting the same information required for Screening without Self Attestation (outlined above).

If the CCO cannot, using good faith efforts, verify the self-attestation within a reasonable period of time, and there is not contradictory information, the CCO must authorize the HRSN services. The CCO is required to document the good faith efforts made to verify the information and the reasonable basis for authorization.

In no event will a CCO be held liable to OHA or the State for authorizing HRSN Services nor will OHA or the State take any adverse action against a CCO based on the CCO's acceptance of a Self-Attestation, provided the authorization was made in accordance with the CCO Contract and OAR 410-120-2020. However, failure to document the information as required under Sec. 3. Para. c. may result in liability to OHA.

If information is obtained by the CCO during the verification process that invalidates the self-attested information, the CCO will not authorize HRSN services and the denial and reason for denial will be documented.

If information is obtained after the service authorization (and even service delivery) that demonstrates that an individual is no longer eligible for HRSN Services, the CCO must issue a service denial in accordance with [OAR 410-120-2020](#).

### **Reasonable Efforts**

With respect to the certain elements of eligibility, reasonable efforts require only a determination as to whether on its face, the information provided is plausible. In other words, in absence of information that suggests otherwise, CCO should determine eligibility plausible.

Per [OAR 410-120-2015](#), Self-Attestation of the HRSN Clinical Risk Factor is not sufficient to justify the Medical Appropriateness and Medical Necessity of Medically Tailored Meals nor the Clinical Appropriateness of HRSN Rent and Utility Financial Assistance, with the exception of Domestic Violence. To ensure the HRSN program remains trauma informed, providers and health plans should accept self-attestation of domestic violence where appropriate.

For Rent and Utility Financial Assistance Clinical Risk Factor, claims data may not be available in all instances even though the Member meets clinical risk factor criteria. When claims data is not available, clinical notes, after visit or discharge summaries, a letter from a treating clinician, or a statement of paid claims by the primary insurance or previous insurance may be necessary to determine eligibility. Some examples of when claims data may not be available include:

- The Member is being treated by public health for a communicable disease.
- The Member has primary insurance other than OHP (e.g., Medicare).
- The Member is new to the CCO.
- Member has not utilized health benefits since enrollment but may have claims data from their previous plan within the past 365 days proving clinical eligibility.

## **5. Authorization or Denial of HRSN Services**

### **a. Authorization of Services and Clinical Review**

CCOs must conduct eligibility screenings and authorize or deny requested HRSN Service(s) and provide notice as expeditiously as the circumstances require, but no later than seven (14) calendar days from the date of receiving the completed HRSN Request.

**Note:** OHA's authority for HRSN services ends on the same date as the current Medicaid waiver: September 30, 2027. This means that HRSN service authorizations cannot extend past this date. As a result, CCOs must not

authorize or provide any HRSN services for dates of service after September 30, 2027.

If the Member meets all of the criteria for being HRSN Eligible, the CCO shall authorize the identified HRSN Service need as detailed in Contract and [OAR 410-120-2020](#).

If the Member does not meet all of the criteria for being HRSN Eligible, the CCO shall deny the identified HRSN Service need as detailed in Contract and [OAR 410-120-2020](#), including informing the Member by sending a Notice of Adverse Benefit Determination (NOABD).

The CCO is not permitted to add their own additional, more restrictive eligibility criteria on top of what is outlined in the Contract, guidance, OARs, and CMS facing documents.

Decisions to deny or reduce the amount, duration, or scope of a requested HRSN Service must include a review by clinical staff with appropriate expertise only when the decision is contingent upon a Member's clinical condition, HRSN Clinical Risk Factor, or Clinical Appropriateness assessment. As neither federal regulations nor CMS has specified the type of clinical expertise that is appropriate to address a Member's HRSN needs, recognizing that referrals for HRSN Services may not always come from clinicians, and because Members may self-attest to some HRSN Clinical Risk Factors, CCOs may use discretion in determining the clinical licensure and experience appropriate for denying or reducing requested HRSN Services. This discretion is only applicable to HRSN Service authorization, not any other Medicaid covered services.

The clinically based HRSN eligibility criteria requiring review by a clinician are:

- For all HRSN Services: When the denial or reduction is contingent upon the HRSN Clinical Risk Factor, clinical staff must ensure such determination was made in accordance with applicable clinical standards.
- For HRSN Home Changes for Health: When the denial is contingent upon the Home Changes for Health device Social Risk Factor, clinical staff must ensure that the Home Changes for Health device was not Clinically Appropriate as a component of health services treatment or prevention.
- For HRSN Home Changes for Safety: When the denial or reduction is contingent upon the Home Changes for Safety criteria of the Housing-Related Social Risk Factor, clinical staff must ensure that the home modification/remediation is not Clinically Appropriate.

Non-clinical HRSN eligibility criteria include the following and are detailed in [OAR 410-120-2005](#):

- The HRSN Covered Populations.

- The HUD Homeless and At Risk of Homelessness criteria of Housing-Related Social Risk Factor.
- The Nutrition-Related Social Risk Factor.
- The Outreach and Engagement Social Risk Factor.

#### b. HRSN Services for a Child or Dependent

When the HRSN Eligible Member is a child or dependent adult, HRSN benefits may be provided to the Member's guardian or caretaker. This includes both housing and nutrition services.

For a child, the HRSN benefit should be provided to the guardian or caretaker associated with the child's OHP household. The child's OHP household should be used to determine which guardian or caretaker may receive the benefit on the child's behalf.

When a child is associated with more than one household or there is uncertainty about which guardian or caretaker should receive the benefit, the CCO should use the child's OHP household information to determine the appropriate recipient and may request additional information from the Member or guardian when needed.

#### c. Eligibility Screening Post-Authorization

In most circumstances, CCOs should not engage in additional screening after authorization. Provided that a Member maintains OHP Eligibility and the information was accurate at the time of the initial eligibility screening, the CCO can continue to provide services.

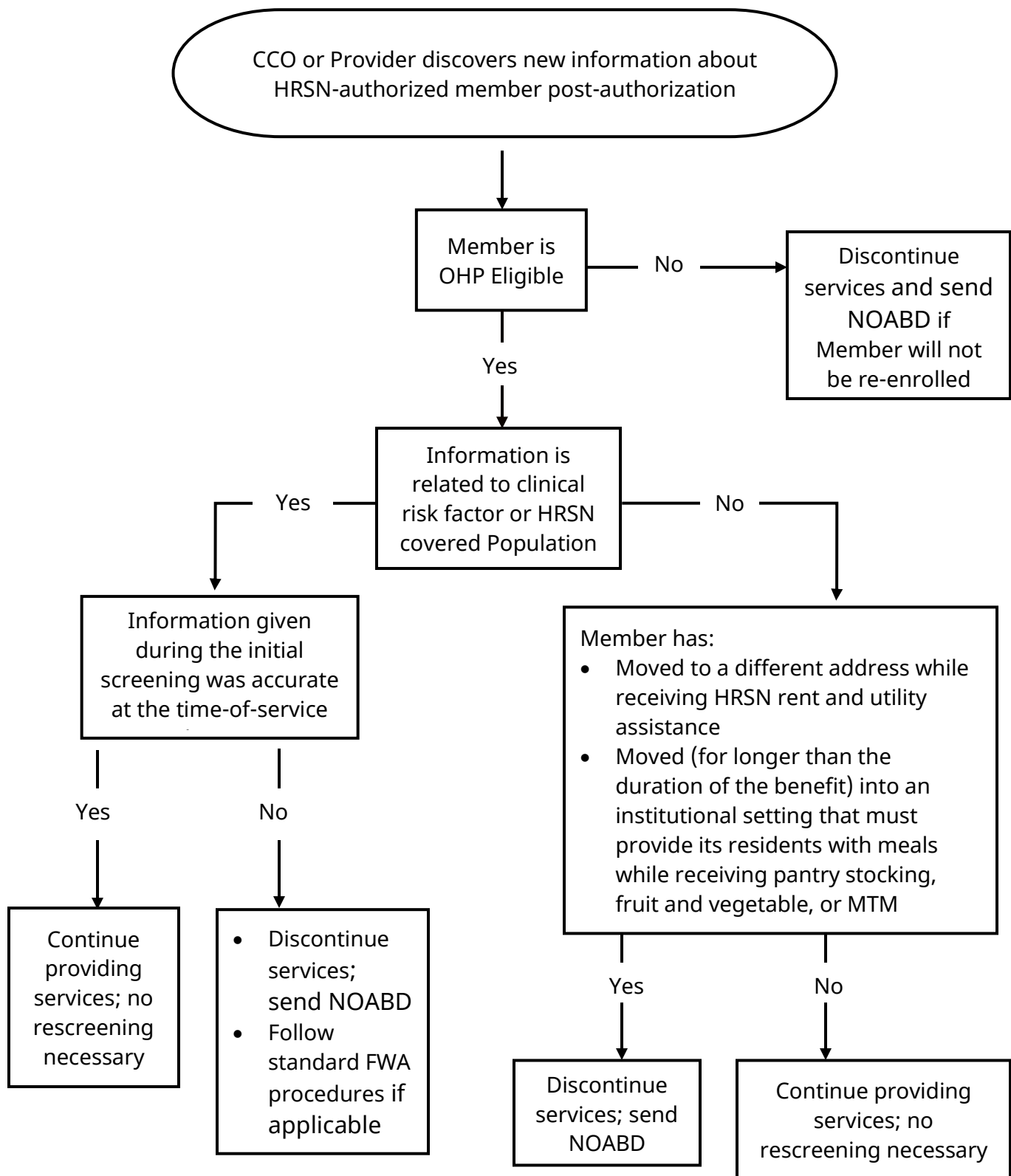
##### **Examples that would not require rescreening:**

- Member's income changes
- Member's clinical risk factor was pregnancy at the time of the initial eligibility screening, but has since given birth

##### **Examples of statuses that do require rescreening:**

- Member's circumstances have changed such that HRSN Service delivery is no longer possible, per OAR
  - Example: Member moves out of the residence where they are currently receiving HRSN rent and utility assistance.
- CCO gains information to indicate that the information provided during the initial eligibility screening for authorization was not truthful

The chart below provides guidance on when a CCO should act on information that is discovered after authorization.



## 6. Notification of HRSN Service Authorization, Denial, or Delay

CCOs are required to notify all Members who have undergone an HRSN Eligibility Screening of authorization or denial within 14 days from the date of receipt of an HRSN Request with a possible extension of up to fourteen (14) additional days if the criteria in [OAR 410-120-2020](#) is met.

If a Member or their Representative has not submitted all the required documentation for service authorization within the 28 days, the CCO must proceed with a Notice of Adverse Benefit Determination (NOABD) as outlined in [OAR 410-141-3885](#). The CCO must specify the required documentation that has not been received as part of its explanation of the reason for the adverse benefit determination.

If HRSN Services are not available at the time the Member is notified of authorization, CCOs must inform the Member of when the HRSN Service is anticipated to be available.

In cases of denials, CCOs may notify those Members of the option to request and receive those services through Member-level flexible services. This information can be included in the NOABD.

If the Member is eligible for the service but has not provided the required documentation, the Member should receive a referral to an HRSN O&E Service Provider, if appropriate, to support the Member to gather the required documentation.

If the HRSN Connector who submitted the HRSN Request is an HRSN Service Provider, CCOs must notify the HRSN Service Provider of the authorization or denial of the HRSN Request if the HRSN Service Provider has also provided Outreach and Engagement services to the Member or who may have been the HRSN Service Provider to provide the requested HRSN Service per [OAR 410-120-2020](#).

## 7. HRSN Services: Additional Requirements

### a. Member Choice of HRSN Service Provider

CCOs, to the extent possible, will support the Member's choice of HRSN Service Provider.

### b. Clinical Appropriateness

All HRSN Services must be Clinically Appropriate for the Member. In addition, HRSN Medically Tailored Meals (MTMs) must be Medically Appropriate and Medically Necessary per [OAR 410-120-0000](#) and [OAR 410-151-0001](#). Not all HRSN Clinical Risk Factors are sufficient to justify the medical appropriateness and medical necessity of HRSN MTMs.

The HRSN Clinical Risk Factors are the diagnoses, sensitive periods in life, or other health impacting circumstances that establish the clinical need for each HRSN Service. They are listed in the HRSN Services Protocol appendix on pages 20–25 as well as [OAR 410-120-2005](#) Tables.

The most specific and relevant ICD-10 code(s) for the qualifying Clinical Risk Factor(s) must be documented in the claim submission, in alignment with best practices for diagnosing and coding.

- The ICD-10 code must be at its highest level of specificity, e.g., two decimal points when available.
- Z-codes may be the most appropriate diagnosis code when there are no claims data or clinical reports verifying a self-attested condition, or when a Member is younger than 6 years or older than 65 years and is at risk for, but has not developed, one of the required health conditions. 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, but because of being in an HRSN Covered Population, having an HRSN social need, and being low income, is at greater risk for developing one of the qualifying health conditions.

**Note:** Z-codes are never sufficiently specific ICD-10 diagnosis codes for MTMs.

- Z-codes may be used as the primary and single diagnosis code.
- There is no funding line or pairing for HRSN Clinical Risk Criteria.

With the exception of MTMs, a Member must not be required to seek a diagnosis from a clinician as part of the good faith effort to verify a self-attested Clinical Risk. For MTMs, Self-Attestation of the HRSN Clinical Risk Factor is not sufficient to justify the medical appropriateness and medical necessity of MTMs. Verification of the diagnosis through claims, clinical documentation, or clinical assessment is required.

There are three sets of HRSN Clinical Risk Factors:

- HRSN Home Changes for Health Device Specific have a dedicated set of Clinical Risk Factors. A Member meets the HRSN Home Changes for Health Device-Specific Clinical Risk Factor requirement when they have a health condition(s) that a device can treat or prevent an exacerbation of symptoms. The HRSN Home Changes for Health Device-Specific Clinical Risk Factors are listed in OAR 410-120-2005 Table 1 and include many eligible conditions. Additional health conditions that are not listed but could be alleviated by a device shall be approved through an individual medical review by the CCO. Examples of additional conditions not included on the list that may warrant devices include certain acid/base, electrolyte,

or fluid disorders, cancers, autoimmune disorders, and conditions not listed that cause disability.

- HRSN Home Changes for Safety, Tenancy Services, and Nutrition-Related Supports have their own set of Clinical Risk Factors.
  - As described in [OAR 410-120-2005](#) Table 2, Members must have a health condition in at least one of the Clinical Risk Factor categories to be eligible. Both acute and chronic conditions that are persistent, disabling, progressive, or life-threatening, and that require treatment for stabilization or prevention of an exacerbation shall be approved. The coding crosswalk, which is stored on the CCO Contract Forms Website, includes the majority of ICD-10 codes representing these clinical risk categories, but it may not include all relevant conditions in each category. For example, not all conditions that could cause disability are included.
- HRSN Rent and Utility Financial Assistance has its own set of Clinical Risk Factor; see [HRSN Services: Section 4b](#) and [OAR 410-120-2005](#) Table 3.

The coding crosswalk for the HRSN Clinical Risk Criteria is posted on the [CCO Contract Forms Website](#) in an Excel file. This crosswalk contains diagnosis, procedure, place of services, and revenue codes. All codes listed may be used to support outreach to presumed eligible Members, authorizing services, and for claims coding purposes.

The presence of any HRSN Clinical Risk Factor justifies the clinical appropriateness for HRSN Outreach and Engagement Services.

In addition, Home Changes for Health devices, Home Modifications and Remediation, and MTMs must directly alleviate the Member's clinical condition. For example, the home modification must address the functional, health, or safety need resultant from the specific condition. The MTM plan must aim to improve the health outcomes of the qualifying condition.

### c. HRSN Service Duration

Once authorized for an HRSN Service, the service duration must be identified. The duration should be determined according to Clinical Appropriateness for the Member and be sufficient to achieve the purpose of the HRSN provision, within the limits of this benefit. The duration may extend beyond the time the Member meets an HRSN Covered Population definition. For example, if a Member is authorized to receive HRSN Rent and Utility Financial Assistance on the 360th day after release from a carceral setting, they may be authorized for the full allowed duration of six (6) months of payments. However, except for tenancy services, in no circumstances may the duration exceed six (6) months

without new eligibility screening and/or authorization as applicable. Some HRSN Services require a shorter duration as defined in OAR 410-120-2005.

## 8. HRSN Person-Centered Service Plan (PCSP)

The CCO Contract and [OAR 410-120-2025](#) outlines expectations for meeting with the HRSN Authorized Member, their Representative, and consulting with the Member's providers, community supports and services during the development of the HRSN PCSP as part of the Member's Care Plan, as defined in [OAR 410-141-3870](#).

CCOs are encouraged to use existing information from all relevant and Member authorized sources to avoid duplicating information that Members have already shared. For example, when appropriate, CCOs should solicit input from the Member's HRSN Service Providers when developing the Person-Centered Service Plans. HRSN Housing, HRSN Nutrition, and O&E Service Providers may be valuable sources of information for the HRSN PCSP.

### **Housing Services**

Housing Service Providers who support families and individuals to achieve stable housing typically create a Housing Plan, or Individual Service Plan, soon after an individual's program intake. This plan is managed by the Housing Service Provider and contains information potentially informative for the HRSN PCSP. The Housing Case Manager and individual co-create this living document. While the content may differ depending on the housing provider, the Housing Plan typically incorporates a combination of goals, strategies and target dates related to health/wellness, employment and financial stability, and housing stability. The Housing Plan addresses tenant advocacy, budgeting, connections to resources and family supports/community engagement, and will be revisited on an ongoing basis. The plan also addresses mutual expectations for the Housing Case Manager and individual's partnership, the individual's housing responsibilities and aims to clearly establish roles and expectations for all parties involved.

### **Nutrition-Related Supports**

If they are already working with a Registered Dietitian (RDN) or International Board-Certified Lactation Consultant (IBCLC) either from a clinical setting or a public health program like WIC, these providers should be consulted when creating the HRSN PCSP. In addition, community-based nutrition education including SNAP Ed, can be offered as part of the plan. If not already enrolled, participants should be referred to SNAP, WIC, and other food assistance programs.

The person's living situation should be noted in the HRSN PCSP and regularly reassessed to ensure the Member is receiving the correct benefit. As an

example, Medically Tailored Meals (MTMs) might not be appropriate if a Member is houseless or in other unstable living conditions which limit safe storage and preparation of food items.

HRSN O&E Service Providers may have collected information about Member's social needs, including Social Determinants of Health and HRSN, short and long-term health goals, and changes in health-related circumstances. This information is of value and should be included as needed in the Member's HRSN PCSP.

#### **a. Requirements**

The CCO Contract and [OAR 410-120-2025](#) state the HRSN PCSP will include for each recommended HRSN Service:

- The Authorized HRSN Service(s) or provided HRSN O&E Services,
- The Authorized HRSN Service duration,
- Whether the Member declines the Authorized HRSN Service(s),
- The HRSN Service Provider, supporting Member choice of provider, and working to ensure a mutually agreeable option if choices are limited,
- The determination that the Authorized HRSN Service, unit(s) of service, and service duration are Clinically Appropriate based on HRSN Clinical and Social Risk Factors for the Authorized HRSN Service,
- The goals of the current HRSN Service(s) for which the Member has been authorized, identifying other HRSN Services and other OHP or other benefit programs or services the Member may need (if not already included in the Member's Care Plan),
- The follow-up and transition plan, including conducting reassessment for HRSN Services prior to the conclusion of the then-current Authorized HRSN Service, or as frequently as required according to this HRSN Guidance Document and,
- The CCO designated person or team responsible for managing the Member's HRSN Services.

#### **b. Check-In Requirement**

When it is convenient for the HRSN-Authorized Member, either before or after the HRSN Service delivery, depending upon the urgency of receipt of the HRSN Service, the CCO shall have no less than one meeting with the HRSN-Authorized Member, their Representative, or both, as applicable, either in person or by telephone or videoconference, during development of the HRSN PCSP, unless such Member declines participation.

### c. Member Entitlement to Continue Receiving HRSN Service

If efforts to have a meeting are unsuccessful, or if the Member explicitly declines to participate in the development of the HRSN PCSP, they are still entitled to receive the HRSN Services for which they have been authorized. The CCO is not permitted to deny provision of HRSN Services on the basis of an HRSN Authorized Member not participating in the PCSP. In all such circumstances, CCO must document:

- that the CCO made efforts to have one or more meetings with the Member, including identifying the specific attempts and barriers to having the meetings;
- the Member's reasons for not participating in the HRSN PCSP to the maximum extent feasible; and
- CCO's justification for the provision of HRSN Services. In the event the Member declines participation in the HRSN PCSP, but is authorized to receive HRSN Services, the HRSN Eligibility Screening shall serve as justification for provision of HRSN Services and shall be documented to the Member's Care Plan in lieu of an HRSN PCSP as required in OAR 410-141-3870.

## 9. Authorization for Disclosure of Protected Health Information (PHI)

In accordance with the HHS Office of Civil Rights guidance on how Covered Entities may share protected health information (PHI) with HRSN Service Providers for specified purposes, OHA developed the Information Sharing Authorization Form that meets the requirements of [45 CFR 164.508](#). When executed by an HRSN Authorized Member, the Information Sharing Authorization Form enables the sharing of such HRSN Authorized Member's PHI, as necessary, by and between the Covered Entity and applicable HRSN Service Providers. The Information Sharing Authorization Form also enables the sharing of substance use disorder information that is subject to federal privacy protections at [42 CFR Part 2](#) by and between the Covered Entity and HRSN Service Providers, but only when an HRSN Authorized Member specifically authorizes the sharing as necessary for the provision of HRSN Services (i.e., "opts-in" by checking a box).

The provision of HRSN Services cannot be conditioned upon the HRSN Authorized Member signing the Information Sharing Authorization Form. If a Member who is authorized for HRSN Services declines to sign the Information Sharing Authorization Form, the Member must be notified of their HRSN Service authorization and be given the referral and contact information for

relevant HRSN Service Provider(s). The Member will be responsible for connecting with the HRSN Service Provider to receive their HRSN Service.

OHA is committed to protecting the PHI of individuals who are being screened for or are currently receiving HRSN Services, and OHA aims to maintain consistent processes for all Members and HRSN Service Providers to the extent possible.

## 10. Closed Loop Referrals

### a. Definitions

**“Closed Loop Referral”** means the process of exchanging information between and among CCO, FFS Program, OHA, a Member, HRSN Service Providers, and other similar organizations, to make referrals and communicate about the status of referrals and services for a Member.

This definition is scoped to be about the communication of information and not about the method of communication (like technology). Various methods could be used to meet this requirement such as, but not exclusively, community information exchange (CIE).

There are two required stages of a Closed Loop Referral.

- 1) The HRSN Service Provider must notify the CCO if they can provide the service or not.
- 2) The referring organization is notified of the service status for each service (e.g., service delivered/not delivered); this closes the referral loop.

**“Community Information Exchange” and “CIE”** each means a technology system used by a network of collaborative partners to exchange information for the purpose of connecting individuals to the services and supports they need. CIE functionality must include Closed Loop Referrals, a shared resource directory, and documentation of consent to the use of technology by the Member or other individual being connected to services.

- Members can always opt out of CIE.
- If CCOs require CIE, there must be an exceptions process for HRSN Service Providers who are unable to participate (see c. Technology for Closed Loop Referrals).

### b. Requirement of Closed Loop Referrals

OHA expects CCOs to have a plan to conduct Closed Loop Referrals for HRSN Services. This means CCOs have a plan of how they will conduct referrals through various methods like email, fax, mail, and/or CIE. These methods must

be clearly outlined on a public-facing webpage for current and prospective HRSN Service Providers.

HRSN Service Providers must have the ability to fulfill all obligations related to participating in the Closed Loop Referrals process (e.g., referral and service status).

Upon authorization of HRSN Services, CCOs shall refer the HRSN Authorized Member to the HRSN Service Provider for the approved HRSN Service through a Closed Loop Referral.

CCOs must require HRSN Service Providers to notify CCOs whether they accept or decline each HRSN Service Referral sent to them for an Authorized Member (i.e., Closed Loop Referral). HRSN Service Providers must provide the CCO with the required notice within a reasonable period of time in light of the circumstances giving rise to the HRSN Services need.

CCOs must require all HRSN Service Providers to notify the CCO when HRSN Services were provided to an HRSN Authorized Member (as defined in [OAR 410-120-2020](#)) or when the HRSN Service Provider determined HRSN Services could not be provided and the reason (i.e., Closed Loop Referral).

### c. Technology for Closed Loop Referrals

Starting in 2026, CCOs may choose to require HRSN Service Providers to use technology for Closed Loop Referrals, like CIE, as the sole referral method. However, there are no OHA requirements of CCOs and HRSN Service Providers to use technology for Closed Loop Referrals, like CIE.

If requiring CIE, CCOs must allow for exceptions to the requirement and must:

- Develop an exceptions process for HRSN Service Providers who are unable to participate in CIE and for whom available supports are insufficient. CCOs may:
  - Consider exceptions at the time of contracting with HRSN Service Providers to minimize administrative burden.
  - Use the optional exceptions request template provided by OHA ([Appendix P](#)).
- Consider factors such as whether the HRSN Service Provider
  - Serves a linguistically- or culturally-specific population
  - Serves a geographic area with a provider shortage
  - Has staffing capacity limitations that make CIE use incompatible with HRSN service provision
  - Does not have technology to access CIE, AND

- Cannot overcome the barriers to CIE with additional support available from the CCO
- Make information about their CIE requirement and exceptions process and timeline for response easily available and accessible to HRSN Service Providers.
- Notify HRSN Service Providers of a decision on any exceptions requests in a timely way, including information about:
  - Who made the decision (e.g., CCO team or staff)
  - Contact information for follow up with the CCO
  - Duration of exception and how it may be renewed

OHA will monitor exceptions and denials through reporting in the CCO's annual HIT Roadmap as required by Exh. J in the CCO Contract, such as:

- Any requirements for technology (e.g., CIE) for Closed Loop Referrals, and if required the CCO's exceptions process
- Provider name
- NPI/Provider ID #
- Date of request
- HRSN Service Provider reason for request
- CCO decision and reason for decision if denied
- Date decision communicated to HRSN Service Provider

OHA expects CCOs to support and incentivize HRSN Service Providers to adopt and use technology for Closed Loop Referrals, like CIE, during Contract Years 2026-2027. Support can include things like promoting community capacity building funds to support adoption, providing technical assistance, conducting outreach and education, and engaging HRSN Service Providers in forums for feedback (e.g., governance). This plan and progress made would be reported in the CCO's annual HIT Roadmaps as required by Exh. J in the CCO Contract.

#### d. Member Right to Opt Out of Technology for Closed Loop Referrals

OHA wants to support privacy and security and individuals' rights to make decisions about their data. Not all Members may want their data shared through technology.

Members must be notified that referrals for HRSN Services will be sent using Closed Loop Referrals and include that HRSN Authorized Members have the option to opt out of their data being included in technology, like CIE, and use other Closed Loop Referral processes and still receive HRSN Services.

In the event a CCO or HRSN Service Provider uses technology (e.g., CIE) for Closed Loop Referrals (i.e., refer an HRSN Authorized Member to an HRSN Service Provider), the CCO and HRSN Service Provider must notify Members during the consent process that they have the right to opt out of their data being included in technology for Closed Loop Referrals, like CIE, and still receive HRSN Services. OHA does not need documentation that the Member was told they have the option to opt out of technology, like CIE.

A Member must consent to participate in their data being included in technology, like CIE, and the consent is documented. This information does not need to be reported to OHA.

If a Member opts out of their data being included in technology, like CIE, the HRSN Authorized Member's election to opt out must be documented and the CCO must also notify the applicable HRSN Service Providers of such Member's election to opt out of technology. This information does not need to be reported to OHA.

#### e. Phased Approach to Technology for Closed Loop Referrals

OHA has used a phased approach for adoption of technology like CIE for Closed Loop Referrals over the five-year waiver demonstration period.

Members always have the option to opt out of their data being included in technology, like CIE, and use other Closed Loop Referral processes.

**2024-2025:** CCOs could not require HRSN Service Providers to use technology like CIE as the sole referral method, but could elect to use technology like CIE.

**2026:** CCOs may require HRSN Service Providers to use technology like CIE as the sole referral method, with an exceptions process for HRSN Providers who cannot use CIE.

- CCOs are required to submit HRSN CIE referrals data. See Social Needs Service Coordination Report guidance described in the HRSN Data Collection and Reporting section.

**2027:** CCOs may require HRSN Service Providers to use technology like CIE as the sole referral method, with an exceptions process for HRSN Service Providers who cannot use CIE.

## 11. HRSN Service Provider Qualifications

### a. Provider Qualifications Applicable to All HRSN Service Providers

CCOs must contract with private or public social service organizations, community organizations, or other similar individuals or entities to provide HRSN Services.

CCOs must ensure that contracted HRSN Service Providers meet the Provider Qualifications defined in [OAR 410-120-2030](#). These qualifications promote increasing health equity in both access and outcome of the HRSN benefit. CCOs are not required to ensure vendors supporting the provision of HRSN Services (e.g., for Home Changes for Health) meet HRSN Service Provider Qualifications so long as the vendors can support service delivery in accordance with service definitions as defined in [OAR 410-120-2005](#) and related service delivery requirements in the CCO Contract.

CCOs have discretion to determine what constitutes sufficient demonstration of meeting the HRSN Service Provider Qualifications based on their knowledge of effectiveness of local organizations. The expectation is that CCOs will increase the diversity of organizations that they contract with and that HRSN Priority Populations (RHEC definition per ORS 413.256) will be well served.

CCOs are expected to help HRSN Service Providers meet qualifications if needed; for example, to provide access to language interpretation and translation services to those Members who have limited English proficiency, and American Sign Language (ASL) services for to those Members who require ASL in order to communicate.

OHA expects that some HRSN Service Providers may require additional assistance to participate in the HRSN initiative. Accordingly, CCOs may contract with HRSN Service Providers that require supports to meet one or more of the HRSN Service Provider Qualifications; for example:

- An investment of community capacity building funds to build necessary systems, capabilities, and functionalities.
- Training and technical assistance

CCO may use operational testing, readiness reviews or other mechanisms to assess HRSN Service Provider capabilities and readiness/ability to participate.

CCOs will have to determine expectations for HRSN Service Providers regarding compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

OHA has notified CCOs of our understanding of how we have interpreted HIPAA for HRSN Service Providers. To the extent possible, it is important and preferable that OHA and CCOs have a uniform approach to sharing protected health information (PHI). OHA developed the Information Sharing Authorization Form as the authorization named in the HHS Office of Civil Rights guidance on how Covered Entities may share PHI with HRSN Service Providers for specified purposes.

CCOs must support all HRSN Service Providers in implementing best practices to safeguard Member health information, including:

- Only share information that is needed to provide HRSN services. It is not always appropriate to share all health information.
- Have policies about how you store and use health information. Only staff who need to see it should be able to see it.
- Limit what information you share electronically and always encrypt messages and documents that include health information.
- Document health information on paper and discuss it over the phone or in meetings, when possible, instead of sharing it electronically. Lock any paper records. Sharing information electronically is the less secure method.
- Only document health information that is needed for providing the HRSN service. Even if you learn about additional information, you should only document the information necessary for the HRSN service you are providing.

## b. Domain-Specific Provider Qualifications

### Home Changes for Health

HRSN Service Providers and Vendors must meet the following qualifications:

HRSN Service Providers and Vendors of Home Changes for Health must have the ability to appropriately deliver devices during extreme weather, and when applicable, install devices in Members' homes in a reasonable timeframe. In the event a vendor does not also provide installation, Contractor shall coordinate other vendor(s) to address this need as necessary.

### Housing

In addition to provider qualifications that apply to all HRSN Service Providers in [OAR 410-120-2030](#), those providing HRSN Housing-Related Supports must:

- Have knowledge of principles, methods, and procedures of the Housing-Related Supports covered under the waiver, or comparable services meant to support individuals in obtaining and maintaining stable housing.
- Be trained and credentialed, as needed, to provide the specific service. CCOs may use discretion in determining the appropriate level of training or licensure required for each contracted provider.
- Have the ability to directly meet Member's needs for the activities listed in the housing service descriptions or the ability to connect Members to the appropriate service provider or vendor. CCOs are expected to develop a broad network of providers to ensure service providers can meet the personal and cultural needs of their communities as appropriate.

Housing Service-Specific Provider Qualifications are listed in [OAR 410-120-2030](#) Table 1.

## **Nutrition**

In addition to provider qualifications that apply to all HRSN Service Providers, those providing HRSN Nutrition-Related Supports must:

- Have knowledge of principles, methods and procedures of the Nutrition-Related Supports covered under the waiver, or comparable services meant to support an individual in meeting their nutritional needs.
- Comply with best practice guidelines, industry standards, and all applicable federal, state, and local laws governing food safety standards.
- Be trained and accredited, to the extent appropriate based on nutrition industry standards, to provide the specific service. CCOs may use discretion in determining the appropriate level of training or licensure required for each contracted provider of a HRSN Nutrition-Related Support, as long as they ensure providers will act in accordance with nutrition-related national guidelines, such as the Dietary Guidelines for Americans, or evidence-based practice guidelines for specific chronic diseases and conditions. For more information, visit: <https://www.eatrightstore.org/product-type/nutrition-care-manuals>

The Medically Tailored Meals (MTM) Assessment must follow the Academy of Nutrition and Dietetics Nutrition Care Process. MTM Assessment is a systematic method that dietetics and nutrition professionals use to provide nutrition care. It is comprised of four steps: nutrition assessment and reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation. For more information, visit: <https://www.eatrightpro.org/practice/nutrition-care-process>

Depending on the specific service being provided, appropriate training and credentialing may entail:

Relevant training(s) (e.g., webinar courses provided by SNAP-Ed, CDC approved training for the National Diabetes Prevention Program Lifestyle Coach position, or other trainings from accredited nutrition organizations) or

- Certification (e.g., Certified Nutrition & Wellness Educator by the American Association of Family & Consumer Sciences) or
- Licensure (e.g., Registered Dietitian Nutritionist).
- Have the ability to meet the needs of Member's personal and cultural dietary preferences. CCOs are expected to develop a network of HRSN nutrition providers and vendors that, together, are able to serve the personal and cultural needs of their communities, though no one provider

must be able to meet all Members' personal and cultural dietary preferences.

- Have the capacity to provide services on a one-time, daily, weekly, or monthly basis, depending on the specific service's permitted frequency and Member's preference.

Nutrition Service-Specific Provider Qualifications are listed in [OAR 410-120-2030](#) Table 2.

### **Outreach and Engagement**

In addition to provider qualifications that apply to all HRSN Service Providers, HRSN Outreach and Engagement Service Providers must:

- Have knowledge of principles, methods, and procedures of these services or comparable services meant to outreach to and engage the populations covered under the waiver and connect them to benefits and services to meet their needs. and capacity to carry out the responsibilities outlined in the Outreach and Engagement service definition. CCOs may use discretion in determining whether a provider can sufficiently provide this service.
- Have knowledge of the following:
  - Cultural specificity and responsiveness approaches
  - Community outreach and engagement best practices
  - Basic eligibility and enrollment policies and practices for OHP, the HRSN program, and Federal and state entitlements and benefits including Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Temporary Assistance for Needy Families (TANF), Social Security, Social Security Disability, and Veterans Affairs benefits, and other federal and state housing programs.
  - Local community resources for supporting basic needs such as access to shower, laundry, shelter, and food.
  - Excellent oral communication skills with the ability to explain complex information to individuals, including those in the OHA HRSN Priority Populations (defined in ORS 413.256) in an understandable, trauma-informed, and culturally responsive way.
  - Ability to maintain strict confidentiality and handle sensitive information appropriately.

## **12. Contractor Payment to HRSN Service Providers**

The CCO Contract outlines requirements for CCO payments to providers for HRSN authorized services and OHA payments to CCOs, including the process

for reviewing and paying non-risk invoices, administrative payments, and requirements for encounter data submission and validation.

#### a. HRSN Fee Schedule

The CCO must reimburse contracted HRSN Service Providers for providing currently available HRSN Services. OHA will reimburse the CCO for the cost of HRSN Services furnished to HRSN Authorized Members up to the amounts described within the Oregon HRSN Fee Schedule and Methodology Documents, which are located at <https://www.oregon.gov/oha/FOD/Pages/OHP-Rates.aspx>

A simplified visual version of the fee schedules can be located at <https://www.oregon.gov/oha/hsd/ohp/pages/fee-schedule.aspx>

See OAR 410-120-2005 for a definition of a unit for most services as well as limitations for how many units can be billed, the maximum duration for each service, and the service authorization limit.

#### b. Payment Process and HRSN Required Reporting Data

##### **Tenancy Services**

Services are new supports authorized through the waiver. OHA wants to ensure implementation of this service aligns with existing practices. A monthly payment (PMPM) option has been developed in collaboration with housing partners with the understanding CCOs will implement similar standards. The monthly payment option for Tenancy Services will pay HRSN Service Providers a set amount each month for Tenancy Services provided to an eligible OHP Member.

OHP Members receiving monthly Tenancy Services may only receive HRSN Tenancy Services through that one provider. For Members who require Tenancy Services through multiple providers, there is a 15-minute billing practice option.

##### **Monthly Tenancy Service Payment (PMPM) Option**

Fixed amount paid each month for each Member assigned to the provider, which reflects the average cost of care for assigned Members based on the Member's complexity and housing stage as of the first day of the month or assignment to the provider, pro-rated for mid-month assignment. Timing of payment is intended to be prospective or concurrent and may involve a retroactive recoupment or claw-back process to reconcile actual work with payment. This payment option is available at the discretion of the CCO and is only intended for HRSN Service Providers who have agreements with the CCO and the member to use the per month rate.

Additional information can be found in the [HRSN Monthly \(PMPM\) Tenancy Support Services Methodology document](#).

## Staff Minimum Requirements

- Must offer all Tenancy Services outlined in [OAR 410-120-2005](#) Table 5, including coordination and overseeing the delivery of all HRSN Housing Services the Member may need.
- Subcontracting with another entity to provide some Tenancy Services or other HRSN Housing Services is allowed.
- The expectation is that under the PMPM model, if a Member needs and receives multiple HRSN Housing Services, only one provider is coordinating the delivery of those services and supporting the Member.

Maximum caseload per case manager each month (one of the following):

- Post-housing: Member needs support staying in current housing (e.g., landlord is willing to work with Member to address any issues or Member needs ongoing monitoring and support to remain compliant with terms of rental agreement).
  - 30 Low Complexity households; or
  - 25 High Complexity households; or
  - Combination that aligns with guidelines above. (i.e., 15 Low Complexity/12 High Complexity)

## Definitions of Tiers

Service Minimums:

- Complete initial Member Intake and Assessment/Screening of needs
- Detailed documentation of services provided to Member each month, including time meeting with Member, time working on behalf of specific Member, development of care plan, etc.

Minimum hours working with Member and/or on Member's behalf:

- Post-housing Low: 3.5 hours per Member each month
- Post-housing High: 4 hours per Member each month

Providers must keep records detailing services provided to each OHP Member. These records will be made available to the Member's CCO upon request.

The CCO is responsible for providing claims level information to OHA. This should include unit detail demonstrating time spent by the provider supporting the OHP Member.

There are expected service hour minimums based on complexity of Member need. CCOs are encouraged to monitor this level of engagement with Members through documentation. If it is observed that expected service hour minimums are not being met with a Member, the monthly service payment option should

be reevaluated. It may be appropriate if minimums are not met to use the alternative per 15-minute billing option.

#### c. Payment Process and Encounter Data

OHA is using an automatic payment process through MMIS to reimburse CCOs for the HRSN Services they and their HRSN Service Providers have provided, which started with the Housing-Related Supports launch on November 1, 2024. [Appendix F](#) includes a workflow depicting the automatic payment process.

HRSN Service Providers will submit invoices and documentation to the CCO for payment for all HRSN Services furnished to HRSN Authorized Members. Such invoices and documentation must be submitted to OHA in accordance with state-defined rules. OHA will pay the CCO based on HRSN Services provided and submitted either through invoices or the CCO's Encounter Data. CCOs are required to process invoices from and pay 90% of clean claims to HRSN Service Providers within 90 days of receipt in accordance with [42 CFR § 447.45](#) and [42 CFR § 447.46](#). Any payment disputes made by HRSN Service Providers must be addressed and resolved within 180 days.

#### d. Administrative Payments

OHA will pay CCOs for administrative services, including Case Management Services, Care Coordination, HRSN Outreach and Engagement, HRSN Eligibility Screening, Provider Network management, Community Capacity Building Funding administration, HRSN Service Provider payment and claims processing, and Member services.

**Note:** The administrative payment CCOs will receive is intended to support the HRSN O&E activities CCOs may engage in. CCOs and their subcontractors cannot receive separate payment for the provision of HRSN O&E Services; payment for this service is reserved for HRSN Service Providers.

OHA will pay for these administrative services in two ways, including:

- A fixed administrative fee for administering HRSN Services for Members in CCO A and CCO B Plan Types; and,
- A variable administrative fee according to the fee schedules.

#### Submitting Supporting Documentation

CCOs will submit supporting documentation for their direct administrative spending on HRSN in a manner/format specified by OHA ("HRSN Administrative Settlement Template") posted on the [CCO Contract Forms Website](#).

HRSN direct administrative expenses will exclude general administrative costs and overhead.

The CY2026 HRSN Administrative Settlement Template submission will be made on April 30, 2027 after the close of the rating period, January 1, 2026 through December 31, 2026.

### **Administrative Expenses Itemized for Reporting Purposes**

Itemized lists of Administrative activities that CCOs may undertake while administering the HRSN benefit are listed below, per the contract, to help with reporting expenses incurred through those activities.

From the 2026 Exhibit L Guidance, Report L6.1 Guidance Tab:

|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Health Related<br>Social Needs -<br>DIRECT<br>ADMIN                  | Non-allocable expenses related directly to HRSN activities. (a)(3)(b) Contractor shall submit direct HRSN administrative supporting documentation in a manner and format specified by OHA in the HRSN Guidance Document in a specified template posted on the CCO contract forms website by April 30, 2024. Administrative expenses will be itemized in guidance for reporting purposes and in a format defined by OHA, and HRSN direct administrative expenses will exclude general administrative costs and overhead. |
| CCO-Specific<br>Outreach and<br>Engagement                           | HRSN non-allocable expenses related directly to HRSN CCO-Specific Outreach and Engagement. This is not the amounts from Provider Billings, which are reported on Report L6, Line 16a                                                                                                                                                                                                                                                                                                                                    |
| Provider and<br>Vendor<br>Management                                 | HRSN non-allocable expenses related directly to HRSN Service Provider and Vendor Management                                                                                                                                                                                                                                                                                                                                                                                                                             |
| IT and<br>Payment<br>Processing                                      | HRSN non-allocable expenses related directly to HRSN IT and Payment Processing                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Other Indirect<br>HRSN -<br>Administrative<br>Overhead<br>Allocation | HRSN expense allocations are not to be reported on Lines 1 - 14. OAFA will request methodology to review allocations in Year 1 of HRSN contracts and requests additional narrative of allocation methodology in subsequent years when methodology for allocations change                                                                                                                                                                                                                                                |

Other Indirect HRSN Administrative Overhead Allocation includes the categories below -- from the L6.1.HRSN Guidance tab of the HRSN Admin Settlement Template

|   |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Management Compensation      | Enter allowable amount incurred for all salary, benefit packages, and bonuses for any management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees. Allowable compensation is (i) reasonable for the actual services rendered, (ii) conforms to the established, written policies of CCO, and (iii) is not in excess of the benchmark compensation amount determined applicable for the fiscal year by the Office of Federal Procurement Policy. |
| 2 | Non-Management Compensation  | Enter amount incurred for all salary, benefit packages, and bonuses for any non-management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees.                                                                                                                                                                                                                                                                                                    |
| 3 | Temporary Staff Compensation | Enter amount incurred for all salary, wages, premiums, benefit packages, and bonuses for all temporary staff of the CCO. Include any temporary staff whether part-time and full-time, non-employee staff paid as independent contractors or leased staff.                                                                                                                                                                                                                                                                  |
| 4 | Operations Expenses          | Enter operational costs, within the requirements for Financial Responsibility; Allowable Expenses and Costs, CCO Contract Exhibit L Part 2 for: <ul style="list-style-type: none"> <li>• Rent/Lease/Mortgage Interest/Utilities for local office.</li> <li>• Maintenance/Repairs/Custodial/Security expenses for local office.</li> <li>• Information Systems: Communication and information systems costs.</li> <li>• Computer/Equipment lease, rental, or purchases for local office.</li> </ul>                         |
| 5 | Corporate Services           | Enter amount paid to the corporate entity/parent corporation/or other related organization for any corporate services provided. Please review expenses to ensure that they are allowable under CCO Contract Exhibit L, Part 2(b)(1).                                                                                                                                                                                                                                                                                       |
| 6 | Parents Fees                 | Enter amount paid to the corporate entity/parent corporation/or other related organization for any corporate services provided, please include only amounts incurred by related party to provide services to the CCO. Please review expenses to ensure that they are allowable under CCO Contract Exhibit L, Part 2(b)(1).                                                                                                                                                                                                 |

|    |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7  | General Administration Costs  | Enter costs for office supplies, postage/mail-outs, printing and copier, marketing materials, training and education, recruiting, travel, depreciation and amortization, and other miscellaneous administrative costs within the requirements for Financial Responsibility; Allowable Expenses and Costs; CCO Contract, Exhibit L Part 2.                                                                                           |
| 8  | Claims Processing             | Enter direct or vendor related costs related to the processing of provider claims, sub-capitated payments or other distributions to providers within the requirements for Financial Responsibility; Allowable Expenses and Costs; CCO Contract, Exhibit L Part 2. Exclude any amounts included on Lines 1. - 3. above.                                                                                                              |
| 9  | Provider Network Development  | Enter provider contracting, provider credentialing, provider education, and provider relations costs within the requirements for Financial Responsibility; Allowable Expenses and Costs; CCO Contract Exhibit L Part 2. Exclude amounts for consultant fees (Line 12. Professional Services), directory/mail-outs (Line 8. General Admin) and any compensation amounts (Lines 1. - 3.) included elsewhere.                          |
| 10 | Member Services               | Enter amount incurred for customer service/support and grievance and appeals costs within the requirements for Financial Responsibility; Allowable Expenses and Costs; CCO Contract Exhibit L Part 2. Exclude amounts for consultant fees (Line 12. Professional Services), directory/mail-outs (Line 8. General Admin) and any compensation amounts (Lines 1. - 3.) included elsewhere.                                            |
| 11 | Professional Services         | Enter amount incurred for professional or consulting services provided by individuals or organizations that are Members of a particular profession or possess a particular skill. Include costs such as legal, auditing, tax, or other consulting services within the requirements for Financial Responsibility; Allowable Expenses and Costs; CCO Contract, Exhibit L Part 2. Exclude any amounts included on Lines 1. - 3. above. |
| 12 | Other Administrative Expenses | Enter all other administrative costs not included elsewhere. This should allow for all uncategorized expenses to be accounted for, and for the report to tie to the NAIC Page 4, Line 21.                                                                                                                                                                                                                                           |

## **OHA Review**

OHA will review the report on HRSN administrative expenses and will notify CCOs of any errors or concerns. OHA has the discretion to recoup or adjust administrative payments as a result of its review. Recoupment would only apply in instances of an error or dispute regarding variable administrative payments.

### **Limits on Total Direct Administrative Expenses**

42 CFR § 447.362(b) establishes limits as to how much HRSN direct administrative expenses can be paid to CCOs.

#### **e. Encounter Data Submission and Validation**

All encounter data will be submitted through MMIS starting with the 11/1/24 Housing amendment. CCOs will submit encounter data to OHA based on timelines specified in the Contract. Encounter data submissions in MMIS are required for all HRSN services even if encounter data does not directly trigger reimbursement (e.g., HRSN Home Changes for Health services are reimbursed via at-risk capitation payments to CCOs effective 1/1/2026). The exception to this rule is that CCOs need not submit encounter data for HRSN Home Changes for Health services that were delivered prior to 8/1/2024; these services were reimbursed through the 2024 HRSN Services Settlement.

Quarterly, and as reasonably requested from OHA from time to time and as requested by CMS, CCOs must submit to OHA HRSN specific tabs on Exhibit L, detailing Member and Provider level reporting data.

Additionally, on a quarterly basis, CCOs must report HRSN Service denials on the Grievance and Appeals Log.

## **13. HRSN Data Collection and Reporting**

OHA is requiring CCOs gather information from providers and Members and to document and report this information as specified in Contract. This includes information related to HRSN Member identification; HRSN Services, HRSN Requests; HRSN authorizations; denials, grievances and appeals; HRSN financial information; HRSN Outreach and Engagement; HRSN Closed Loop Referrals and care coordination; and HRSN Service Provider network.

In order to minimize administrative burden, OHA has worked to incorporate HRSN-related data elements into existing deliverables wherever possible. Data elements that do not currently align with other existing reporting are submitted in the HRSN report deliverable, the Social Needs Service Coordination Report, as detailed in the table below or in ad-hoc reporting deliverables. All applicable reporting forms and deliverable-specific guidance are posted to the CCO Contract Forms Website. CCOs should use the guidance specific to each deliverable for more detail on the format of data to submit.

The intent of Table 3 (next page) is to provide a reference for CCOs of what data elements will need to be collected and reported to OHA and in which deliverable CCOs will need to report. This table provides a crosswalk of required data elements for CCOs to collect and document along with the designated existing deliverable in which CCOs will report the information. Categories follow the domains specified in the November 1, 2024 Contract Amendment

## HRSN Member Identification

| Data element                                          | Variable definition                                                                                                                                                                                                                                                                                                                                          | Deliverable                              | Cadence                                         |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|
| <b>Member's OHP Medicaid Number</b>                   | Member's OHP Medicaid number                                                                                                                                                                                                                                                                                                                                 | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Member's Date of Birth</b>                         | DOB MM/DD/YYYY                                                                                                                                                                                                                                                                                                                                               | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Method of identifying potential HRSN recipient</b> | <ol style="list-style-type: none"> <li>1. Member self-referral/caregiver referral;</li> <li>2. HRSN Connector;</li> <li>3. HRSN Service Provider;</li> <li>4. Direct outreach from Contractor;</li> <li>5. Referral from Open Card or another CCO; or</li> <li>6. Other</li> </ol>                                                                           | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Request source</b>                                 | <ol style="list-style-type: none"> <li>1. Request from member/caregiver (self-referral/caregiver referral)</li> <li>2. Request from HRSN Connector</li> <li>3. Request from HRSN Provider</li> <li>4. CCO-identified (e.g., care management team, SDOH screening tool, other)</li> <li>5. Request from Open Card or another CCO</li> <li>6. Other</li> </ol> | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |

| Data element                          | Variable definition                                     | Deliverable                              | Cadence                                         |
|---------------------------------------|---------------------------------------------------------|------------------------------------------|-------------------------------------------------|
| <b>Request date</b>                   | 3. HRSN Service Provider;                               | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>The HRSN Covered Population(s)</b> | List of all covered populations to which Member belongs | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Service type</b>                   | Home Changes for Health, Housing, Nutrition, O&E        | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |

#### HRSN Notice of Adverse Benefit Determination (NOABD)

| Data element                                                                                                                                     | Variable definition                          | Deliverable                           | Cadence                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|-------------------------------------------------|
| <b>The Member's OHP Medicaid Number</b>                                                                                                          | Member's OHP Medicaid number                 | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| <b>The Member's Date of Birth</b>                                                                                                                | DOB MM/DD/YYYY                               | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| <b>Procedure code</b>                                                                                                                            | 5-character procedure code from fee schedule | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| <b>Modifier code(s)</b><br><b>*New data element. Will be required 90 days after updated guidance is posted to the CCO Contract Forms website</b> | 2-character modifier code from fee schedule  | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |

| Data element                           | Variable definition                                                                                                                                                                                                                                                                                                                                                                 | Deliverable                           | Cadence                                         |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------|
| <b>Date of denial</b>                  | Date at which: the Member was denied services                                                                                                                                                                                                                                                                                                                                       | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| <b>Reason for denial (subcategory)</b> | 1 - Not a member of a covered population;<br>6 - Record is missing information necessary for MCE to approve the requested service;<br>8 - Member ineligible for OHP benefits on the date of service request;<br>14 - does not meet clinical risk criteria;<br>16 - does not meet social risk criteria;<br>17 - Amount /Scope/duration of the service or item has reached its limit. | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |

#### HRSN Authorization

| Data element                            | Variable definition                                                    | Deliverable                           | Cadence                                         |
|-----------------------------------------|------------------------------------------------------------------------|---------------------------------------|-------------------------------------------------|
| <b>The Member's OHP Medicaid Number</b> | Member's OHP Medicaid number                                           | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| <b>PA ID</b>                            | Prior Authorization Identification Number/Unique Identification Number | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| <b>Procedure code</b>                   | 5-character procedure code from fee schedule                           | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| <b>Modifier code(s)</b>                 | 2-character modifier code from fee schedule                            | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |

| Data element                              | Variable definition                        | Deliverable                           | Cadence                                         |
|-------------------------------------------|--------------------------------------------|---------------------------------------|-------------------------------------------------|
| <b>Prior authorization outcome status</b> | Pending, denied, authorized                | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| <b>Date of request</b>                    | Date the PA request was made               | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |
| <b>Date of decision</b>                   | Date at which HRSN services were requested | Exhibit I: Grievances and Appeals Log | Quarterly, 45 days after the end of the quarter |

#### HRSN-Related Grievances

| Data element                                                       | Variable definition                                         | Deliverable                          | Cadence                          |
|--------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|----------------------------------|
| <b>As defined in guidance specific to the existing deliverable</b> | As defined in guidance specific to the existing deliverable | Exhibit I Grievances and Appeals Log | Quarterly, 45 days after the end |

#### HRSN-Related Appeals

| Data element                                                       | Variable definition                                         | Deliverable                          | Cadence                          |
|--------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|----------------------------------|
| <b>As defined in guidance specific to the existing deliverable</b> | As defined in guidance specific to the existing deliverable | Exhibit I Grievances and Appeals Log | Quarterly, 45 days after the end |

## HRSN Referrals and Care Coordination

| Data element                                                        | Variable definition                                                                                                 | Deliverable                              | Cadence                                         |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|
| <b>Member's OHP Medicaid Number</b>                                 | Member's OHP Medicaid number                                                                                        | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Member's Date of Birth</b>                                       | DOB MM/DD/YYYY                                                                                                      | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Procedure code</b>                                               | 5-character procedure code from fee schedule                                                                        | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Modifier code(s)</b>                                             | 2-character modifier code from fee schedule                                                                         | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Does the Member have a Person-Centered Service Plan</b>          | Y/N                                                                                                                 | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>The date of the referral</b>                                     | Date at which: the Member was referred to an HRSN Service Provider to receive services                              | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Provider name/ organization name to which Member is referred</b> | Name of enrolled HRSN Service Provider (each referral documented)                                                   | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>DMAP ID</b>                                                      | The Individual Provider's Group, Clinic, or Organization's ID issued upon enrollment as an Oregon Medicaid provider | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |

| Data element                                              | Variable definition                                                                                                                             | Deliverable                              | Cadence                                         |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------|
| <b>Referral status (accepted or declined by provider)</b> | Options: Sent, Recalled, Rejected, or Accepted                                                                                                  | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Date of Outreach (optional)</b>                        | The first date at which an HRSN Service Provider first attempted to contact the Member or contact someone on the Member's behalf after referral | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Service status</b>                                     | Indicate whether the service has been provided: Yes/No/Pending                                                                                  | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |
| <b>Service status reason</b>                              | Select or enter the appropriate reason to detail service status. Dropdown options from manual entry form and open-text field on CIE form        | Social Needs Service Coordination Report | Quarterly, 45 days after the end of the quarter |

#### HRSN Service Delivery

| Data element                        | Variable definition          | Deliverable                                                                                                                                                             | Cadence                                                                |
|-------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Member's OHP Medicaid Number</b> | Member's OHP Medicaid number | Exhibit L6.12.1*<br>MMIS<br><br>*Exhibit L6.12.1 will no longer be required in 2027. OHA may ask for infrequent ad-hoc data requests to validate claims and encounters. | Quarterly for 2026 data, and as aligned with encounter data submission |

| Data element                    | Variable definition                                       | Deliverable                                                                                                                                                             | Cadence                                                                |
|---------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>Procedure code</b>           | 5-character procedure code from fee schedule              | Exhibit L6.12.1*<br>MMIS<br><br>*Exhibit L6.12.1 will no longer be required in 2027. OHA may ask for infrequent ad-hoc data requests to validate claims and encounters. | Quarterly for 2026 data, and as aligned with encounter data submission |
| <b>Modifier code(s)</b>         | 2-character modifier code from fee schedule               | Exhibit L6.12.1*<br>MMIS<br><br>*Exhibit L6.12.1 will no longer be required in 2027. OHA may ask for infrequent ad-hoc data requests to validate claims and encounters. | Quarterly for 2026 data, and as aligned with encounter data submission |
| <b>Date of service delivery</b> | First date of service (see applicable guidance documents) | Exhibit L6.12.1*<br>MMIS<br><br>*Exhibit L6.12.1 no longer be required in 2027. OHA may ask for infrequent ad-hoc data requests to validate claims and encounters.      | Quarterly for 2026 data, and as aligned with encounter data submission |

## HRSN Provider Network

| Data element                                                                                                                     | Variable definition                                         | Deliverable                              | Cadence                                                 |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| <b>The HRSN Service Providers in a CCO's contracted provider network by individual provider and by facility</b>                  | As defined in guidance specific to the existing deliverable | Delivery System Network (DSN) reporting  | Bi-annual, 45 days after the first and third quarters   |
|                                                                                                                                  |                                                             |                                          |                                                         |
| <b>Basic information (name, tax ID, etc.) for other (non-HRSN) providers that provide health-related social needs to members</b> | See guidance for Social Needs Service Coordination Report   | Social Needs Service Coordination Report | Bi-annually, 45 days after the first and third quarters |

## HRSN Financial Information (Provider Payments)

| Data element                                                       | Variable definition                                         | Deliverable   | Cadence   |
|--------------------------------------------------------------------|-------------------------------------------------------------|---------------|-----------|
| <b>As defined in guidance specific to the existing deliverable</b> | As defined in guidance specific to the existing deliverable | Exhibit L6.12 | Quarterly |

## 14. Coordination with Other Programs

### a. HRSN and Member-Level Flexible Services

#### **HRSN and Member-Level Flexible Services for Home Changes for Health Devices**

Home Changes for Health devices and related services that are not covered as HRSN Services could be Member-level flexible services. CCOs should only report Member-level flexible services spending on devices that were provided to Members who are not eligible for HRSN devices. Additionally, when reporting in Report L6.21 of Exhibit L, CCOs should explicitly state in the spending description (Column C) that the Member-level flexible services spending was not used to provide devices for Members eligible for the HRSN device benefit.

If CCOs bulk purchase devices, but do not distribute all devices within the flexible services reporting period, the CCO may still report the devices as Member-level flexible services. The CCO can only do this for the devices that will be stored until they are provided to Members who are not eligible for the HRSN device benefit. When reporting this in Report L6.21 of Exhibit L, the CCO must attest to this in the spending description (Column C).

In addition to using Member-level flexible services for devices, CCOs may also use Member-level flexible services to address the Member's increased utility costs associated with using a device. Similar to reporting for the devices, the CCO will need to attest to the utility costs not being covered HRSN benefits for those Members in the spending description (Column C).

#### **HRSN and Member-Level Flexible Services for Housing Related Supports**

Housing-Related Supports that are not covered as HRSN services could be Member-level flexible services. CCOs should only report Member-level flexible services spending on housing services that were provided to Members who were not eligible for those specific HRSN Housing-Related Supports. Additionally, when reporting in Report L6.21 of Exhibit L, CCOs should explicitly state in the spending description (Column C) that the Member-level flexible services spending was not used to provide housing services for Members eligible for the HRSN housing benefit.

Many of HRSN Housing-Related Supports are payments to HRSN Service Vendors for services or goods by a bill's due date. Examples include rent and utilities. If the CCO is unable to assess HRSN Eligibility, authorize the service, refer to an HRSN Service Provider and confirm the service is completed by the bill's due date, the CCO may elect to pay for the bill with the intent to report that spending as Member-level flexible services. If the Member is later found to be HRSN Eligible, the CCO should report the expense as HRSN. This option is

particularly important for Members with an eviction notice in hand, given how quickly the payment must be processed to avoid a court record.

In addition to using Member-level flexible services for non-covered housing services, CCOs may also use Member-level flexible services to address the Member's other non-covered health-related social needs. If the services are similar to HRSN covered services, the CCO will need to attest to the services not being covered HRSN benefits for those Members in the spending description (Column C) for Report L6.21 of Exhibit L.

### **HRSN and Member-Level Flexible Services for Nutrition Related Supports**

Nutrition-Related Supports that are not covered as HRSN Services could be Member-level flexible services. Once Members become eligible for covered HRSN Nutrition-Related Supports, CCOs should only report Member-level flexible services spending on nutrition supports that were provided to members who were not eligible for those specific HRSN Nutrition-Related Supports. Additionally, when reporting in Report L6.21 of Exhibit L, CCOs should explicitly state in the spending description (Column C) that the Member-level flexible services spending was not used to provide nutrition supports for members eligible for the HRSN nutrition benefit.

Member-level flexible services can be used to address immediate food needs while an HRSN Request is being reviewed. If the Member is later found to be HRSN Eligible, the CCO should report the expense as HRSN. Member-level flexible services can also be used to purchase supporting items such as pots, pans, coolers, refrigerators, or other basic essentials.

In addition to using Member-level flexible services for non-covered nutrition supports, CCOs may also use Member-level flexible services to address the member's other non-covered health-related social needs. If the services are similar to HRSN covered services, the CCO will need to attest to the services not being covered HRSN benefits for those members in the spending description (Column C) for Report L6.21 of Exhibit L.

### **HRSN Service Denials and Member-Level Flexible Services Referrals**

Currently, a CCO can provide a service through Member-level flexible services, if the Member is not eligible for the service as a covered service. If CCOs want to provide an equivalent service to a Member who is ineligible for HRSN Services, the CCO, at their discretion, may use Member-level flexible services to provide the service to the Member immediately upon the denial of the HRSN service. This does not exempt the CCO from its obligation to send a NOABD for the denied HRSN Service, and it does not exclude the Member from appeal and grievance rights for HRSN Services. To avoid confusion in this situation, in the NOABD, if applicable, the CCO should include language on the Member's ability

to receive the equivalent service through Member-level flexible services, even though the HRSN Service was denied.

### **Using Member-Level Flexible Services to address Members' urgent situations**

OHA recognizes there may be situations that arise where a Member's health is imminently at-risk and it's not possible for the CCO to complete HRSN Eligibility Screening quickly enough to meet the Member's urgent need for a service. In these types of situations, if a CCO authorizes and provides a service under Member-level flexible services to address a Member's urgent situation, and an equivalent service is also offered under HRSN, the CCO may conduct a retroactive HRSN Eligibility Screening. For the retroactive screening, the CCO must document the original request date, and that the Member did not have/was not receiving the service at the time of the initial request. If it is determined from the retroactive HRSN Eligibility Screening that the Member is eligible for the HRSN Service, documentation should also include that the Member was approved for an equivalent service under Member-level flexible services and later found to be HRSN eligible. Please see the HRSN Eligibility Screening Template on the [CCO Contract Forms Website](#) for how to capture eligibility criteria in this situation.

The practice outlined above should only be employed during urgent situations where a Member's health is imminently at-risk and it is not possible to gather all HRSN Eligibility criteria as quickly as needed to authorize HRSN Services (e.g., Member needs an air filter due to unhealthy air quality due to wildfire). CCOs must also be willing to accept the risk of using Member-level flexible services during this situation and not expect Members to be retroactively eligible for HRSN Services.

In the event a Member is determined to be eligible after a retroactive HRSN Eligibility Screening, the service would no longer be eligible as Member-level flexible services, because it is now a covered service. The CCO would then need to remove the service and any related expenses from their flexible services reportable services and would need to instead report them as HRSN – completing the appropriate financial reports to reflect this as HRSN and not Member-level flexible services. The device should not appear on Exhibit L Report L6.21 or L6.22 and instead be included on Reports L6.12, L6.12.1 and/or L6.12.2.

Members covered by the Temporary Medicaid Expansion, OHP Bridge - Basic Health Program, or OHP Bridge - Basic Medicaid are not eligible for HRSN benefits, but may receive Member-level flexible services.

Additional information about flexible services and CCO flexible services guidance is available on OHA's flexible services website. For HRS specific

questions, please contact the OHA flexible services team at [flexible.services@oha.oregon.gov](mailto:flexible.services@oha.oregon.gov).

#### b. HRSN and Supporting Health for All through Reinvestment Initiative (SHARE)

CCOs are not allowed to use SHARE funds for any covered services, including HRSN benefits for eligible Members. CCOs may only use SHARE funds on HRSN-related supports and services 1) prior to them becoming covered benefits, or 2) for populations not eligible for the HRSN benefit. In addition, SHARE funds may not be used for extreme weather devices for any population.

However, CCOs could likely use SHARE funds to support capacity building or capital expenses for an organization providing a variety of health-related social needs services including Home Changes for Health. The CCO would need to describe how the activities fit into one of the SDOH-E domains or is part of permanent supportive housing.

Additional information about SHARE is available on OHA's SHARE Initiative webpage. For SHARE-specific questions, please contact [Transformation.Center@odhsoha.oregon.gov](mailto:Transformation.Center@odhsoha.oregon.gov).

#### c. Other Resources

Braided funding can support coordination with other programs as it combines two or more funding streams to support a single purpose, all while tracking and reporting on those streams individually. There are two helpful scenarios that start on page 12 of the SDOH Learning Collaborative Playbook document linked below. Each scenario takes a member in need and aligns potential programs to help them get the resources they need to stay healthy.

SDOH Learning Collaborative Playbook <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/SDOH-Screening-LC-Playbook-2024.pdf>

## HRSN Program Resources

Please refer to the list below for available resources that provide information on HRSN Services. This list is subject to change as additional resources are developed.

- [1115 Waiver HRSN Webpage](#)
- [Community Capacity Building Funds \(CCBF\)](#)
- [CCO Contract Forms webpage](#)
  - HRSN Clinical Risk Factors Code Crosswalk
  - HRSN Readiness Review Templates
  - CCO HRSN Frequently Asked Questions (FAQs)

- Guidance for Social Needs Service Coordination Report
- CCO HRSN Billing Guide
- [HRSN Service Provider Webpage](#)
  - [HRSN Information Sharing Authorization Form](#)
  - [Health Insurance Portability and Accountability Act \(HIPAA\) Guidance](#)
  - [HRSN Service Provider Trainings](#)
- Fee Schedules
  - [HRSN Fee Schedules, Effective July 1, 2026](#)
  - Previous fee schedule versions are available on the [HRSN Provider Webpage](#)
- [HRSN Home Changes for Health During Extreme Weather, Housing, and Nutrition](#) webpages including:
  - Benefit overviews
  - Eligibility frameworks
  - CCO and OHA request forms
  - Other resources as applicable
- Housing
  - [Housing Benefit Factsheet](#)
  - [Housing Provider Frequently Asked Questions \(FAQs\)](#)
  - [Information on income limits](#)
  - [Verification of Landlord/Tenant Relationship and Rent Owed](#)
  - [Home Changes for Health Fact Sheet](#)
- Nutrition
  - [Nutrition Factsheet](#)
  - [HRSN Guidance for Pantry Stocking and Fruit & Vegetable Box Models](#)
- Outreach & Engagement
  - [Outreach and Engagement Factsheet](#)
  - [Outreach & Engagement and Tenancy Services Comparison](#)
- HRSN Data and Data Dashboard

# Appendices

## Appendix A: Oregon Health Plan Benefit Packages that Qualify for HRSN

### Common Oregon Health Plan Packages that Qualify for HRSN

To qualify for HRSN services in Oregon, an individual must first be eligible for the OHP Plus benefit package, as defined in [OAR 410-120-1210](#). The sections below outline which OHP benefit packages meet this requirement and therefore qualify for HRSN services, as well as several common packages that do not.

- **BMH:** OHP Plus covers OHP benefits for members without Medicare.
- **BMD:** OHP with Limited Drug covers OHP benefits for members with Medicare, except for drugs already covered by Medicare Part D.
- **BMM:** QMB + OHP with Limited Drug covers the same OHP benefits as OHP with Limited Drug (BMM).

### Common Oregon Health Plan Packages that Do Not Qualify for HRSN

The following common Oregon Health Plan packages do not qualify for HRSN:

- **MED:** Qualified Medicare Beneficiary (QMB) The QMB benefit package pays for Medicare premiums, co-payments and deductibles for services covered by Medicare.
- **SMB:** Specified Low-Income Medicare Beneficiaries (SLMB) without other Medicaid (SLMB Only).
- **SMF:** Special Low Income M-Care Beneficiary Only. Specified Low-Income Medicare Beneficiaries (SLMB) without other Medicaid (SLMB Only).
- **BRG:** OHP-Bridge for the Basic Health Program. OHP Bridge provides no cost health coverage for adults under 65 whose income is between 133% and 200% of the federal poverty level and who lack access to affordable insurance.

## Appendix B: HRSN Payment Responsibility

Refer to [OAR 410-141-3826](#).

| Plan Type    | HRSN    | Physical Health | Behavioral Health | Dental  |
|--------------|---------|-----------------|-------------------|---------|
| <b>CCO-A</b> | CCO     | CCO             | CCO               | CCO     |
| <b>CCO-B</b> | CCO     | CCO             | CCO               | FFS OHA |
| <b>CCO-E</b> | FFS OHA | FFS OHA         | CCO               | FFS OHA |
| <b>CCO-F</b> | FFS OHA | FFS OHA         | FFS OHA           | CCO     |
| <b>CCO-G</b> | FFS OHA | FFS OHA         | CCO               | CCO     |
| <b>None</b>  | FFS OHA | FFS OHA         | FFS OHA           | FFS OHA |

## Appendix C: HRSN Covered Populations

| Covered Population                                                                  | Population Definition                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Adults and youth discharged from an HRSN Eligible Behavioral Health Facility</b> | Members who have been discharged from an Institution for Mental Diseases (IMD), a mental health and substance use disorder residential facility, or inpatient psychiatric unit within the last 365 days. Subject to Ex. B, Part 2, Sec. 15 of the Contract, eligibility for the HRSN Services shall expire on the 366th calendar day after discharge.                                                                                               |
| <b>Adults and youths released from incarceration</b>                                | Members released from incarceration within the past 365 calendar days, including those released from state and federal prisons, local correctional facilities, juvenile detention facilities, Oregon Youth Authority closed custody corrections, or tribal correctional facilities. Subject to Ex. B, Part 2, Sec. 15 of the Contract, eligibility for HRSN Services shall expire on the 366th calendar day after release from a carceral facility. |

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Individuals involved with child welfare</b>                                | <p>Members who are currently or have previously been involved in Oregon’s Child Welfare system including members who are currently or have previously been:</p> <ul style="list-style-type: none"> <li>a. In foster/substitute care; or</li> <li>b. The recipient of adoption of guardianship assistance; or</li> <li>c. Served on an in-home plan; or</li> <li>d. Alleged victim of an open child welfare case.</li> </ul> |
| <b>Individuals transitioning to Dual Eligible Status</b>                      | <p>Members enrolled in Medicaid who are transitioning to dual eligible status with Medicare and Medicaid coverage. Members shall be included in HRSN Covered Population for the ninety (90) calendar days preceding the date Medicare coverage is to take effect and 270 calendar days after it takes effect.</p>                                                                                                           |
| <b>Individuals who are homeless</b>                                           | <p>Individuals who meet the definition of “HUD Homeless” as defined by defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5.</p>                                                                                                                                                                                                                                                            |
| <b>Individuals who are at risk of homelessness</b>                            | <ul style="list-style-type: none"> <li>a. Has an income that is 30% or less than the area median income where the individual resides according to the most recent available data from the U.S. Department of Housing and Urban Development; and,</li> <li>b. Lacks sufficient resources or support networks to prevent homelessness; and,</li> <li>c. Meets any HRSN Housing and Nutrition Clinical Risk Factor</li> </ul>  |
| <b>Young Adults with Special Health Care Needs (YSHCN) – Effective 1/1/25</b> | <p>Individuals aged 19 and 20 with individual or family income up to 205% of the Federal Poverty Level (FPL), meeting at least one of the following criteria. Please note that individuals are not considered YSHCN Members (and therefore do not receive YSHCN benefits) until OHA identifies via the 834 report that the member is enrolled in the YSHCN program. See YSHCN guidance</p>                                  |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>document for YSHCN PERCs and additional information.</p> <ul style="list-style-type: none"><li>a. Identified in the Pediatric Medical Complexity Algorithm (PMCA) as someone with a complex chronic disease (PMCA score = 3);</li><li>b. Serious emotional disturbance or serious mental health issue indicated by qualifying behavioral health diagnosis;</li><li>c. Be found eligible for services by a Community Developmental Disabilities Program (CDDP) due to an intellectual or developmental disability at age 16 or older;</li><li>d. "Elevated Service Need" or functional limitations as determined by two or more affirmative responses to a screener</li></ul> |
|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Appendix D: HRSN Eligible Behavioral Health Facilities

| Provider name                                           | Facility Name                           | Address                    | City     | Zip Code | County    | MMIS      | NPI        |
|---------------------------------------------------------|-----------------------------------------|----------------------------|----------|----------|-----------|-----------|------------|
| <b>ADAPT, Inc. DBA Compass Behavioral Health - CMHP</b> | ADAPT - Deer Creek Adolescent Trmt Cntr | 2064 S.E. Douglas Avenue   | Roseburg | 97470    | Douglas   | 500789828 | 1720010549 |
| <b>ADAPT, Inc. DBA Compass Behavioral Health - CMHP</b> | ADAPT - The Crossroads                  | 3099 NE Diamond Lake Blvd. | Roseburg | 97470    | Douglas   | 500791533 | 1720010549 |
| <b>ADAPT, Inc. DBA Compass Behavioral Health - CMHP</b> | ADAPT - Detox                           | 3099 NE Diamond Lake Blvd. | Roseburg | 97470    | Douglas   | 500791533 | 1720010549 |
| <b>Addictions Recovery Center, Inc.</b>                 | Addictions Recovery Center              | 16 South Peach             | Medford  | 97501    | Jackson   | 500764215 | 1346282035 |
| <b>Addictions Recovery Center, Inc.</b>                 | Reddy House                             | 960 Reddy Avenue           | Medford  | 97504    | Jackson   | 500764073 | 1346282035 |
| <b>Addictions Recovery Center, Inc.</b>                 | Fresh Start Detox                       | 338 N. Front Street        | Medford  | 97501    | Jackson   | 134150    | 1346282035 |
| <b>Albertina Kerr Centers</b>                           | Albertina Kerr Centers - ITS            | 832 NE 162nd Avenue        | Portland | 97230    | Multnomah | 313163    | 1477618353 |

| Provider name                      | Facility Name                                 | Address              | City          | Zip Code  | County    | MMIS       | NPI        |
|------------------------------------|-----------------------------------------------|----------------------|---------------|-----------|-----------|------------|------------|
| <b>Asante Health System</b>        | Asante Rogue Regional Medical Center          | 2825 E Barnett Road  | Medford       | 97504     | Jackson   | 500604342  | 1114002128 |
| <b>Bay Area Hospital</b>           | Bay Area Hospital                             | 1775 Thompson Road   | Coos Bay      | 97420     | Coos      | 047709     | 1225016561 |
| <b>BestCare Treatment Services</b> | Dean K. Brooks Respite & Recovery Center      | 1470 N.W. 4th Street | Redmond       | 97756     | Deschutes | 500736980  | 1558877407 |
| <b>BestCare Treatment Services</b> | BestCare - Programa de Recuperacion de Madras | 236 S.E. D Street    | Madras        | Jefferson | 500737995 | 1083763239 | Jefferson  |
| <b>BestCare Treatment Services</b> | BestCare Recovery Center                      | 676 NE Maple Avenue  | Redmond       | 97756     | Deschutes | 210831     | 1588726236 |
| <b>BestCare Treatment Services</b> | Klamath Basin Recovery Services               | 2555 Main Street     | Klamath Falls | 97601     | Klamath   | 500738089  | 1073750048 |
| <b>BestCare Treatment Services</b> | Brooks Respite & Recovery Center-             | 1470 NW 4th Street   | Redmond       | 97756     | Deschutes | 500736974  | 1992211858 |

| Provider name                            | Facility Name                                 | Address                 | City          | Zip Code | County    | MMIS      | NPI        |
|------------------------------------------|-----------------------------------------------|-------------------------|---------------|----------|-----------|-----------|------------|
|                                          | Detoxification 2                              |                         |               |          |           |           |            |
| <b>BestCare Treatment Services</b>       | Brooks Respite and Recovery Center Detox 1    | 676 NE Maple Avenue     | Redmond       | 97756    | Deschutes | 500736974 | 1992211858 |
| <b>BestCare Treatment Services</b>       | Klamath Basin Recovery Center- Detoxification | 2555 Main Street        | Klamath Falls | 97601    | Klamath   | 500738089 | 1073750048 |
| <b>BH-OR Opco OC, LLC</b>                | Jackson House                                 | 901 Main Street         | Oregon City   | 97045    | Clackamas | 500831683 | 1285318493 |
| <b>BH-OR Opco OC, LLC</b>                | Jackson House                                 | 901 Main Street         | Oregon City   | 97045    | Clackamas | 500831683 | 1285318493 |
| <b>Bridgeway Recovery Services, Inc.</b> | Bridgeway Magnolia House                      | 211 Boone Rd SE         | Salem         | 97302    | Marion    | 500609571 | 1083844401 |
| <b>Bridgeway Recovery Services, Inc.</b> | Bridgeway Pioneer House                       | 215 Boone Rd SE         | Salem         | 97302    | Marion    | 500609571 | 1083844401 |
| <b>Bridgeway Recovery Services, Inc.</b> | Bridgeway Recovery Services - Freedom House   | 5061 Liberty Road South | Salem         | 97306    | Marion    | 500609571 | 1083844401 |

| Provider name                            | Facility Name                              | Address                   | City     | Zip Code | County    | MMIS      | NPI        |
|------------------------------------------|--------------------------------------------|---------------------------|----------|----------|-----------|-----------|------------|
| <b>Bridgeway Recovery Services, Inc.</b> | Bridgeway Recovery Services - Sandra Bloom | 380 E. Jefferson Street   | Stayton  | 97383    | Marion    | 500609571 | 1083844401 |
| <b>Bridgeway Recovery Services, Inc.</b> | Bridgeway Santiam House - Gambling         | 799 Winter Street N.E.    | Salem    | 97301    | Marion    | 500609571 | 1083844401 |
| <b>Bridgeway Recovery Services, Inc.</b> | Bridgeway Recovery Services, Inc. Detox    | 3321 Harold Drive NE      | Salem    | 97305    | Marion    | 500609956 | 1083844401 |
| <b>Cameron Care, LLC</b>                 | Cameron Care Boise RTF                     | 12667 SE Boise Street     | Portland | 97236    | Multnomah | 511278    | 1740425628 |
| <b>Cameron Care, LLC</b>                 | Cameron Care Garfield RTF                  | 3626 NE Garfield Avenue   | Portland | 97212    | Multnomah | 511306    | 1922243815 |
| <b>Cameron Care, LLC</b>                 | Cameron Care Powell RTF                    | 14309 SE Powell Blvd.     | Portland | 97236    | Multnomah | 511421    | 1841435518 |
| <b>Carroll's Group Care Home, Inc.</b>   | Royvonne House                             | 1240 Royvonne Street S.E. | Salem    | 97302    | Marion    | 507684    | 1255605101 |
| <b>Cascadia Health DBA Cascadia</b>      | Cascadia Rockwood Respite                  | 18766 SE Stark            | Portland | 97233    | Multnomah |           |            |

| Provider name                                                  | Facility Name             | Address                         | City        | Zip Code | County     | MMIS   | NPI        |
|----------------------------------------------------------------|---------------------------|---------------------------------|-------------|----------|------------|--------|------------|
| <b>Behavioral Healthcare Inc.</b>                              |                           |                                 |             |          |            |        |            |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Tigard Adult Respite      | 14127 S.W. 114th Avenue         | Tigard      | 97224    | Washington |        |            |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Andrea Place              | 7621 N. Portsmouth Avenue       | Portland    | 97203    | Multnomah  | 505777 | 1447337753 |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Leland House              | 18980 S. Leland Road            | Oregon City | 97045    | Clackamas  | 507789 | 1922245109 |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | McCarthy Place            | 945-949 N.E. 165th              | Portland    | 97230    | Multnomah  | 511937 | 1215006606 |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Cascadia Rockwood Respite | 18766 SE Stark                  | Portland    | 97233    | Multnomah  |        |            |
| <b>Cascadia Health DBA Cascadia</b>                            | Nadine's Place            | 2270 S.E. Cesar E. Chavez Blvd. | Portland    | 97214    | Multnomah  | 506877 | 1710064035 |

| Provider name                                                  | Facility Name  | Address                         | City        | Zip Code | County    | MMIS      | NPI        |
|----------------------------------------------------------------|----------------|---------------------------------|-------------|----------|-----------|-----------|------------|
| <b>Behavioral Healthcare Inc.</b>                              |                |                                 |             |          |           |           |            |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Pearl House    | 304 Pearl Street                | Oregon City | 97045    | Clackamas | 500646805 | 1972878031 |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Pisgah         | 7511 S.E. Henry Street          | Portland    | 97206    | Multnomah | 507653    | 1003993270 |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Rita May Manor | 13541 S.E. Market Street        | Portland    | 97233    | Multnomah | 507010    | 1922185255 |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | 23rd Avenue    | 1232 N.W. 23rd Avenue           | Portland    | 97210    | Multnomah | 514164    | 1225115595 |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Nadine's Place | 2270 S.E. Cesar E. Chavez Blvd. | Portland    | 97214    | Multnomah | 506877    | 1710064035 |

| Provider name                                                              | Facility Name      | Address                               | City        | Zip Code | County    | MMIS      | NPI        |
|----------------------------------------------------------------------------|--------------------|---------------------------------------|-------------|----------|-----------|-----------|------------|
| <b>Cascadia Health<br/>DBA Cascadia<br/>Behavioral<br/>Healthcare Inc.</b> | Pearl House        | 304 Pearl<br>Street                   | Oregon City | 97045    | Clackamas | 500646805 | 1972878031 |
| <b>Cascadia Health<br/>DBA Cascadia<br/>Behavioral<br/>Healthcare Inc.</b> | Pisgah             | 7511 S.E.<br>Henry Street             | Portland    | 97206    | Multnomah | 507653    | 1003993270 |
| <b>Cascadia Health<br/>DBA Cascadia<br/>Behavioral<br/>Healthcare Inc.</b> | Rita May<br>Manor  | 13541 S.E.<br>Market Street           | Portland    | 97233    | Multnomah | 507010    | 1922185255 |
| <b>Cascadia Health<br/>DBA Cascadia<br/>Behavioral<br/>Healthcare Inc.</b> | 23rd Avenue        | 1232 N.W.<br>23rd Avenue              | Portland    | 97210    | Multnomah | 514164    | 1225115595 |
| <b>Cascadia Health<br/>DBA Cascadia<br/>Behavioral<br/>Healthcare Inc.</b> | Nadine's Place     | 2270 S.E.<br>Cesar E.<br>Chavez Blvd. | Portland    | 97214    | Multnomah | 506877    | 1710064035 |
| <b>Cascadia Health<br/>DBA Cascadia<br/>Behavioral<br/>Healthcare Inc.</b> | Portland<br>Avenue | 1035 Portland<br>Avenue               | Gladstone   | 97027    | Clackamas | 500646792 | 1073888137 |

| Provider name                                                  | Facility Name                              | Address                        | City      | Zip Code | County    | MMIS      | NPI        |
|----------------------------------------------------------------|--------------------------------------------|--------------------------------|-----------|----------|-----------|-----------|------------|
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Faulkner Place                             | 13317 S.E. Powell Blvd.        | Portland  | 97236    | Multnomah | 514779    | 1568531952 |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Arbor Place                                | 2330 N.E. Siskiyou Street      | Portland  | 97212    | Multnomah | 514777    | 1043397219 |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Barbara Roberts House-East                 | 5023 N.E. Killingsworth Street | Portland  | 97218    | Multnomah | 515063    | 1841360161 |
| <b>Cascadia Health DBA Cascadia Behavioral Healthcare Inc.</b> | Barbara Roberts House-West                 | 5009 N.E. Killingsworth Street | Portland  | 97218    | Multnomah | 515065    | 1073690251 |
| <b>Center for Human Development, Inc.</b>                      | Rising Stars Day Treatment Program         | 2300 N Spruce                  | La Grande | 97850    | Union     | 240305    | 1497889695 |
| <b>Central City Concern</b>                                    | Central City Concern - Letty Owings Center | 2545 NE Flanders Street        | Portland  | 97232    | Multnomah | 500668658 | 1679832315 |

| Provider name                             | Facility Name                                      | Address                    | City      | Zip Code | County    | MMIS      | NPI        |
|-------------------------------------------|----------------------------------------------------|----------------------------|-----------|----------|-----------|-----------|------------|
| <b>Central City Concern</b>               | Central City Concern- Hooper Detoxification Center | 1535 North Williams Avenue | Portland  | 97227    | Multnomah | 500708116 | 1578926531 |
| <b>Clatsop Behavioral Healthcare CMHP</b> | North Coast Crisis Respite Center                  | 326 S.E. Marlin Avenue     | Warrenton | 97146    | Clatsop   | 500716573 | 1760833313 |
| <b>Clementine West Linn</b>               | Clementine West Linn                               | 1148 Rosemont Road         | West Linn | 97068    | Clackamas | 500735046 | 1023562147 |
| <b>Coastal Breeze Recovery</b>            | Coastal Breeze Recovery dba Awakenings by the Sea  | 1325 N Holladay Drive      | Seaside   | 97138    | Clatsop   | 500677032 | 1528316577 |
| <b>Coastal Breeze Recovery</b>            | Coastal Breeze Recovery - Detox                    | 1325 N Holladay Drive      | Seaside   | 97138    | Clatsop   | 500677032 | 1528316577 |
| <b>CODA, Inc.</b>                         | 8041 Recovery House RTF                            | 8041 E. Burnside           | Portland  | 97215    | Multnomah | 517398    | 1437213865 |
| <b>CODA, Inc.</b>                         | Rolfson House                                      | 15602 S.E. Division        | Portland  | 97236    | Multnomah | 500737332 | 1437213865 |

| Provider name                                      | Facility Name                  | Address                    | City        | Zip Code | County     | MMIS       | NPI        |
|----------------------------------------------------|--------------------------------|----------------------------|-------------|----------|------------|------------|------------|
| <b>CODA, Inc.</b>                                  | CODA - Gresham Recovery Center | 1427 SE 182nd Avenue       | Portland    | 97233    | Multnomah  | 5008083101 | 1437213865 |
| <b>CODA, Inc.</b>                                  | CODA - Tigard Recovery Center  | 10362 SW McDonald Street   | Tigard      | 97224    | Washington | 500648292  | 1437213865 |
| <b>Columbia Community Mental Health, Inc. CMHP</b> | Alternative PSRB RTF           | 105 South 3rd Street       | St. Helens  | 97051    | Columbia   | 516254     | 1922066463 |
| <b>Columbia Community Mental Health, Inc. CMHP</b> | Cornerstone RTF                | 271 Columbia Boulevard     | St. Helens  | 97051    | Columbia   | 507654     | 1922066463 |
| <b>Columbia Community Mental Health, Inc. CMHP</b> | Pathways                       | 185 N. 4th Street          | St. Helens  | 97051    | Columbia   | 500685642  | 1043607526 |
| <b>ColumbiaCare Services, Inc.</b>                 | Clear Vue RTH                  | 2211 Clear Vue Lane        | Springfield | 97477    | Lane       |            |            |
| <b>ColumbiaCare Services, Inc.</b>                 | Heeran Center dba River Bridge | 2222 Coburg Road Suite 100 | Eugene      | 97401    | Lane       | 500693734  | 1013383140 |

| Provider name                      | Facility Name                               | Address                     | City          | Zip Code | County    | MMIS      | NPI        |
|------------------------------------|---------------------------------------------|-----------------------------|---------------|----------|-----------|-----------|------------|
| <b>ColumbiaCare Services, Inc.</b> | Alder Creek RTF                             | 11458 S.E. McEachron Avenue | Milwaukie     | 97222    | Clackamas | 500643829 | 1538434675 |
| <b>ColumbiaCare Services, Inc.</b> | Columbia Rose RTF                           | 12511 S.E. Raymond Street   | Portland      | 97236    | Multnomah | 516051    | 1275620411 |
| <b>ColumbiaCare Services, Inc.</b> | Coos Crisis Resolution Center               | 1885 Thompson Road          | Coos Bay      | 97420    | Coos      | 312033    | 1356438592 |
| <b>ColumbiaCare Services, Inc.</b> | Kellogg Creek RTF                           | 4199 S.E. King Road         | Milwaukie     | 97222    | Clackamas | 500636994 | 1477832947 |
| <b>ColumbiaCare Services, Inc.</b> | The Beckett Center                          | 3200 Juanipero Way          | Medford       | 97504    | Jackson   | 500758915 | 1902374531 |
| <b>ColumbiaCare Services, Inc.</b> | The Guest House Crisis Stabilization Center | 1057 Patterson Street       | Eugene        | 97401    | Lane      | 500787352 | 1619582996 |
| <b>ColumbiaCare Services, Inc.</b> | Twin Pines                                  | 524 Manzanita Street        | Central Point | 97502    | Jackson   | 500820068 | 1992404438 |
| <b>ColumbiaCare Services, Inc.</b> | Willamette Rose RTF                         | 12505 S.E. Raymond Street   | Portland      | 97236    | Multnomah | 516052    | 1386720142 |

| Provider name                      | Facility Name                       | Address                         | City          | Zip Code | County    | MMIS      | NPI        |
|------------------------------------|-------------------------------------|---------------------------------|---------------|----------|-----------|-----------|------------|
| <b>ColumbiaCare Services, Inc.</b> | Autumn Ridge RTH                    | 13850 S.E. Autumn Ridge Terrace | Milwaukie     | 97267    | Clackamas | 500649344 | 1306108691 |
| <b>ColumbiaCare Services, Inc.</b> | Bell Cove RTH                       | 210 Cove Road                   | Brookings     | 97415    | Curry     | 500652109 | 1518201151 |
| <b>ColumbiaCare Services, Inc.</b> | Cedar Bay RTH                       | 1592 Monroe Street              | North Bend    | 97459    | Coos      | 516824    | 1386787596 |
| <b>ColumbiaCare Services, Inc.</b> | Fieldstone RTH                      | 29120 S.W. San Remo Court       | Wilsonville   | 97070    | Clackamas | 500606689 | 1609011964 |
| <b>ColumbiaCare Services, Inc.</b> | Hearthstone RTH dba Bridgestone RTH | 29549 S.W. Villebois Drive      | Wilsonville   | 97070    | Clackamas | 500642935 | 1073885141 |
| <b>ColumbiaCare Services, Inc.</b> | Rockwood RTH                        | 17640 N.E. Halsey Street        | Portland      | 97230    | Multnomah | 500688502 | 1588069801 |
| <b>ColumbiaCare Services, Inc.</b> | Fairview Firs SRTF                  | 1945 N.E. 205th Avenue          | Fairview      | 97024    | Multnomah | 517872    | 1043410962 |
| <b>ColumbiaCare Services, Inc.</b> | Johnson Creek                       | 2808 S.E. Balfour Street        | Milwaukie     | 97222    | Clackamas | 500615590 | 1467685750 |
| <b>ColumbiaCare Services, Inc.</b> | Madrone Ridge SRTF                  | 29398 Recovery Way, Suite 2     | Junction City | 97448    | Lane      | 500810725 | 1124780184 |

| Provider name                              | Facility Name             | Address                     | City          | Zip Code | County   | MMIS      | NPI        |
|--------------------------------------------|---------------------------|-----------------------------|---------------|----------|----------|-----------|------------|
| <b>ColumbiaCare Services, Inc.</b>         | Manzanita Ridge SRTF      | 29398 Recovery Way, Suite 1 | Junction City | 97448    | Lane     | 500815540 | 1447997549 |
| <b>ColumbiaCare Services, Inc.</b>         | McKenzie Ridge SRTF       | 29398 Recovery Way, Suite 3 | Junction City | 97448    | Lane     | 500763099 | 1942762547 |
| <b>Community Counseling Solutions CMHP</b> | Lakeview Heights          | 6898 Willow Creek Road      | Heppner       | 97836    | Morrow   |           |            |
| <b>Community Counseling Solutions CMHP</b> | Columbia River Ranch 2    | 70362 Kunze Lane            | Boardman      | 97818    | Morrow   | 500811654 | 1629603196 |
| <b>Community Counseling Solutions CMHP</b> | New Roads 2               | 2583 Westgate               | Pendleton     | 97801    | Umatilla | 500667865 | 1568883254 |
| <b>Community Counseling Solutions CMHP</b> | Salmon Run 2              | 2525 Westgate, Building 1   | Pendleton     | 97801    | Umatilla | 500667863 | 1477974293 |
| <b>Community Counseling Solutions CMHP</b> | Westgate                  | 2575 Westgate Bldg 2        | Pendleton     | 97801    | Umatilla | 500805168 | 1578223475 |
| <b>Community Counseling Solutions CMHP</b> | River's Edge Acute Center | 1212 W Linda Ave            | Hermiston     | 97838    | Umatilla | 500606753 | 1578501771 |

| Provider name                              | Facility Name                            | Address               | City      | Zip Code | County    | MMIS      | NPI        |
|--------------------------------------------|------------------------------------------|-----------------------|-----------|----------|-----------|-----------|------------|
|                                            | for Healing (REACH)                      |                       |           |          |           |           |            |
| <b>Community Counseling Solutions CMHP</b> | Juniper Ridge SRTF                       | 194 Ford Road         | John Day  | 97845    | Grant     | 500653645 | 1720323835 |
| <b>Community Counseling Solutions CMHP</b> | Community Counseling Solutions - REACH   | 1212 W. Linda Ave     | Hermiston | 97838    | Umatilla  | 500606753 | 1578501771 |
| <b>Crestview Recovery Services LLC</b>     | Crestview Recovery Services LLC - RES 1  | 65 NE 30th Avenue     | Portland  | 97232    | Multnomah | 500716836 | 1447605258 |
| <b>Crestview Recovery Services LLC</b>     | Crestview Recovery Services LLC - RES 3  | 1514 SE Salmon St     | Portland  | 97214    | Multnomah | 500716836 | 1447605258 |
| <b>Crestview Recovery Services LLC</b>     | Crestview Recovery Services, LLC - RES 2 | 2954 NE Couch Street  | Portland  | 97232    | Multnomah | 500716836 | 1447605258 |
| <b>D &amp; K Harbick Five, L.L.C.</b>      | Ark77                                    | 91804 Mill Creek Road | Rainbow   | 97413    | Lane      | 500761881 | 1235646266 |

| Provider name                        | Facility Name                             | Address                | City          | Zip Code | County     | MMIS      | NPI        |
|--------------------------------------|-------------------------------------------|------------------------|---------------|----------|------------|-----------|------------|
| <b>E.O.R.C.</b>                      | Eastern Oregon Alcoholism Foundation-EODC | 4708 NW Pioneer Place  | Pendleton     | 97801    | Umatilla   | 500695704 | 1740324953 |
| <b>Elderly and Disabled Services</b> | Restoration Home RTH                      | 248 Mace Road          | Medford       | 97501    | Jackson    | 500788139 | 1932714581 |
| <b>Elderly and Disabled Services</b> | Restoration Home Stacey RTH               | 19536 SW Stacey Street | Beaverton     | 97003    | Washington | 500824249 | 1831878776 |
| <b>Elderly and Disabled Services</b> | Restoration Center SRTF                   | 4439 Hamrick Rd.       | Central Point | 97502    | Jackson    | 500791695 | 1447845763 |
| <b>Family Recovery, Inc.</b>         | Milestones Women's Program                | 306 SW 8th Street      | Corvallis     | 97333    | Benton     | 133327    | 1073653168 |
| <b>Family Recovery, Inc.</b>         | Recovery Wellness Center 1                | 404 N.W. 23rd Street   | Corvallis     | 97330    | Benton     | 500655335 | 1952441271 |
| <b>Family Solutions</b>              | Family Solutions - Grants Pass            | 402 N.W. F Street      | Grants Pass   | 97526    | Josephine  | 209981    | 1437236445 |

| Provider name                         | Facility Name                          | Address                       | City     | Zip Code | County    | MMIS      | NPI        |
|---------------------------------------|----------------------------------------|-------------------------------|----------|----------|-----------|-----------|------------|
| <b>Fir Hill Group Home, L.L.C.</b>    | Fir Hill Group Home, L.L.C.            | 1487 Main Street              | Dallas   | 97338    | Polk      | 508233    | 1003061987 |
| <b>Fora Health</b>                    | Fora Health Adult Treatment Program    | 10230 SE Cherry Blossom Drive | Portland | 97216    | Multnomah | 208991    | 1245378546 |
| <b>Fora Health</b>                    | Fora Health - Withdrawal Management    | 10230 SE Cherry Blossom Drive | Portland | 97216    | Multnomah | 500812005 | 1245378546 |
| <b>Halfway House Services, Inc.</b>   | Alder Street Residence                 | 1774 Alder Street             | Eugene   | 97401    | Lane      | 506939    | 1487809844 |
| <b>Halfway House Services, Inc.</b>   | William Ware Residence RTF             | 910 Jefferson Street          | Eugene   | 97402    | Lane      | 507027    | 1477804078 |
| <b>Hazelden Betty Ford Foundation</b> | Hazelden Betty Ford Foundation         | 1901 Esther Street            | Newberg  | 97132    | Yamhill   | 500724136 | 1063738185 |
| <b>Hazelden Betty Ford Foundation</b> | Hazelden Betty Ford Foundation - Detox | 1901 Esther Street            | Newberg  | 97132    | Yamhill   | 500724136 | 1063738185 |
| <b>Jasper Mountain</b>                | Jasper Mountain Center                 | 37875 Jasper-Lowell Road      | Jasper   | 97438    | Lane      | 312447    | 1497821680 |

| Provider name                          | Facility Name                                      | Address                        | City             | Zip Code | County    | MMIS      | NPI        |
|----------------------------------------|----------------------------------------------------|--------------------------------|------------------|----------|-----------|-----------|------------|
| <b>Jasper Mountain</b>                 | SAFE Center                                        | 89124<br>Marcola Road          | Springfield      | 97478    | Lane      | 178087    | 1497821680 |
| <b>Kairos Northwest</b>                | Cadenza                                            | 4385<br>Sunnyview<br>Road N.E. | Salem            | 97305    | Marion    | 500688844 | 1487782900 |
| <b>Kairos Northwest</b>                | Momentum                                           | 1920 Kurtz<br>Lane             | Grants Pass      | 97526    | Josephine | 500635298 | 1487782900 |
| <b>Kairos Northwest</b>                | Tempo Young<br>Adult Services                      | 348 Ruby<br>Avenue             | Eugene           | 97404    | Lane      | 500656317 | 1487782900 |
| <b>Kaiser Foundation Hospitals</b>     | Brookside<br>Center                                | 10180 SE<br>Sunnyside<br>Road  | Clackamas        | 97015    | Clackamas | 500682895 | 1659528693 |
| <b>Klamath Basin Behavioral Health</b> | Klamath Basin<br>Behavioral<br>Health - ITS<br>Day | 2210<br>Eldorado<br>Avenue     | Klamath<br>Falls | 97601    | Klamath   | 500603125 | 1073750048 |
| <b>Klamath Basin Behavioral Health</b> | Phoenix Place -<br>I                               | 725<br>Washburn<br>Way         | Klamath<br>Falls | 97603    | Klamath   | 500603125 | 1073750048 |
| <b>Klamath Basin Behavioral Health</b> | Wood River<br>House RTH                            | 3417 Bisbee<br>Street          | Klamath<br>Falls | 97603    | Klamath   | 500804313 | 1992949796 |

| Provider name                          | Facility Name                                          | Address                 | City          | Zip Code | County     | MMIS      | NPI        |
|----------------------------------------|--------------------------------------------------------|-------------------------|---------------|----------|------------|-----------|------------|
| <b>Klamath Basin Behavioral Health</b> | KBBH - Link Access Center                              | 1501 Foster Avenue      | Klamath Falls | 97601    | Klamath    | 500804329 | 1992949796 |
| <b>Legacy Health</b>                   | Legacy Emanuel Hospital & Health Center - Unity Center | 1225 NE 2nd Avenue      | Portland      | 97232    | Multnomah  | 500708766 | 1003822487 |
| <b>LifePoint Health</b>                | Willamette Valley Medical Center - Senior BH Services  | 2700 Stratus Avenue     | McMinnville   | 97128    | Yamhill    | 278554    |            |
| <b>Lifeways, Inc. CMHP</b>             | McNary Place                                           | 290 Willamette Avenue   | Umatilla      | 97882    | Umatilla   | 517921    | 1417183906 |
| <b>Lifeways, Inc. CMHP</b>             | Lifeways, Inc. - Recovery Center                       | 686 NW 9th Street       | Ontario       | 97914    | Malheur    | 500649011 | 1568558955 |
| <b>LifeWorks NW</b>                    | Lifeworks ADTP                                         | 8770 SW Scoffins Street | Tigard        | 97223    | Washington | 500657566 | 1689011595 |
| <b>LifeWorks NW</b>                    | Lifeworks CDTF                                         | 8770 SW Scoffins Street | Tigard        | 97223    | Washington | 500657566 | 1689011595 |

| Provider name                           | Facility Name                               | Address                     | City      | Zip Code | County     | MMIS      | NPI        |
|-----------------------------------------|---------------------------------------------|-----------------------------|-----------|----------|------------|-----------|------------|
| <b>LifeWorks NW</b>                     | Lifeworks NW - Mountaindale Recovery Center | 25561 N.W. Dairy Creek Road | Cornelius | 97113    | Washington | 063123    |            |
| <b>LifeWorks NW</b>                     | Hazelwood House                             | 10714 N.E. Glisan Street    | Portland  | 97220    | Multnomah  | 512881    | 1508090994 |
| <b>LifeWorks NW</b>                     | Horizon House RTH                           | 10638 N.E. Glisan Street    | Portland  | 97220    | Multnomah  | 504853    | 1962636357 |
| <b>LifeWorks NW</b>                     | Zenith House                                | 8303 S.W. Locust Street     | Tigard    | 97223    | Washington | 500657566 | 1689011595 |
| <b>LifeWorks NW</b>                     | Lifeworks NW - Project Network              | 3655 NE Garfield Avenue     | Portland  | 97212    | Multnomah  | 500812321 | 1689812166 |
| <b>Looking Glass Community Services</b> | Looking Glass Community Services            | 550 River Road              | Eugene    | 97401    | Lane       | 500664201 | 1538180716 |
| <b>Looking Glass Community Services</b> | Looking Glass Community Services            | 550 River Road              | Eugene    | 97401    | Lane       | 500664201 | 1538180716 |
| <b>Madrona Recovery</b>                 | Madrona Recovery Center                     | 7000 SW Varns Street        | Portland  | 97223    | Washington | 500742917 | 1992238091 |

| Provider name                                                 | Facility Name                                       | Address                | City        | Zip Code | County     | MMIS      | NPI        |
|---------------------------------------------------------------|-----------------------------------------------------|------------------------|-------------|----------|------------|-----------|------------|
| <b>Madrona Recovery</b>                                       | Madrona Recovery - Detox                            | 7000 SW Varns Street   | Tigard      | 97223    | Washington | 500742917 | 1992238091 |
| <b>Marion County Health Department CMHP</b>                   | Horizon House RTF                                   | 2435 Greenway Drive NE | Salem       | 97301    | Marion     | 514449    | 1487881959 |
| <b>Mental Health Association of Benton County</b>             | Janus House                                         | 606 S.W. 5th Street    | Corvallis   | 97333    | Benton     | 507784    | 1134374390 |
| <b>Mental Health For Children, Inc.</b>                       | Riverview Center for Growth-Springfield High School | 875 7th Street         | Springfield | 97477    | Lane       | 033142    |            |
| <b>Mental Health For Children, Inc.</b>                       | Riverview Center for Growth-Marcola Road Campus     | 3995 Marcola Road      | Springfield | 97477    | Lane       | 033142    | 1053343558 |
| <b>Native American Rehabilitation Association of the N.W.</b> | Native American Rehab Assoc. of the NW-Youth        | 620 NE 2nd Street      | Gresham     | 97030    | Multnomah  | 209106    |            |

| Provider name                                                 | Facility Name                                   | Address                     | City       | Zip Code | County    | MMIS                    | NPI                       |
|---------------------------------------------------------------|-------------------------------------------------|-----------------------------|------------|----------|-----------|-------------------------|---------------------------|
| <b>Native American Rehabilitation Association of the N.W.</b> | Native American Rehabilitation Assoc. of the NW | 17645 NW St. Helens Highway | Portland   | 97213    | Multnomah | 500834438;<br>500743636 | 1023007093;<br>1053343558 |
| <b>New Directions Northwest, Inc.</b>                         | NDNW Baker House- Men's Program                 | 3700 Midway Drive           | Baker City | 97814    | Baker     | 014886                  |                           |
| <b>New Directions Northwest, Inc.</b>                         | NDNW Baker House - Men's Program Detox          | 3700 Midway Drive           | Baker City | 97814    | Baker     | 500631919               | 1235124462                |
| <b>New Directions Northwest, Inc.</b>                         | NDNW Baker House - Women's Program - Detox      | 3610 Midway Drive           | Baker City | 97814    | Baker     | 500631919               | 1235124462                |
| <b>New Directions Northwest, Inc.</b>                         | NDNW - Recovery Village Crisis Respite          | 3680 Midway Drive           | Baker City | 97814    | Baker     | 500631919               | 1235124462                |
| <b>New Directions Northwest, Inc.</b>                         | NDNW - Recovery Village Detox Center            | 3680 Midway Drive           | Baker City | 97814    | Baker     | 500631919               | 1235124462                |

| Provider name                  | Facility Name         | Address                | City      | Zip Code | County     | MMIS      | NPI        |
|--------------------------------|-----------------------|------------------------|-----------|----------|------------|-----------|------------|
| <b>New Foundations, L.L.C.</b> | Birch RTH             | 1357 SW 8th St         | Dallas    | 97338    | Polk       | 500837961 | 1508000654 |
| <b>New Foundations, L.L.C.</b> | Linden Lane RTH       | 1085 Linden Lane       | Dallas    | 97338    | Polk       | 500604156 | 1508000654 |
| <b>New Narrative</b>           | Connell House RTF     | 117 N. 29th Ave        | Cornelius | 97113    | Washington | 517470    | 1265595664 |
| <b>New Narrative</b>           | Glynn Terrace         | 360 S.W. 6th Street    | Gresham   | 97080    | Multnomah  | 512674    | 1265595664 |
| <b>New Narrative</b>           | Jade House            | 11535 NE Pacific St    | Portland  | 97220    | Multnomah  | 500835842 | 1265595664 |
| <b>New Narrative</b>           | Sandvig House         | 10313 S.W. 69th Avenue | Tigard    | 97223    | Washington | 507281    | 1265595664 |
| <b>New Narrative</b>           | Wallula Place         | 801 NW Wallula         | Gresham   | 97030    | Multnomah  | 513225    | 1265595664 |
| <b>New Narrative</b>           | Alta House            | 233 SW Wallula Ave     | Gresham   | 97080    | Multnomah  | 500806383 | 1265595664 |
| <b>New Narrative</b>           | Christopher House RTH | 11990 S.W. 121st Ave   | Tigard    | 97223    | Washington | 512920    | 1265595664 |
| <b>New Narrative</b>           | Estuesta House        | 6449 S.E. 128th Avenue | Portland  | 97236    | Multnomah  | 515120    | 1265595664 |

| Provider name                            | Facility Name        | Address                    | City      | Zip Code | County     | MMIS      | NPI        |
|------------------------------------------|----------------------|----------------------------|-----------|----------|------------|-----------|------------|
| <b>New Narrative</b>                     | Matthews House       | 10120 S.W. Cynthia Street  | Beaverton | 97008    | Washington | 504051    | 1265595664 |
| <b>New Narrative</b>                     | Meusch House         | 10335 S.W. View Terrace    | Tigard    | 97224    | Washington | 511080    | 1265595664 |
| <b>New Narrative</b>                     | Sisters' Home        | 10726 N.E. Glisan Street   | Portland  | 97220    | Multnomah  | 500656301 | 1265595664 |
| <b>New Narrative</b>                     | Valeo RTH            | 15308 S.E. Division Street | Portland  | 97236    | Multnomah  | 516076    | 1265595664 |
| <b>New Sunrise Valley Properties LLC</b> | Pathlight Agency LLC | 526 SE 128th Ave           | Portland  | 97233    | Multnomah  |           |            |
| <b>Nexus Family Healing</b>              | Nexus Family Healing | 722 NE 162nd Ave           | Portland  | 97230    | Multnomah  | 500831539 | 1356117931 |
| <b>Nibbus Combined Care LLC</b>          | Brycen's House RTH   | 805 Amerman Dr             | Phoenix   | 97535    | Jackson    | 500834403 | 1962288829 |
| <b>Northwest Premier LLC</b>             | Kinder Place         | 1206 Old Oak PI SE         | Albany    | 97322    | Linn       | 500813109 | 1770101545 |
| <b>Northwest Premier LLC</b>             | Lighthouse on Hill   | 2924 Hill St SE            | Albany    | 97322    | Linn       | 500813823 | 1770101545 |

| Provider name                                                 | Facility Name                                   | Address                | City        | Zip Code | County    | MMIS      | NPI        |
|---------------------------------------------------------------|-------------------------------------------------|------------------------|-------------|----------|-----------|-----------|------------|
| <b>Northwest Premier LLC</b>                                  | Sophia's Home RTH                               | 3460 Hill Street SE    | Albany      | 97322    | Linn      | 500805406 | 1770101545 |
| <b>Northwest Treatment</b>                                    | Northwest Addictions Treatment-Medical Detox    | 61667 Somerset Drive   | Bend        | 97702    | Deschutes | 500826212 | 1912658790 |
| <b>Northwest Treatment</b>                                    | Northwest Addiction Treatment - SUD Residential | 61667 Somerset Drive   | Bend        | 97702    | Deschutes | 500826212 | 1912658790 |
| <b>Ohana Ventures New Wave RTH</b>                            | Ohana Ventures New Wave RTH                     | 2240 Terrel Drive      | Medford     | 97501    | Jackson   | 500810330 | 1093448078 |
| <b>Olalla Center for Children &amp; Families</b>              | Olalla Center for Children & Families           | 321 SE 3rd             | Toledo      | 97391    | Lincoln   | 297880    | 1013952829 |
| <b>Old Mill Center for Children &amp; Families-Outpatient</b> | Old Mill Center for Children and Families       | 1650 S.W. 45th Place   | Corvallis   | 97333    | Benton    | 500639344 | 1285719195 |
| <b>OnTrack, Inc.</b>                                          | OnTrack Rogue Valley Mountain View              | 900 Hitching Post Road | Grants Pass | 97526    | Josephine | 500676528 | 1881685097 |

| Provider name                            | Facility Name                             | Address                | City        | Zip Code | County    | MMIS      | NPI        |
|------------------------------------------|-------------------------------------------|------------------------|-------------|----------|-----------|-----------|------------|
|                                          | Recovery Center                           |                        |             |          |           |           |            |
| <b>OnTrack, Inc.</b>                     | OnTrack, Inc - Rogue Valley Dad's Program | 3512 Lone Pine Road    | Medford     | 97504    | Jackson   | 500812010 | 1881685097 |
| <b>OnTrack, Inc.</b>                     | OnTrack, Inc. - HOME/Mom's Program        | 3397 Delta Waters Road | Medford     | 97501    | Jackson   | 500759909 | 1881685097 |
| <b>Options for Southern Oregon, Inc.</b> | Carnahan Court                            | 1644 Carnahan Court    | Grants Pass | 97527    | Josephine | 516358    | 1083859979 |
| <b>Options for Southern Oregon, Inc.</b> | Crisis Resolution Center SRTF             | 320 SW Ramsey Avenue   | Grants Pass | 97527    | Josephine | 500650051 | 1245584572 |
| <b>Options for Southern Oregon, Inc.</b> | Hazel Center SRTF                         | 1911 Hazel Street      | Medford     | 97501    | Jackson   | 500648288 | 1548511694 |
| <b>Options for Southern Oregon, Inc.</b> | Ramsey Place                              | 324 S.W. Ramsey Avenue | Grants Pass | 97527    | Josephine | 500762442 |            |
| <b>Options for Southern Oregon, Inc.</b> | Crisis Resolution Center                  | 320 SW Ramsey Avenue   | Grants Pass | 97527    | Josephine | 500650051 | 1245584572 |

| Provider name                                                        | Facility Name                                      | Address                      | City          | Zip Code | County    | MMIS      | NPI        |
|----------------------------------------------------------------------|----------------------------------------------------|------------------------------|---------------|----------|-----------|-----------|------------|
| <b>Oregon State Hospital - Salem Campus</b>                          | Bridges Unit, Oregon State Hospital                | 2600 Center Street           | Salem         | 97301    | Marion    | 192989    |            |
| <b>Oregon State Hospital - Salem Campus</b>                          | Forest Unit, Oregon State Hospital                 | 29398 Recovery Way           | Junction City | 97448    | Lane      | 192989    |            |
| <b>Pacific Crest Trail Detox, L.L.C.</b>                             | Pacific Crest Trail Detox, L.L.C.                  | 13240 S.E. Rusk Road         | Milwaukie     | 97267    | Clackamas | 500835027 | 1043760838 |
| <b>Pacific Ridge Residential Alcohol &amp; Drug Treatment Center</b> | Recovery Road, Inc., dba Pacific Ridge Residential | 1587 Pacific Ridge Lane S.E. | Jefferson     | 97352    | Marion    |           |            |
| <b>Parkside Living, Inc.</b>                                         | Parkside Living Center                             | 1525 S.W. Shirley Ann Drive  | McMinnville   | 97128    | Yamhill   | 515152    | 1447405147 |
| <b>PeaceHealth</b>                                                   | PeaceHealth Sacred Heart Medical Center            | 1255 Hillyard                | Eugene        | 97440    | Lane      | 192500    | 1346237971 |
| <b>Pelton Project, L.L.C.</b>                                        | Chinook House                                      | 714 Lost Lane                | Keizer        | 97303    | Marion    | 500602082 | 1053559765 |
| <b>Pelton Project, L.L.C.</b>                                        | Sequoia House RTH                                  | 4474 Oregon Trail Ct NE      | Salem         | 97305    | Marion    | 500794451 | 1053559765 |

| Provider name                               | Facility Name                         | Address                | City        | Zip Code | County     | MMIS      | NPI        |
|---------------------------------------------|---------------------------------------|------------------------|-------------|----------|------------|-----------|------------|
| <b>Polk Adolescent Day Treatment Center</b> | Polk Adolescent Day Treatment Center  | 2200 East Ellendale    | Dallas      | 97338    | Polk       | 297982    | 1922175496 |
| <b>Providence Health &amp; Services</b>     | Providence Milwaukie Hospital         | 10150 SE 32nd Avenue   | Milwaukie   | 97222    | Clackamas  | 175620    | 1366536963 |
| <b>Providence Health &amp; Services</b>     | Providence Portland Medical Center    | 4805 NE Glisan Street  | Portland    | 97213    | Multnomah  | 023981    | 1023194271 |
| <b>Providence Health &amp; Services</b>     | Providence St. Vincent Medical Center | 9205 SW Barnes Road    | Portland    | 97225    | Washington | 193805    | 1114015971 |
| <b>Rainrock Treatment Center, L.L.C.</b>    | Monte Nido Portland                   | 2990 Brandywine Dr     | West Linn   | 97068    | Clackamas  | 500790052 | 1255932059 |
| <b>Rainrock Treatment Center, L.L.C.</b>    | Rainrock Treatment Center, L.L.C.     | 41496 McKenzie Highway | Springfield | 97478    | Lane       | 500655372 | 1629119086 |
| <b>Recovery Works NW, L.L.C.</b>            | Recovery Works NW Detox               | 12122 S.E. Foster Road | Portland    | 97266    | Washington | 500694901 | 1083010094 |

| Provider name                                    | Facility Name                           | Address                         | City         | Zip Code | County     | MMIS      | NPI        |
|--------------------------------------------------|-----------------------------------------|---------------------------------|--------------|----------|------------|-----------|------------|
| <b>Renew Consulting, Inc.</b>                    | Freestone RTH                           | 1282 - 1284 S.E. Greening Drive | Dallas       | 97338    | Polk       | 500673874 | 1508283631 |
| <b>Renew Consulting, Inc.</b>                    | Lewisburg RTH                           | 7161 N.W. Ramona                | Corvallis    | 97330    | Benton     | 500631972 | 1396080123 |
| <b>Renew Consulting, Inc.</b>                    | Oceanside RTH                           | 1531 S.E. Oar Avenue            | Lincoln City | 97367    | Lincoln    | 500636055 | 1427354844 |
| <b>Rimrock Trails Treatment Services</b>         | Rimrock Trails Treatment Services       | 1333 NW 9th Street              | Prineville   | 97754    | Crook      | 136460    | 1194873406 |
| <b>Salem Health</b>                              | Salem Hospital                          | 1127 Oak Street SE              | Salem        | 97301    | Marion     | 194001    | 1265431829 |
| <b>Samaritan Health Services</b>                 | Samaritan Regional MH Inpatient Program | 3509 N.W. Samaritan Drive       | Corvallis    | 97330    | Benton     | 500009959 | 1649327008 |
| <b>Samaritan Treatment and Recovery Services</b> | Samaritan Treatment & Recovery Services | 111 N Main Street, Suite B      | Lebanon      | 97355    | Linn       | 500715738 | 1003362922 |
| <b>Sequoia Mental Health Services, Inc.</b>      | Cypress RTH                             | 1775 SW 87th Ave                | Portland     | 97225    | Washington | 500607788 | 1730167982 |

| Provider name                               | Facility Name          | Address                  | City         | Zip Code | County     | MMIS      | NPI        |
|---------------------------------------------|------------------------|--------------------------|--------------|----------|------------|-----------|------------|
| <b>Sequoia Mental Health Services, Inc.</b> | Juniper House RTH      | 426 SE 6th Ave           | Hillsboro    | 97123    | Washington | 500817251 | 1730167982 |
| <b>Sequoia Mental Health Services, Inc.</b> | Edwards House          | 4180 S.W. 185th Avenue   | Aloha        | 97078    | Washington | 514933    | 1730167982 |
| <b>Sequoia Mental Health Services, Inc.</b> | Myrtlewood House       | 20695 S.W. Kinnaman Road | Aloha        | 97078    | Washington | 513970    | 1730167982 |
| <b>Sequoia Mental Health Services, Inc.</b> | Rosewood               | 1615 22nd Avenue         | Forest Grove | 97116    | Washington | 500698664 | 1730167982 |
| <b>Serenity Lane</b>                        | Serenity Lane - Coburg | 1 Serenity Lane          | Coburg       | 97408    | Lane       | 195172    | 1104934892 |
| <b>Serenity Lane</b>                        | Serenity Lane Detox    | 1 Serenity Lane          | Coburg       | 97408    | Lane       | 195172    | 1104934892 |
| <b>Shangri-La</b>                           | Adams Lane RTH         | 2614 Adams Lane S.E.     | Jefferson    | 97352    | Marion     | 515045    | 1366796823 |
| <b>Shangri-La</b>                           | Casa Rio               | 4472 Del Rio Place S.E.  | Albany       | 97322    | Linn       | 519075    | 1922352368 |
| <b>Shangri-La</b>                           | Danebo                 | 2140 N. Danebo           | Eugene       | 97402    | Lane       | 500604510 | 1568617694 |

| Provider name                    | Facility Name                                      | Address                   | City      | Zip Code | County    | MMIS      | NPI        |
|----------------------------------|----------------------------------------------------|---------------------------|-----------|----------|-----------|-----------|------------|
| <b>Shangri-La</b>                | Harlow House                                       | 246 Regal Ct              | Eugene    | 97401    | Lane      | 500814488 | 1568617694 |
| <b>Shangri-La</b>                | Myers Road                                         | 2015 Myers Road           | Eugene    | 97401    | Lane      | 500613643 | 1568617694 |
| <b>Shangri-La</b>                | Sequoia Creek RTH                                  | 884 N.W. Chipmunk Place   | Corvallis | 97330    | Benton    | 500614250 | 1568617694 |
| <b>Shangri-La</b>                | Via Verde                                          | 545 24th Place N.E.       | Salem     | 97301    | Marion    | 516845    | 1922352376 |
| <b>Sistere, Inc.</b>             | Hoodview RTF                                       | 1610 W. Powell Boulevard  | Gresham   | 97030    | Multnomah | 518468    |            |
| <b>Sistere, Inc.</b>             | Court House                                        | 1555 S.W. 1st Court       | Gresham   | 97030    | Multnomah | 500616878 | 1023243508 |
| <b>St. Charles Health System</b> | St. Charles Health System, Inc. - Sage View Center | 1885 NE Purcell Boulevard | Bend      | 97701    | Deschutes | 500400231 | 1154506814 |
| <b>State of Oregon</b>           | Pendleton Cottage                                  | 2585 Westgate Drive       | Pendleton | 97801    | Umatilla  | 500634164 |            |
| <b>Symmetry Care, Inc.</b>       | Independence Place                                 | 120 S. Roanoke Street     | Hines     | 97738    | Harney    | 514429    | 1902956006 |

| Provider name                                          | Facility Name                      | Address                             | City     | Zip Code | County    | MMIS      | NPI        |
|--------------------------------------------------------|------------------------------------|-------------------------------------|----------|----------|-----------|-----------|------------|
| <b>Telecare Mental Health Services of Oregon, Inc.</b> | Telecare 12th Street House         | 1058 N.E. 12th Street               | Bend     | 97701    | Deschutes | 500626258 | 1972814028 |
| <b>Telecare Mental Health Services of Oregon, Inc.</b> | Telecare Edgecliff House           | 1646 Edgecliff Circle               | Bend     | 97701    | Deschutes | 500626509 | 1770804635 |
| <b>Telecare Mental Health Services of Oregon, Inc.</b> | Telecare Rhone Street RTH          | 14725 SE Rhone Street               | Portland | 97236    | Multnomah | 500824215 | 1184318065 |
| <b>Telecare Mental Health Services of Oregon, Inc.</b> | Telecare Stults House              | 805 S.E. 151st Avenue               | Portland | 97233    | Multnomah | 500687713 | 1245624253 |
| <b>Telecare Mental Health Services of Oregon, Inc.</b> | Deschutes Recovery Center          | 20370 Poe Sholes Drive              | Bend     | 97703    | Deschutes | 500632287 | 1871801704 |
| <b>Telecare Mental Health Services of Oregon, Inc.</b> | Telecare Multnomah CATC            | 30 N.E. Martin Luther King Jr. Blvd | Portland | 97232    | Multnomah | 500635141 | 1124310305 |
| <b>Telecare Mental Health Services of Oregon, Inc.</b> | Telecare Recovery Center @ Gresham | 4101 N.E. Division Street           | Gresham  | 97030    | Multnomah | 510860    | 1740378371 |

| Provider name                                          | Facility Name                                     | Address               | City       | Zip Code | County     | MMIS      | NPI        |
|--------------------------------------------------------|---------------------------------------------------|-----------------------|------------|----------|------------|-----------|------------|
| <b>Telecare Mental Health Services of Oregon, Inc.</b> | Telecare 72nd Avenue Recovery Center              | 7759 S.E. 72nd Avenue | Portland   | 97206    | Multnomah  | 515089    | 1659453686 |
| <b>Telecare Mental Health Services of Oregon, Inc.</b> | Telecare Recovery Center @ Woodburn               | 1605 E. Lincoln Road  | Woodburn   | 97071    | Marion     | 516050    | 1073601647 |
| <b>The Next Door, Inc.</b>                             | The Next Door-Chenoweth Elementary School         | 922 Chenoweth Loop Rd | The Dalles | 97058    | Hood River | 500764580 | 1053368100 |
| <b>The Next Door, Inc.</b>                             | The Next Door, Inc                                | 965 Tucker Road       | Hood River | 97031    | Wasco      | 025663    | 1053368100 |
| <b>The Power House</b>                                 | The Power House Extension                         | 32773 West Walls Road | Hermiston  | 97838    | Umatilla   | 500719987 | 1669893673 |
| <b>The Power House</b>                                 | The Power House Residential Drug Treatment Center | 32405 Diagonal Road   | Hermiston  | 97838    | Umatilla   | 500667339 | 1669893673 |

| Provider name                          | Facility Name                                  | Address                   | City          | Zip Code | County    | MMIS      | NPI        |
|----------------------------------------|------------------------------------------------|---------------------------|---------------|----------|-----------|-----------|------------|
| <b>The Power House</b>                 | Power House Detox                              | 3955 Salmon River Highway | Otis          | 97368    | Lincoln   | 500808058 | 1982197182 |
| <b>Transformations Wellness Center</b> | Transformation Wellness Center                 | 3647 Highway 39           | Klamath Falls | 97603    | Klamath   | 274254    | 1407065956 |
| <b>Trillium Family Services</b>        | Trillium Family Services - Sagebrush           | 2480 NE Twin Knolls Drive | Bend          | 97701    | Deschutes | 500828835 | 1053926569 |
| <b>Trillium Family Services</b>        | Trillium Family Services - Larkspur            | 3601 W 10th Street        | The Dalles    | 97058    | Multnomah | 228960    | 1205037413 |
| <b>Trillium Family Services</b>        | Trillium Family Services - Meadowlark          | 10327 River Rd NE         | Keizer        | 97303    | Marion    | 228960    | 1205037413 |
| <b>Trillium Family Services</b>        | Trillium Family Services - Northpoint          | 4455 N.E. Highway 20      | Corvallis     | 97330    | Benton    | 228960    | 1205037413 |
| <b>Trillium Family Services</b>        | Trillium Family Services- Edwards -ITS Psy Day | 1715 S.E. 32nd Place      | Portland      | 97211    | Multnomah | 228960    | 1205037413 |
| <b>Trillium Family Services</b>        | Trillium Family Services -                     | 4455 N.E. Highway 20      | Corvallis     | 97330    | Benton    | 228960    | 1205037413 |

| Provider name                   | Facility Name                                     | Address               | City      | Zip Code | County    | MMIS   | NPI        |
|---------------------------------|---------------------------------------------------|-----------------------|-----------|----------|-----------|--------|------------|
|                                 | Children's Farm Home                              |                       |           |          |           |        |            |
| <b>Trillium Family Services</b> | Trillium Family Services - Parry Center - ITS Res | 3415 S.E. Powell Blvd | Portland  | 97202    | Multnomah | 228960 | 1205037413 |
| <b>Trillium Family Services</b> | Trillium Family Services - Children's Farm Home   | 4455 N.E. Highway 20  | Corvallis | 97330    | Benton    | 228960 | 1205037413 |
| <b>Trillium Family Services</b> | Trillium Family Services- Parry Center -ITS- SCIP | 3415 S.E. Powell Blvd | Portland  | 97202    | Multnomah | 022640 | 1821299033 |
| <b>Trillium Family Services</b> | Trillium Family Services - Children's Farm Home   | 4455 N.E. Highway 20  | Corvallis | 97330    | Benton    | 228960 | 1205037413 |
| <b>Trillium Family Services</b> | Trillium Family Services-Parry Center -Sub-acute  | 3415 S.E. Powell Blvd | Portland  | 97202    | Multnomah | 312008 | 1093873382 |
| <b>Trillium Family Services</b> | Sender House - Young Adult Program                | 729 S.W. 7th          | Albany    | 97321    | Linn      | 517848 | 1750617189 |

| Provider name                               | Facility Name                                      | Address                             | City      | Zip Code | County     | MMIS      | NPI        |
|---------------------------------------------|----------------------------------------------------|-------------------------------------|-----------|----------|------------|-----------|------------|
| <b>Tuality Healthcare</b>                   | Tuality Healthcare<br>DBA Hillsboro Medical Center | 335 SE 8th Ave                      | Hillsboro | 97123    | Washington | 198606    | 1275591984 |
| <b>Universal Health Services</b>            | Cedar Hills Hospital                               | 10300 SW Eastridge Street           | Portland  | 97225    | Washington | 500615266 | 1528231826 |
| <b>Virtue at the Pointe Recovery Center</b> | Virtue at the Pointe Recovery Center, LLC - RES    | 263 West Exchange Street            | Astoria   | 97103    | Clatsop    |           | 1699371476 |
| <b>Virtue at the Pointe Recovery Center</b> | Virtue at the Pointe Recovery Center, LLC - DET    | 263 West Exchange Street            | Astoria   | 97103    | Clatsop    |           |            |
| <b>VOAOR - Volunteers of America Oregon</b> | VOAOR - Men's Residential Center                   | 2318 NE Martin Luther King Jr. Blvd | Portland  | 97212    | Multnomah  | 500677675 | 1376611418 |
| <b>VOAOR - Volunteers of America Oregon</b> | VOAOR - Women's Residential Center                 | 200 SE 7th Avenue                   | Portland  | 97214    | Multnomah  | 500661488 | 1376611418 |

| Provider name                             | Facility Name                             | Address                | City       | Zip Code | County  | MMIS      | NPI        |
|-------------------------------------------|-------------------------------------------|------------------------|------------|----------|---------|-----------|------------|
| <b>Wallowa Valley Center for Wellness</b> | Pioneer Guest Home III                    | 101 E. Main Street     | Enterprise | 97828    | Wallowa | 500788298 | 1043249907 |
| <b>Wallowa Valley Center for Wellness</b> | Wallowa River House                       | 601 Whiskey Creek Road | Wallowa    | 97885    | Wallowa | 517796    | 1043249907 |
| <b>Wallowa Valley Center for Wellness</b> | Joseph House                              | 301 E. 7th Street      | Joseph     | 97828    | Wallowa | 514506    | 1043249907 |
| <b>Willamette Family, Inc.</b>            | Willamette Family, Inc. - Carlton House   | 1420 Green Acres Road  | Eugene     | 97408    | Lane    | 008891    | 1376546291 |
| <b>Willamette Family, Inc.</b>            | Willamette Family, Inc. - Women's Program | 687 Cheshire Avenue    | Eugene     | 97402    | Lane    | 008891    | 1376546291 |
| <b>Willamette Family, Inc.</b>            | Willamette Family, Inc. - Buckley House   | 605 W 4th              | Eugene     | 97402    | Lane    | 008891    | 1376546291 |

## Appendix E: Qualifying Carceral Facilities

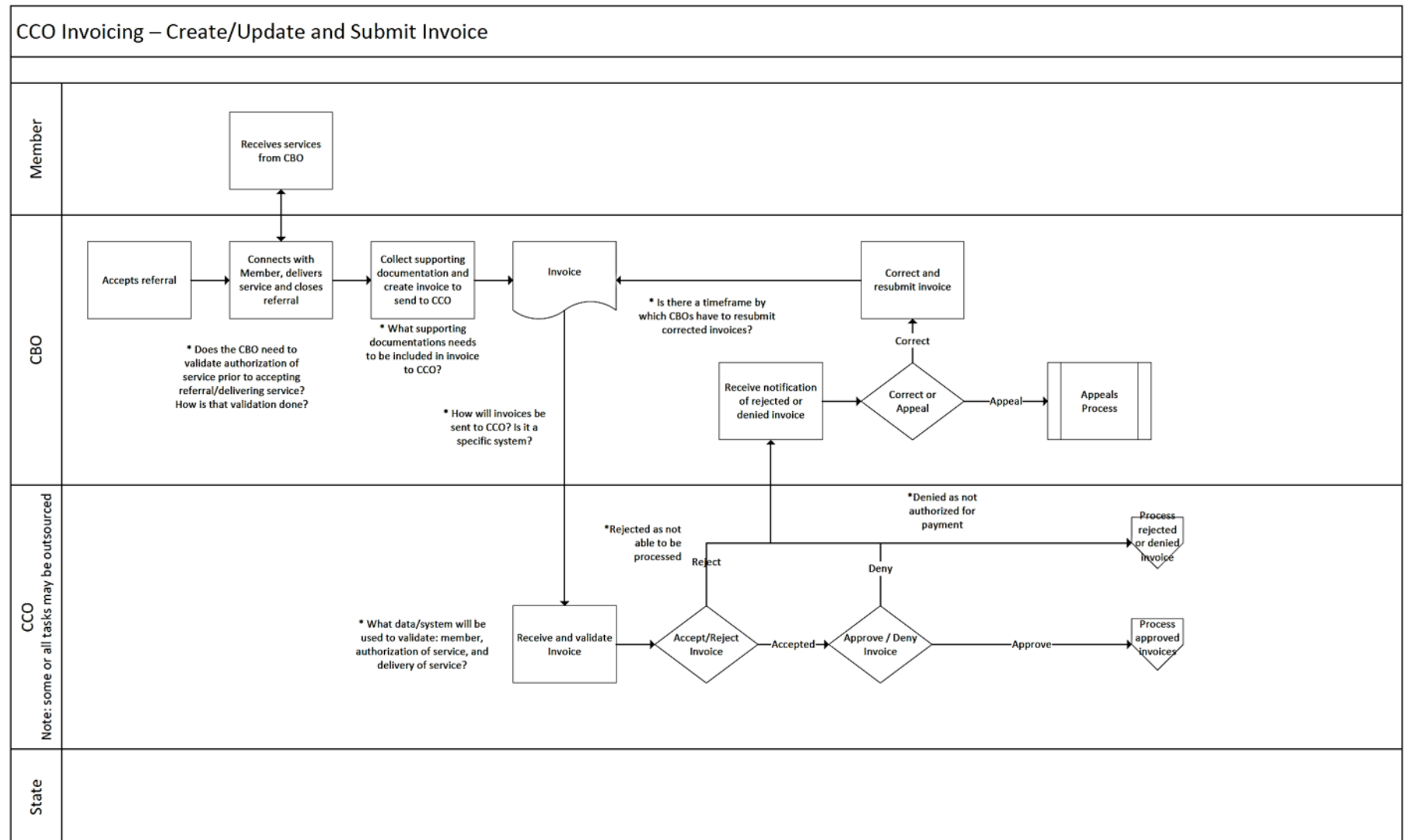
| Facility                                                    | Facility Type                                           |
|-------------------------------------------------------------|---------------------------------------------------------|
| <b>Tillamook Youth Correctional Facility (40 beds)</b>      | Oregon Youth Authority (OYA) Closed Custody Corrections |
| <b>Camp Tillamook Youth Transitional Facility (20 beds)</b> | Oregon Youth Authority (OYA) Closed Custody Corrections |
| <b>MacLaren Youth Correctional Facility (236 beds)</b>      | Oregon Youth Authority (OYA) Closed Custody Corrections |
| <b>Oak Creek Youth Correctional Facility (50 beds)</b>      | Oregon Youth Authority (OYA) Closed Custody Corrections |
| <b>Jackie Winters Transition Program (40 beds)</b>          | Oregon Youth Authority (OYA) Closed Custody Corrections |
| <b>Camp Florence Youth Transitional Facility (20 beds)</b>  | Oregon Youth Authority (OYA) Closed Custody Corrections |
| <b>Rogue Valley Youth Correctional Facility (80 beds)</b>   | Oregon Youth Authority (OYA) Closed Custody Corrections |
| <b>Camp Riverbend Youth Correctional Facility (25 beds)</b> | Oregon Youth Authority (OYA) Closed Custody Corrections |
| <b>Eastern Oregon Youth Correctional Facility (40 beds)</b> | Oregon Youth Authority (OYA) Closed Custody Corrections |
| <b>Deschutes County (16 beds)</b>                           | Juvenile Detention Facility                             |
| <b>Douglas County (32 beds)</b>                             | Juvenile Detention Facility                             |
| <b>Jackson County (24 beds)</b>                             | Juvenile Detention Facility                             |
| <b>Josephine County (14 beds)</b>                           | Juvenile Detention Facility                             |
| <b>Lane County (16 beds)</b>                                | Juvenile Detention Facility                             |
| <b>Linn – Benton (20 beds)</b>                              | Juvenile Detention Facility                             |
| <b>Marion County (32 beds)</b>                              | Juvenile Detention Facility                             |
| <b>Multnomah County (64 beds)</b>                           | Juvenile Detention Facility                             |

| Facility                                                          | Facility Type               |
|-------------------------------------------------------------------|-----------------------------|
| <b>NORCOR – The Dalles (32 beds)</b>                              | Juvenile Detention Facility |
| <b>Yamhill County (24 beds)</b>                                   | Juvenile Detention Facility |
| <b>Klamath County (16 beds)</b>                                   | Juvenile Detention Facility |
| <b>Coffee Creek Correctional Facility (CCCF)</b>                  | State Prison                |
| <b>Columbia River Correctional Institute (CRCI)</b>               | State Prison                |
| <b>Deer Ridge Correctional Institution (DRCI)</b>                 | State Prison                |
| <b>Eastern Oregon Correctional Institution (EOCI)</b>             | State Prison                |
| <b>Oregon State Correctional Institution (OSCI)</b>               | State Prison                |
| <b>Oregon State Penitentiary (OSP)</b>                            | State Prison                |
| <b>Powder River Correctional Facility (PRCF)</b>                  | State Prison                |
| <b>Santiam Correctional Institution (SCI)</b>                     | State Prison                |
| <b>Snake River Correctional Institution (SRCI)</b>                | State Prison                |
| <b>South Fork Forest Camp (SFFC)</b>                              | State Prison                |
| <b>Two Rivers Correctional Institution (TRCI)</b>                 | State Prison                |
| <b>Warner Creek Correctional Facility (WCCF)</b>                  | State Prison                |
| <b>FCI Sheridan Camp: Medium security prison for male inmates</b> | Federal Prison              |
| <b>Baker</b>                                                      | County jail                 |
| <b>Marion County (32 beds)</b>                                    | Juvenile Detention Facility |
| <b>Benton</b>                                                     | County jail                 |
| <b>Clackamas CCJ</b>                                              | County jail                 |
| <b>Clatsop</b>                                                    | County jail                 |
| <b>Columbia</b>                                                   | County jail                 |

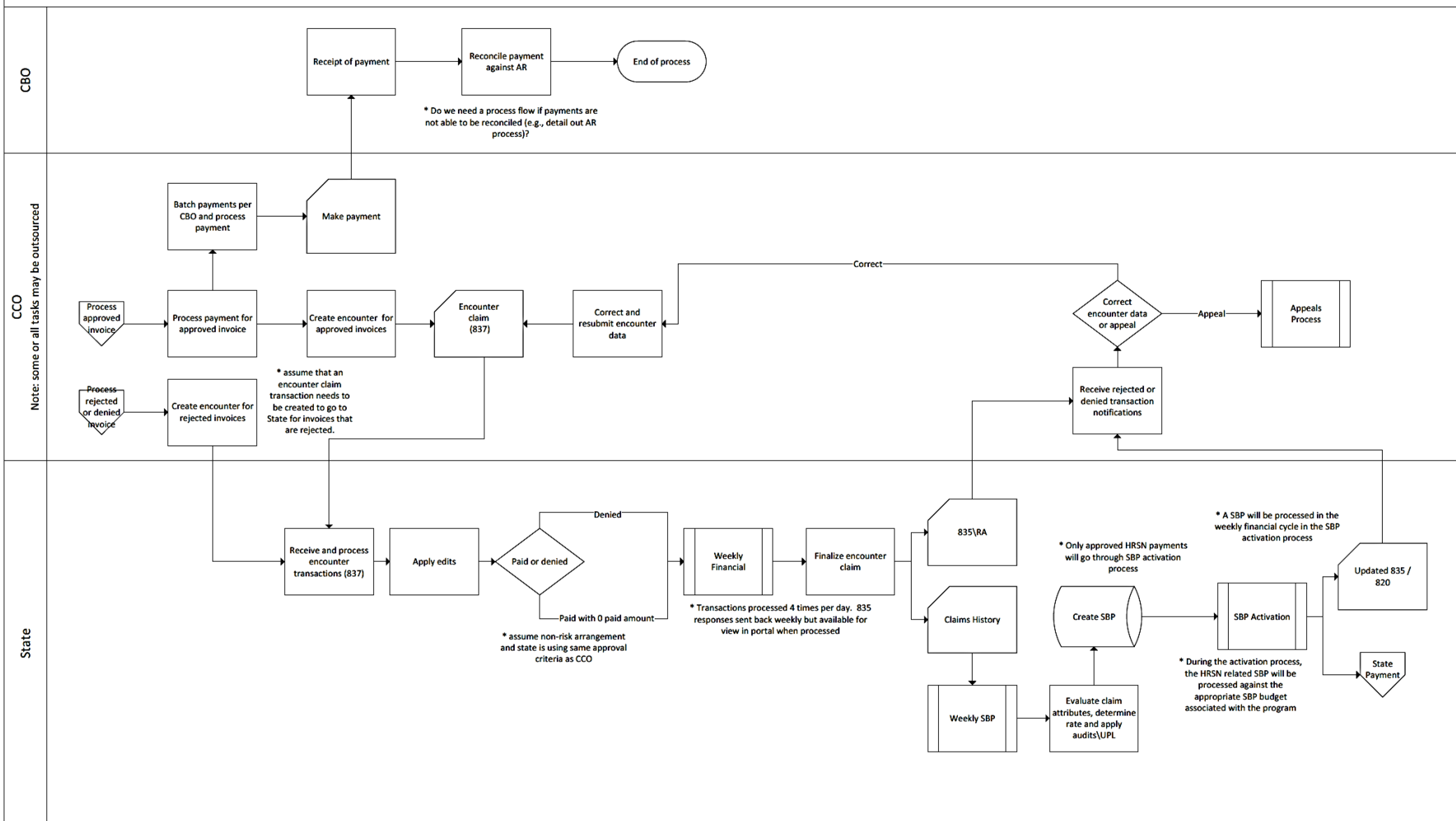
| Facility                         | Facility Type |
|----------------------------------|---------------|
| <b>Coos</b>                      | County jail   |
| <b>Crook</b>                     | County jail   |
| <b>Curry</b>                     | County jail   |
| <b>Deschutes</b>                 | County jail   |
| <b>Douglas</b>                   | County jail   |
| <b>Grant</b>                     | County jail   |
| <b>Harney</b>                    | County jail   |
| <b>Jackson</b>                   | County jail   |
| <b>Jefferson</b>                 | County jail   |
| <b>Josephine</b>                 | County jail   |
| <b>Klamath</b>                   | County jail   |
| <b>Lake</b>                      | County jail   |
| <b>Lane</b>                      | County jail   |
| <b>Lincoln</b>                   | County jail   |
| <b>Linn</b>                      | County jail   |
| <b>Malheur</b>                   | County jail   |
| <b>Marion</b>                    | County jail   |
| <b>Multnomah County Jail (2)</b> | County jail   |
| <b>NORCOR</b>                    | County jail   |
| <b>Polk</b>                      | County jail   |
| <b>Tillamook</b>                 | County jail   |
| <b>Umatilla</b>                  | County jail   |
| <b>Union</b>                     | County jail   |

| Facility           | Facility Type  |
|--------------------|----------------|
| Washington County  | County jail    |
| Yamhill            | County jail    |
| Any municipal jail | Municipal jail |

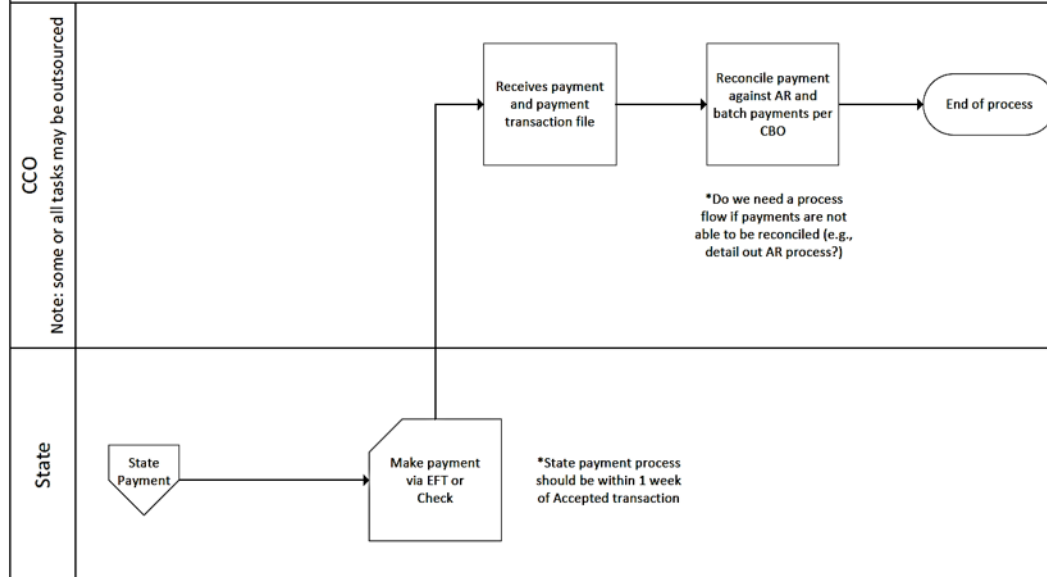
## Appendix F: Automatic Payment Process



## CCO Invoicing – Process Invoice, Render Payment, and Create Encounter



## CCO Invoicing – State Reimbursement



## Appendix G: List of Qualifying Behavioral Health Diagnosis Code for YSHCN

The condition is challenging, chronic and complicated, regardless of individual characteristics and circumstances. A young adult with the condition should automatically be eligible for the Medicaid benefits.

\* Indicates that all subcodes are included.

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                         |
|--------------------------|-----------------------------------------------------------|
| <b>F70</b>               | Mild intellectual disabilities                            |
| <b>F71</b>               | Moderate intellectual disabilities                        |
| <b>F72</b>               | Severe intellectual disabilities                          |
| <b>F73</b>               | Profound intellectual disabilities                        |
| <b>F78</b>               | Other intellectual disabilities                           |
| <b>F78.A1</b>            | SYNGAP1-related intellectual disability                   |
| <b>F78.A9</b>            | Other genetic related intellectual disability             |
| <b>F79</b>               | Unspecified intellectual disabilities                     |
| <b>F80.1</b>             | Expressive language disorder                              |
| <b>F80.2</b>             | Mixed receptive-expressive language disorder              |
| <b>F80.4</b>             | Speech and language development delay due to hearing loss |
| <b>F80.81</b>            | Childhood onset fluency disorder (stuttering)             |
| <b>F81</b>               | Specific developmental disorders of scholastic skills     |
| <b>F81.0</b>             | Specific reading disorder                                 |
| <b>F81.2</b>             | Mathematics disorder                                      |
| <b>F81.8</b>             | Other developmental disorders of scholastic skills        |
| <b>F81.81</b>            | Disorder of written expression                            |
| <b>F81.89</b>            | Other developmental disorders of scholastic skills        |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                                                                                 |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>F81.9</b>             | Developmental disorder of scholastic skills, unspecified                                                                          |
| <b>F84.0</b>             | Autistic disorder                                                                                                                 |
| <b>F84.3</b>             | Other childhood disintegrative disorder                                                                                           |
| <b>F84.5</b>             | Asperger's syndrome                                                                                                               |
| <b>F88</b>               | Global developmental delay                                                                                                        |
| <b>F90</b>               | Attention-deficit hyperactivity disorders                                                                                         |
| <b>F90.0</b>             | Attention-deficit hyperactivity disorder, predominantly inattentive type                                                          |
| <b>F90.1</b>             | Attention-deficit hyperactivity disorder, predominantly hyperactive type                                                          |
| <b>F90.2</b>             | Attention-deficit hyperactivity disorder, combined type                                                                           |
| <b>F90.8</b>             | Attention-deficit hyperactivity disorder, other type                                                                              |
| <b>F90.9</b>             | Attention-deficit hyperactivity disorder, unspecified type                                                                        |
| <b>F95.1</b>             | Chronic motor or vocal tic disorder                                                                                               |
| <b>F95.2</b>             | Tourette's disorder                                                                                                               |
| <b>F06.0</b>             | Psychotic disorder due to another medical condition (Psychotic disorder with hallucinations due to known physiological condition) |
| <b>F06.2</b>             | Psychotic disorder due to another medical condition (Psychotic disorder with delusions due to known physiological condition)      |
| <b>F20.0</b>             | Paranoid schizophrenia                                                                                                            |
| <b>F20.1</b>             | Disorganized schizophrenia                                                                                                        |
| <b>F20.2</b>             | Catatonic schizophrenia                                                                                                           |
| <b>F20.3</b>             | Undifferentiated schizophrenia                                                                                                    |
| <b>F20.5</b>             | Residual schizophrenia                                                                                                            |
| <b>F20.8</b>             | Other schizophrenia                                                                                                               |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                        |
|--------------------------|--------------------------------------------------------------------------|
| <b>F20.81</b>            | Schizophreniform disorder                                                |
| <b>F20.89</b>            | Other schizophrenia                                                      |
| <b>F20.9</b>             | Schizophrenia                                                            |
| <b>F21</b>               | Schizotypal disorder                                                     |
| <b>F25</b>               | Schizoaffective disorders                                                |
| <b>F25.0</b>             | Schizoaffective disorder, bipolar type                                   |
| <b>F25.1</b>             | Schizoaffective disorder, depressive type                                |
| <b>F25.8</b>             | Other schizoaffective disorders                                          |
| <b>F25.9</b>             | Schizoaffective disorder, unspecified                                    |
| <b>F28</b>               | Other specified schizophrenia spectrum disorder                          |
| <b>F29</b>               | Unspecified schizophrenia spectrum disorder                              |
| <b>F22</b>               | Delusional disorders                                                     |
| <b>F23</b>               | Brief psychotic disorder                                                 |
| <b>F24</b>               | Shared psychotic disorder                                                |
| <b>F31</b>               | Bipolar disorder                                                         |
| <b>F31.0</b>             | Bipolar disorder, current episode hypomanic                              |
| <b>F31.1</b>             | Bipolar disorder, current episode manic without psychotic features       |
| <b>F31.10</b>            | Bipolar disorder, current episode manic without psychotic features,      |
| <b>F31.11</b>            | Bipolar disorder, current episode manic without psychotic features, mild |
| <b>F20.81</b>            | Schizophreniform disorder                                                |
| <b>F20.89</b>            | Other schizophrenia                                                      |
| <b>F20.9</b>             | Schizophrenia                                                            |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                           |
|--------------------------|-----------------------------------------------------------------------------|
| <b>F21</b>               | Schizotypal disorder                                                        |
| <b>F25</b>               | Schizoaffective disorders                                                   |
| <b>F25.0</b>             | Schizoaffective disorder, bipolar type                                      |
| <b>F25.1</b>             | Schizoaffective disorder, depressive type                                   |
| <b>F25.8</b>             | Other schizoaffective disorders                                             |
| <b>F25.9</b>             | Schizoaffective disorder, unspecified                                       |
| <b>F28</b>               | Other specified schizophrenia spectrum disorder                             |
| <b>F31.60</b>            | Bipolar disorder, current episode mixed, unspecified                        |
| <b>F31.61</b>            | Bipolar disorder, current episode mixed, mild                               |
| <b>F31.62</b>            | Bipolar disorder, current episode mixed, moderate                           |
| <b>F31.63</b>            | Bipolar disorder, current episode mixed, severe, without psychotic features |
| <b>F31.64</b>            | Bipolar disorder, current episode mixed, severe, with psychotic features    |
| <b>F31.7</b>             | Bipolar disorder, currently in remission                                    |
| <b>F31.71</b>            | Bipolar disorder, in partial remission, most recent episode hypomanic       |
| <b>F31.72</b>            | Bipolar disorder, in full remission, most recent episode hypomanic          |
| <b>F31.73</b>            | Bipolar disorder, in partial remission, most recent episode manic           |
| <b>F31.75</b>            | Bipolar disorder, in partial remission, most recent episode depressed       |
| <b>F31.77</b>            | Bipolar disorder, in partial remission, most recent episode mixed           |
| <b>F31.78</b>            | Bipolar disorder, in full remission, most recent episode mixed              |
| <b>F31.8</b>             | Other bipolar disorders                                                     |
| <b>F31.81</b>            | Bipolar II disorder                                                         |
| <b>F31.89</b>            | Other bipolar disorder                                                      |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                                                             |
|--------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>F31.9</b>             | Bipolar disorder, unspecified                                                                                 |
| <b>F34.0</b>             | Cyclothymic disorder                                                                                          |
| <b>F33.1</b>             | Major depressive disorder, recurrent, moderate                                                                |
| <b>F33.2</b>             | Major depressive disorder, recurrent severe without psychotic features                                        |
| <b>F33.3</b>             | Major depressive disorder, recurrent, severe with psychotic symptoms                                          |
| <b>F33.4</b>             | Major depressive disorder, recurrent, in remission                                                            |
| <b>F33.41</b>            | Major depressive disorder, recurrent, in partial remission                                                    |
| <b>F33.8</b>             | Other recurrent depressive disorders                                                                          |
| <b>F33.9</b>             | Major depressive disorder, recurrent, unspecified                                                             |
| <b>F34.8</b>             | Disruptive mood dysregulation disorder                                                                        |
| <b>F06.4</b>             | Anxiety disorder due to another medical condition                                                             |
| <b>F40.0</b>             | Agoraphobia                                                                                                   |
| <b>F41.0</b>             | Panic disorder                                                                                                |
| <b>F41.1</b>             | Generalized anxiety disorder                                                                                  |
| <b>F41.9</b>             | Unspecified anxiety disorder                                                                                  |
| <b>F93</b>               | Separation anxiety disorder                                                                                   |
| <b>F94</b>               | Selective mutism                                                                                              |
| <b>F06.8</b>             | Obsessive-compulsive and related disorder or other specified mental disorder due to another medical condition |
| <b>F42</b>               | Obsessive compulsive disorder, hoarding, and related disorders                                                |
| <b>F42.2</b>             | (Mixed obsessional thoughts and acts)                                                                         |
| <b>F42.3</b>             | (Hoarding disorder)                                                                                           |
| <b>F42.4</b>             | (Excoriation [skin-picking] disorder)                                                                         |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                                   |
|--------------------------|-------------------------------------------------------------------------------------|
| <b>F42.8</b>             | (Other obsessive-compulsive disorder)                                               |
| <b>F42.9</b>             | Obsessive-compulsive disorder, unspecified                                          |
| <b>F45.22</b>            | Body dysmorphic disorder                                                            |
| <b>F63.3</b>             | Trichotillomania (hair pulling disorder)                                            |
| <b>F43</b>               | Acute stress disorder                                                               |
| <b>F43.1</b>             | PTSD                                                                                |
| <b>F43.12</b>            | (PTSD, chronic)                                                                     |
| <b>F94.1</b>             | Reactive attachment disorder                                                        |
| <b>F44.0</b>             | Dissociative amnesia                                                                |
| <b>F44.81</b>            | Dissociative identity disorder                                                      |
| <b>F44.89</b>            | (Other specified dissociative disorder)                                             |
| <b>F45.22</b>            | Body dysmorphic disorder                                                            |
| <b>F45.8</b>             | (Other specified somatic symptom and related disorder)                              |
| <b>F48.1</b>             | (Dissociative disorders. Depersonalization/Derealization disorder)                  |
| <b>F44.4</b>             | Conversion disorder with motor symptom or deficit                                   |
| <b>F44.5</b>             | Conversion disorder with seizures or convulsions                                    |
| <b>F44.6</b>             | Conversion disorder with sensory symptom or deficit                                 |
| <b>F44.7</b>             | Conversion disorder with mixed symptom presentation                                 |
| <b>F45.21</b>            | Hypochondriasis / (Somatic symptom and related disorders. Illness anxiety disorder) |
| <b>F50</b>               | Eating disorders                                                                    |
| <b>F50.0</b>             | Anorexia nervosa                                                                    |
| <b>F50.01</b>            | Anorexia nervosa, restricting type                                                  |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                                                                                                        |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>F50.02</b>            | Anorexia nervosa, binge eating/purging type                                                                                                              |
| <b>F50.2</b>             | Bulimia nervosa                                                                                                                                          |
| <b>F50.8</b>             | (Feeding and eating disorders. In adults) / Other eating disorders                                                                                       |
| <b>F50.81</b>            | Binge eating disorder                                                                                                                                    |
| <b>F50.89</b>            | (Other specified feeding or eating disorder)                                                                                                             |
| <b>F98.3</b>             | (Feeding and eating disorders. In children) [Pica]                                                                                                       |
| <b>F98.1</b>             | Encopresis not due to a substance or known physiological condition                                                                                       |
| <b>F64</b>               | Gender dysphoria                                                                                                                                         |
| <b>F63</b>               | Impulse disorders                                                                                                                                        |
| <b>F63.1</b>             | Pyromania / (Disruptive, impulse control, and conduct disorders. Pyromania)                                                                              |
| <b>F63.2</b>             | Kleptomania                                                                                                                                              |
| <b>F63.81</b>            | Intermittent explosive disorder                                                                                                                          |
| <b>F91.1</b>             | Conduct disorder, childhood-onset type                                                                                                                   |
| <b>F91.2</b>             | Conduct disorder, adolescent-onset type                                                                                                                  |
| <b>F91.3</b>             | Oppositional defiant disorder                                                                                                                            |
| <b>F91.8</b>             | Other conduct disorders                                                                                                                                  |
| <b>F91.9</b>             | Conduct disorder, unspecified                                                                                                                            |
| <b>F10.2*</b>            | F10.22-.288 Now alcohol use disorder moderate, severe, alcohol intoxication with severe Sx, alcohol withdrawal with severe Sx, alcohol-induced disorders |
| <b>F10.21</b>            | Alcohol dependence, in remission                                                                                                                         |
| <b>F10.9*</b>            | Alcohol induced disorders; F10.96 Alcohol use, unspecified with alcohol-induced persisting amnestic disorder                                             |
| <b>F10.96</b>            | Alcohol use, unspecified with alcohol-induced persisting amnestic disorder                                                                               |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                             |
|--------------------------|---------------------------------------------------------------|
| <b>F11.1*</b>            | Opioid use disorder and intoxication, mild                    |
| <b>F11.2*</b>            | Opioid use disorder and intoxication, severe                  |
| <b>F11.20</b>            | Opioid dependence, uncomplicated                              |
| <b>F11.21</b>            | Opioid dependence, in remission                               |
| <b>F11.9*</b>            | Opioid induced disorders                                      |
| <b>F12.2*</b>            | Cannabis dependence                                           |
| <b>F12.20</b>            | (Substance-related and addictive disorders. Moderate, severe) |
| <b>F13.1*</b>            | Sedative, hypnotic, or anxiolytic-related abuse               |
| <b>F13.2*</b>            | Sedative, hypnotic, or anxiolytic-related dependence          |
| <b>F13.20</b>            | Sedative, hypnotic or anxiolytic dependence, uncomplicated    |
| <b>F13.21</b>            | Sedative, hypnotic or anxiolytic dependence, in remission     |
| <b>F14.2*</b>            | Cocaine dependence                                            |
| <b>F14.20</b>            | Cocaine dependence, uncomplicated                             |
| <b>F15.2*</b>            | Other stimulant dependence                                    |
| <b>F15.20</b>            | Other stimulant dependence, uncomplicated                     |
| <b>F15.21</b>            | Other stimulant dependence, in remission                      |
| <b>F16.2*</b>            | Hallucinogen dependence                                       |
| <b>F16.20</b>            | Hallucinogen dependence, uncomplicated                        |
| <b>F16.21</b>            | Hallucinogen dependence, in remission                         |
| <b>F18.2*</b>            | Inhalant dependence                                           |
| <b>F18.20</b>            | Inhalant dependence, uncomplicated                            |
| <b>F18.21</b>            | Inhalant dependence, in remission                             |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                                                                                               |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>F19.2*</b>            | Other psychoactive substance dependence                                                                                                         |
| <b>F19.20</b>            | Other psychoactive substance dependence, uncomplicated                                                                                          |
| <b>F19.21</b>            | Other psychoactive substance dependence, in remission                                                                                           |
| <b>F63.0</b>             | Pathological gambling                                                                                                                           |
| <b>F02.811</b>           | Dementia in other diseases classified elsewhere, unspecified severity, with agitation                                                           |
| <b>F02.818</b>           | Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance                                        |
| <b>F02.82</b>            | Dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance                                               |
| <b>F02.83</b>            | Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance                                                    |
| <b>F02.84</b>            | Dementia in other diseases classified elsewhere, unspecified severity, with anxiety                                                             |
| <b>F02.A0</b>            | Dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety     |
| <b>F02.A11</b>           | Dementia in other diseases classified elsewhere, mild, with agitation                                                                           |
| <b>F02.A18</b>           | Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance                                                        |
| <b>F02.A2</b>            | Dementia in other diseases classified elsewhere, mild, with psychotic disturbance                                                               |
| <b>F02.A3</b>            | Dementia in other diseases classified elsewhere, mild, with mood disturbance                                                                    |
| <b>F02.A4</b>            | Dementia in other diseases classified elsewhere, mild, with anxiety                                                                             |
| <b>F02.B0</b>            | Dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |
| <b>F02.B11</b>           | Dementia in other diseases classified elsewhere, moderate, with agitation                                                                       |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                                                                                             |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>F02.B18</b>           | Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance                                                  |
| <b>F02.B2</b>            | Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance                                                         |
| <b>F02.B3</b>            | Dementia in other diseases classified elsewhere, moderate, with mood disturbance                                                              |
| <b>F02.B4</b>            | Dementia in other diseases classified elsewhere, moderate, with anxiety                                                                       |
| <b>F02.C0</b>            | Dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |
| <b>F02.C11</b>           | Dementia in other diseases classified elsewhere, severe, with agitation                                                                       |
| <b>F02.C18</b>           | Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance                                                    |
| <b>F02.C2</b>            | Dementia in other diseases classified elsewhere, severe, with psychotic disturbance                                                           |
| <b>F02.C3</b>            | Dementia in other diseases classified elsewhere, severe, with mood disturbance                                                                |
| <b>F02.C4</b>            | Dementia in other diseases classified elsewhere, severe, with anxiety                                                                         |
| <b>F03.911</b>           | Unspecified dementia, unspecified severity, with agitation                                                                                    |
| <b>F03.918</b>           | Unspecified dementia, unspecified severity, with other behavioral disturbance                                                                 |
| <b>F03.92</b>            | Unspecified dementia, unspecified severity, with psychotic disturbance                                                                        |
| <b>F03.93</b>            | Unspecified dementia, unspecified severity, with mood disturbance                                                                             |
| <b>F03.94</b>            | Unspecified dementia, unspecified severity, with anxiety                                                                                      |
| <b>F03.A0</b>            | Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety                              |
| <b>F03.A11</b>           | Unspecified dementia, mild, with agitation                                                                                                    |
| <b>F03.A18</b>           | Unspecified dementia, mild, with other behavioral disturbance                                                                                 |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>F03.A2</b>            | Unspecified dementia, mild, with psychotic disturbance                                                               |
| <b>F03.A3</b>            | Unspecified dementia, mild, with mood disturbance                                                                    |
| <b>F03.A4</b>            | Unspecified dementia, mild, with anxiety                                                                             |
| <b>F03.B0</b>            | Unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety |
| <b>F03.B11</b>           | Unspecified dementia, moderate, with agitation                                                                       |
| <b>F03.B18</b>           | Unspecified dementia, moderate, with other behavioral disturbance                                                    |
| <b>F03.B2</b>            | Unspecified dementia, moderate, with psychotic disturbance                                                           |
| <b>F03.B3</b>            | Unspecified dementia, moderate, with mood disturbance                                                                |
| <b>F03.B4</b>            | Unspecified dementia, moderate, with anxiety                                                                         |
| <b>F03.C0</b>            | Unspecified dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety   |
| <b>F03.C11</b>           | Unspecified dementia, severe, with agitation                                                                         |
| <b>F03.C18</b>           | Unspecified dementia, severe, with other behavioral disturbance                                                      |
| <b>F03.C2</b>            | Unspecified dementia, severe, with psychotic disturbance                                                             |
| <b>F03.C3</b>            | Unspecified dementia, severe, with mood disturbance                                                                  |
| <b>F03.C4</b>            | Unspecified dementia, severe, with anxiety                                                                           |
| <b>G10</b>               | Huntington's disease                                                                                                 |
| <b>F60</b>               | Specific personality disorders                                                                                       |
| <b>F60.0</b>             | Paranoid personality disorder                                                                                        |
| <b>F60.1</b>             | Schizoid personality disorder                                                                                        |
| <b>F60.2</b>             | Antisocial personality disorder                                                                                      |
| <b>F60.3</b>             | Borderline personality disorder                                                                                      |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                            |
|--------------------------|------------------------------------------------------------------------------|
| <b>F60.4</b>             | Histrionic personality disorder                                              |
| <b>F60.5</b>             | Obsessive-compulsive personality disorder                                    |
| <b>F60.6</b>             | Avoidant personality disorder                                                |
| <b>F60.7</b>             | Dependent personality disorder                                               |
| <b>F60.8</b>             | Other specific personality disorders                                         |
| <b>F60.81</b>            | Narcissistic personality disorder                                            |
| <b>F60.89</b>            | Other specific personality disorders                                         |
| <b>F60.9</b>             | Personality disorder, unspecified                                            |
| <b>F65*</b>              | Paraphilic disorder                                                          |
| <b>G04</b>               | Encephalitis, myelitis and encephalomyelitis                                 |
| <b>G04.0</b>             | Acute disseminated encephalitis and encephalomyelitis (ADEM)                 |
| <b>G04.3</b>             | Acute necrotizing hemorrhagic encephalopathy                                 |
| <b>G04.31</b>            | Postinfectious acute necrotizing hemorrhagic encephalopathy                  |
| <b>G04.32</b>            | Postimmunization acute necrotizing hemorrhagic encephalopathy                |
| <b>G04.8</b>             | Other encephalitis, myelitis and encephalomyelitis                           |
| <b>G04.81</b>            | Other encephalitis and encephalomyelitis                                     |
| <b>G04.9</b>             | Encephalitis, myelitis and encephalomyelitis, unspecified                    |
| <b>G04.90</b>            | Encephalitis and encephalomyelitis, unspecified                              |
| <b>G05</b>               | Encephalitis, myelitis and encephalomyelitis in disease classified elsewhere |
| <b>G05.3</b>             | Encephalitis and encephalomyelitis in disease classified elsewhere           |
| <b>G09</b>               | Sequelae of inflammatory diseases of central nervous system                  |
| <b>G11.0</b>             | Congenital nonprogressive ataxia                                             |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                      |
|--------------------------|------------------------------------------------------------------------|
| <b>G11.1</b>             | Early-onset cerebellar ataxia                                          |
| <b>G11.10</b>            | Early-onset cerebellar ataxia, unspecified                             |
| <b>G11.3</b>             | Cerebellar ataxia with defective DNA repair                            |
| <b>G11.8</b>             | Other hereditary ataxias                                               |
| <b>G12</b>               | Spinal muscular atrophy and related syndromes                          |
| <b>G12.0</b>             | Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]            |
| <b>G12.1</b>             | Other inherited spinal muscular atrophy                                |
| <b>G12.2</b>             | Motor neuron disease                                                   |
| <b>G12.21</b>            | Amyotrophic lateral sclerosis                                          |
| <b>G12.25</b>            | Progressive spinal muscle atrophy                                      |
| <b>G12.29</b>            | Other motor neuron disease                                             |
| <b>G12.8</b>             | Other spinal muscular atrophies and related syndromes                  |
| <b>G12.9</b>             | Spinal muscular atrophy, unspecified                                   |
| <b>G14</b>               | Postpolio syndrome                                                     |
| <b>G23</b>               | Other degenerative diseases of basal ganglia                           |
| <b>G23.0</b>             | Hallervorden-Spatz disease                                             |
| <b>G23.1</b>             | Progressive supranuclear ophthalmoplegia [Steele-Richardson-Olszewski] |
| <b>G23.2</b>             | Striatonigral degeneration                                             |
| <b>G23.8</b>             | Other specified degenerative diseases of basal ganglia                 |
| <b>G25.82</b>            | Stiff-man syndrome                                                     |
| <b>G31.81</b>            | Alpers disease                                                         |
| <b>G31.82</b>            | Leigh's disease                                                        |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                                                                                                                |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>G31.9</b>             | Degenerative disease of nervous system, unspecified                                                                                                              |
| <b>G32.0</b>             | Subacute combined degeneration of spinal cord in diseases classified                                                                                             |
| <b>elsewhere</b>         |                                                                                                                                                                  |
| <b>G35</b>               | Multiple sclerosis                                                                                                                                               |
| <b>G37.2</b>             | Central pontine myelinolysis                                                                                                                                     |
| <b>G37.5</b>             | Concentric sclerosis [Balo] of central nervous system                                                                                                            |
| <b>G37.8</b>             | Other specified demyelinating diseases of central nervous system                                                                                                 |
| <b>G37.9</b>             | Demyelinating disease of central nervous system, unspecified                                                                                                     |
| <b>G40.0</b>             | Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable                             |
| <b>G40.009</b>           | Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus |
| <b>G40.011</b>           | Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus        |
| <b>G40.101</b>           | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus       |
| <b>G40.109</b>           | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus    |
| <b>G40.11</b>            | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable                                    |
| <b>G40.2</b>             | Localization-related (focal) (partial) symptomatic epilepsy and epileptic                                                                                        |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | syndromes with complex partial seizures                                                                                                                        |
| <b>G40.209</b>           | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus |
| <b>G40.21</b>            | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable                                 |
| <b>G40.219</b>           | Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus     |
| <b>G40.3</b>             | Generalized idiopathic epilepsy and epileptic syndromes                                                                                                        |
| <b>G40.30</b>            | Generalized idiopathic epilepsy and epileptic syndromes, not intractable                                                                                       |
| <b>G40.301</b>           | Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus                                                              |
| <b>G40.309</b>           | Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus                                                           |
| <b>G40.311</b>           | Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus                                                                  |
| <b>G40.311</b>           | Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus                                                                  |
| <b>G40.319</b>           | Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus                                                               |
| <b>G40.4</b>             | Other generalized epilepsy and epileptic syndromes                                                                                                             |
| <b>G40.40</b>            | Other generalized epilepsy and epileptic syndromes, not intractable                                                                                            |
| <b>G40.401</b>           | Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus                                                                   |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                                               |
|--------------------------|-------------------------------------------------------------------------------------------------|
| <b>G40.409</b>           | Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus |
| <b>G40.41</b>            | Other generalized epilepsy and epileptic syndromes, intractable                                 |
| <b>G40.411</b>           | Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus        |
| <b>G40.419</b>           | Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus     |
| <b>G40.42</b>            | Cyclin-Dependent Kinase-Like 5 Deficiency Disorder                                              |
| <b>G40.5</b>             | Epileptic seizures related to external causes                                                   |
| <b>G40.50</b>            | Epileptic seizures related to external causes, not intractable                                  |
| <b>G40.501</b>           | Epileptic seizures related to external causes, not intractable, with status epilepticus         |
| <b>G40.509</b>           | Epileptic seizures related to external causes, not intractable, without status epilepticus      |
| <b>G40.511</b>           | Special epileptic syndromes, intractable, with status epilepticus                               |
| <b>G40.80</b>            | Other epilepsy                                                                                  |
| <b>G40.801</b>           | Other epilepsy, not intractable, with status epilepticus                                        |
| <b>G40.809</b>           | Other epilepsy, not intractable, without status epilepticus                                     |
| <b>G40.811</b>           | Lennox-Gastaut syndrome, not intractable, with status epilepticus                               |
| <b>G40.812</b>           | Lennox-Gastaut syndrome, not intractable, without status epilepticus                            |
| <b>G40.813</b>           | Lennox-Gastaut syndrome, intractable, with status epilepticus                                   |
| <b>G40.814</b>           | Lennox-Gastaut syndrome, intractable, without status epilepticus                                |
| <b>G40.819</b>           | Other epilepsy, intractable, without status epilepticus                                         |
| <b>G40.82</b>            | Epileptic spasms                                                                                |

| ICD-10<br>Diagnosis Code | ICD-10 Diagnosis Code Description                                  |
|--------------------------|--------------------------------------------------------------------|
| <b>G40.821</b>           | Epileptic spasms, not intractable, with status epilepticus         |
| <b>G40.822</b>           | Epileptic spasms, not intractable, without status epilepticus      |
| <b>G40.823</b>           | Epileptic spasms, intractable, with status epilepticus             |
| <b>G40.824</b>           | Epileptic spasms, intractable, without status epilepticus          |
| <b>G40.833</b>           | Dravet syndrome, intractable, with status epilepticus              |
| <b>G40.834</b>           | Dravet syndrome, intractable, without status epilepticus           |
| <b>G40.9</b>             | Epilepsy, unspecified                                              |
| <b>G40.90</b>            | Epilepsy, unspecified, not intractable                             |
| <b>G40.901</b>           | Epilepsy, unspecified, not intractable, with status epilepticus    |
| <b>G40.909</b>           | Epilepsy, unspecified, not intractable, without status epilepticus |
| <b>G40.91</b>            | Epilepsy, unspecified, intractable                                 |
| <b>I69.920</b>           | Aphasia following unspecified cerebrovascular disease              |
| <b>I69.921</b>           | Dysphasia following unspecified cerebrovascular disease            |
| <b>I69.922</b>           | Dysarthria following unspecified cerebrovascular disease           |
| <b>I69.923</b>           | Fluency disorder following unspecified cerebrovascular disease     |
| <b>B25.9</b>             | Cytomegaloviral disease, unspecified                               |
| <b>Q90.2</b>             | Trisomy 21                                                         |
| <b>Q90.9</b>             | Down syndrome, unspecified                                         |
| <b>Q99.2</b>             | Fragile X chromosome                                               |
| <b>I169.31</b>           | Cognitive deficits following cerebral infarction                   |
| <b>G40.511</b>           | Special epileptic syndromes, intractable, with status epilepticus  |

## Appendix H: YSHCN Screener for ONE Applicant Portal

The next questions will be used to screen for a program for young adults with ongoing health conditions. This program covers more services than other OHP programs for adults like extra dental and vision services and more types of specialty care. If you choose to answer these questions, [individual name/s] will be screened for this medical program.

1. Currently, do you take prescription medicine? (This excludes vitamins and birth control.)

- Yes → Go to Question 1b
- No → Go to Question 1a

a. Do you need prescription medicine that you do not get? (This excludes vitamins and birth control.)

- Yes → Go to Question 1b
- No → Go to Question 2

b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

- Yes → Go to Question 1c
- No → Go to Question 2

c. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 1d
- No → Go to Question 2

d. Did this condition begin before you turned 19 years old?

- Yes → Go to Question 2
- No → Go to Question 2
- I am younger than 19 years old. → Go to Question 2

2. Do you often use medical care, mental health, or other health services?

- Yes → Go to Question 2b
- Yes, when your condition is worse or exacerbated → Go to Question 2b
- No → Go to Question 2a

a. Do you need medical care, mental health, or other health services that you do not get?

- Yes → Go to Question 2b

- No → Go to Question 3

b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

- Yes → Go to Question 2c
- No → Go to Question 3

c. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 2d
- No → Go to Question 3

d. Did this condition begin before you turned 19 years old?

- Yes → Go to Question 3
- No → Go to Question 3
- I am younger than 19 years old → Go to Question 3

3. Do you need assistance to do your everyday activities? Examples of everyday activities include cooking, doing housework, completing paperwork or schoolwork, going to school or work or appointments, spending time with friends, and other activities. Assistance can include someone helping you or using a device or equipment to help you.

- Yes, all of the time → Go to Question 3a
- Yes, some of the time → Go to Question 3a
- No → Go to Question 4

a. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

- Yes → Go to Question 3b
- No → Go to Question 4

b. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 3c
- No → Go to Question 4

c. Did this condition begin before you turned 19 years old?

- Yes → Go to Question 4
- No → Go to Question 4
- I am younger than 19 years old → Go to Question 4

4. Do you get treatment or counseling for a mental health, substance use, or emotional condition? Treatment or counseling can include talk therapy, group therapy, hospitalization, inpatient or outpatient care, exposure therapy, Applied Behavior Analysis, and other treatments.

- Yes → Go to Question 4b
- Sometimes → Go to Question 4b
- No → Go to Question 4a

a. Do you need treatment or counseling for a mental health, substance use, or emotional condition that you do not get?

- Yes → Go to Question 4b
- No → Go to Question 5

b. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 4c
- No → Go to Question 5

c. Did this condition begin before you turned 19 years old?

- Yes → Go to Question 5
- No → Go to Question 5
- I am younger than 19 years old → Go to Question 5

5. Do you often use medical therapies? Medical therapies can include acupuncture, dialysis, infusions, physical therapy, occupational therapy, speech therapy, respiratory therapy, therapy to manage or reduce pain, and others. Medical therapies do not include counseling or talk therapy.

- Yes → Go to Question 5b
- No → Go to Question 5a

a. Do you often need medical therapies that you do not get?

- Yes → Go to Question 5b
- No → Go to Question 6

b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

- Yes → Go to Question 5c
- No → Go to Question 6

c. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 5d
- No → Go to Question 6

d. Did this condition begin before you turned 19 years old?

- Yes → Go to Question 6
- No → Go to Question 6
- I am younger than 19 years old → Go to Question 6

6. Do you often use medical equipment or assistive devices? Medical equipment and assistive devices include canes, communication devices, crutches, diabetes pumps, gastrointestinal tubes, hearing aids, nebulizers, note-taking systems, reminder systems, ventilators, vision aids, wheelchairs, and other equipment and devices.

- Yes → Go to Question 6b
- No → Go to Question 6a

a. Do you need medical equipment or assistive devices that you do not have?

- Yes → Go to Question 6b
- No → End YSHCN Questions

b. Is this because of any health condition? A health condition is a physical, behavioral, developmental, emotional, or mental health condition.

- Yes → Go to Question 6c
- No → End YSHCN Questions

c. Has this condition lasted for at least one year, or is it expected to last for at least one year?

- Yes → Go to Question 6d
- No → End YSHCN Questions

d. Did this condition begin before you turned 19 years old?

- Yes → End YSHCN Questions
- No → End YSHCN Questions
- I am younger than 19 years old → End YSHCN Questions

## Appendix I: Example Scenarios of HRSN Rent and Utility Financial Assistance

This document provides a sampling of scenarios where different combinations of rent, utilities, and storage fees 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). For additional details see [OAR 410-120-2005](#):

- To receive HRSN Utility Assistance (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.
- The duration of forward utilities and storage fees cannot exceed forward rent. Forward rent can be authorized without utilities. In other words, forward (recurring) rent, utility and storage payments should have the same duration, or utilities and storage fees should have a shorter duration.
- Scenarios where the utilities and/or storage fees have a shorter duration include 1) utilities/storage arrears were paid; or 2) utilities support or storage fees are 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.
- Utility and Storage Fees Assistance can cover payments for arrears accrued no earlier than May 1, 2024.

| Member Scenario                                                                                                                                                        | HRSN Services                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• <b>Owes 2 months of utilities in arrears, and</b></li><li>• <b>Needs support on rent and utilities going forward</b></li></ul> | <p>HRSN can either cover:</p> <ul style="list-style-type: none"><li>• 2 months of utilities in arrears and 4 months of utilities going forward, and 6 months of rent going forward, or</li><li>• 6 months of utilities going forward and no utility arrears, and 6 months of rent going forward</li></ul> |

| Member Scenario                                                                                                                                                                                                                                                                                                                                                                                                     | HRSN Services                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                     | The HRSN Service Provider should work with the Member to determine what would be the best fit.                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>• <b>Owes 8 months of utilities in arrears; and,</b></li> <li>• <b>Need support on rent going forward.</b></li> </ul>                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>• HRSN can cover up to 6 months of utility arrears payment, and</li> <li>• HRSN can cover up to 6 months of rent going forward</li> </ul>                                                                                                                                                    |
| <ul style="list-style-type: none"> <li>• <b>Owes 6 months of rent in arrears; and,</b></li> <li>• <b>Needs support on utilities going forward.</b></li> </ul>                                                                                                                                                                                                                                                       | <p>HRSN can cover up to 6 months of rent arrears payment</p> <p>✗ HRSN cannot cover the utilities going forward because the Member is not concurrently receiving rent going forward.</p>                                                                                                                                            |
| <ul style="list-style-type: none"> <li>• <b>Owes 3 months of utilities that are paid for separately from rent (for example, internet) in arrears, and</b></li> <li>• <b>Needs support on rent and utilities (paid together with rent as a bundled payment, such as sewage) going forward, and</b></li> <li>• <b>Needs support on utilities (paid separately from rent, like internet) going forward.</b></li> </ul> | <ul style="list-style-type: none"> <li>• 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</li> <li>• HRSN can cover up to 6 months of rent and any bundled utilities (because it is a bundled payment) going forward</li> </ul> |
| Needs support setting up utilities and no additional supports                                                                                                                                                                                                                                                                                                                                                       | ✗ If the Member is not receiving HRSN rent, the Member is not eligible for the HRSN Utility Set Up service                                                                                                                                                                                                                          |
| Needs support paying for a storage locker and no additional supports                                                                                                                                                                                                                                                                                                                                                | ✗ If the Member is not receiving HRSN rent, the Member is not eligible for the HRSN Storage Fees service                                                                                                                                                                                                                            |

| Member Scenario                                                                                                                                                                                                                                                                                                                                         | HRSN Services                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Needs support with 6 months of rent going forward; and,</li> <li>• Needs support with 6 months of utility payments going forward; and,</li> <li>• Needs support with 2 months of storage fees that are past due; and,</li> <li>• Needs support with 4 months of paying for a storage locker forward</li> </ul> | <ul style="list-style-type: none"> <li>• HRSN can cover up to 6 months of rent going forward</li> <li>• HRSN can cover up to 6 months of utility payments going forward</li> <li>• HRSN can cover 2 months of payment for the past due storage fees</li> <li>• HRSN can cover 4 months of payment for the storage locker going forward for a total of 6 months of storage fees covered</li> </ul> |

## Appendix J: Resources for Landlord Tenant Law

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](#)

### **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](#)

Source of Income is a protected class in Oregon. This means the law prohibits landlords from discriminating against tenants or applicants because of their source of **income**. Income includes Section 8 voucher or any other local, state, or federal housing assistance, including short term rent assistance. Learn more about Source of Income discrimination:

### **Oregon Revised Statute (ORS) 659.421**

ORS 659A.421 – Discrimination in selling, renting or leasing real property prohibited

### **Fair Housing Council of Oregon resource and pre-recorded courses**

- [Fair Housing Council Of Oregon - Home - Fair Housing Council of Oregon](#)
- [Pre-Recorded Courses - Fair Housing Council of Oregon](#)

### **Oregon Housing and Community Services resource and pre-recorded training**

- [Oregon Housing and Community Services: Training: Housing Compliance & Monitoring: State of Oregon](#)
- [Fair Housing Basics, 5-29-2024 on Vimeo](#)

## Appendix K: HRSN Housing Landlord Letter

### **One of your tenants will be using Oregon Health Plan HRSN benefits for rent payments**

This letter explains the benefits and how they work

- Name and contact information of organization representing tenant
- Name and contact information of Coordinated Care Organization (if different from above)
- Name of tenant
- Tenant address
- Payment start date

### **What are HRSN benefits?**

Oregon Health Plan (OHP) offers people in Oregon who qualify no-cost health care. Oregon Health Authority, the state's health agency, manages OHP along with 16 regional care organizations called Coordinated Care Organizations (CCOs).

Some OHP members qualify for health-related social needs (HRSN) benefits. These benefits help meet basic needs that affect a person's health. They include things like housing, nutrition education, medically tailored meals and equipment to stay healthy during extreme weather.

### **Your tenant has been approved for HRSN rent payment benefits**

Help with rent payments is one of the HRSN housing benefits offered by OHP. Your tenant has been approved for this benefit.

HRSN rent payments can:

- Pay for up to six (6) months of rent payments
- Be used for back payments

### **What you need to do**

To get HRSN rent payments, you need to:

- Fill in a form W-9, [Request for Taxpayer Identification Number and Certification](#). The organization representing your tenant needs the W-9 to report your HRSN rent payments as income to the Internal Revenue Service (IRS).
- Contact the organization representing your tenant about how to get the completed W-9 to them. You can also ask them how and when you'll get paid.

### **Learn more about HRSN benefits**

Visit the [HRSN web page to](#) learn more about HRSN benefits.

**Questions?**

Email us at [HRSN.Program@oha.oregon.gov](mailto:HRSN.Program@oha.oregon.gov)

**Disclaimer:**

OHA, CCOs or authorized HRSN service providers will never ask for bank account information or other sensitive data beyond what is required on IRS Form W-9.

## Appendix L: HRSN Housing Sample Approval Letter

Letter Date

Member Name

Member Address

Member ID

### **About your request for health-related social needs (HRSN) housing benefits**

We're sending you this letter to tell you that the HRSN housing benefits you asked for have been **approved**.

### **What was approved**

- 6 months rental/utility payments
- 6 months storage unit fees
- Tenancy services

For your information, the rules we followed to make our decision are Oregon Administrative Rules [410-141-3835](#) and [410-120-2000](#).

### **BE SURE TO READ THIS WHOLE LETTER TO THE LAST PAGE.**

It can take time to get these benefits

HRSN housing benefits aren't guaranteed to prevent eviction. Even though you've been approved, we still need to do a few more things before your rent and utility payments can get paid. We can't guarantee payment by a certain date.

It's a good idea to look for other ways to get housing support while we're processing your application. Contact [health plan] customer service at [phone/email] for more information.

### **How long will it take to get the benefits?**

[Response option #1]

We approved your request on [date]. It can take up 28 days from that date for us to find a partner who can work with your landlord and utility companies to make the approved payments

We will contact you once we have a provider for you.

The provider will have # of days to contact you after that to get information they need to pay your landlord or utility companies.

After they contact you, it can take # of days for your landlord or utility companies to get paid.

You should plan for payments to take #-# days to be received.

[Response option #2 for when the HRSN provider is already known]

We've found a partner who can work with your landlord and utility companies to make the approved payments. We call these partners "providers."

Your HRSN housing provider is:

You can call them at:

Your provider will contact you by [date] to get information they need to pay your landlord or utility companies.

After they contact you, it can take # of days for your landlord or utility companies to get paid.

You should plan for payments to take #-# days to be received.

### **What you can do while you're waiting**

Do your best to pay your rent on time. Here are some ways to find help:

- Connect with [211info](#) by dialing 2-1-1, calling 866-698-6155, or emailing [help@211info.org](mailto:help@211info.org).
- Speak with a [community action agency](#) in your area.

### **Answer your phone and check for messages from your CCO and HRSN housing provider.**

Call [health plan] at [XXX-XXX-XXXX] if you haven't heard from them in [specify amount of time] or if you get an eviction notice.

What happens if you move, lose your OHP coverage or cancel your request

We can't pay your rent or utilities if you move, lose Oregon Health Plan (OHP) coverage or cancel your request.

NOTE: If you cancel your request **before** we've made payments, you can apply again. If you cancel your request **after** we've made payments, you can't apply again.

### **What happens next**

Your [health plan] will contact you to explain your care plan. Keep your phone with you or check messages often to avoid delays getting started.

### **IMPORTANT! Do you have an eviction case ongoing?**

If you're behind on rent payments and have an eviction notice from your landlord:

Let your landlord know you applied for these benefits and any other rent assistance funds. It may help your case if they know you're working to pay back rent.

Be sure to tell your health care provider and your housing provider that you have an eviction notice and also any court dates.

Call the Oregon Law Center Eviction Defense Project at 888-585-9638 to see if you can get free legal help.

Know your rights: You have the right to pay overdue rent after an eviction case has started and get the case dismissed. This is called the “right to redemption”. You can read more about your rights in this factsheet.

If you get an eviction notice or your utilities are shut off after you get this approval, you can get guidance from:

- Oregon Health Authority (OHA) Ombuds, 877-642-0450 or [OHA.OmbudsOffice@odhsoha.oregon.gov](mailto:OHA.OmbudsOffice@odhsoha.oregon.gov)
- Oregon Health Plan Client Services, 1-800-273-0557 or <mailto:Ask.OHP@odhsoha.oregon.gov>

### **Questions?**

Contact [Acentra/CCO] customer service at [phone/email].

CC: [HRSN Service Provider], [Contact Info] (if applicable)

## Appendix M: Recovery Housing as Eligible Housing for HRSN Rent Assistance

This summarizes relevant Oregon Administrative Rules (OAR) and Oregon Health Authority (OHA) guidance confirming that Coordinated Care Organizations (CCOs) may authorize and transmit Housing-Related Social Needs (HRSN) rent assistance for Oregon Health Plan Members residing in Oxford Houses or other recovery housing settings that charge rent.

It also explains why payments transmitted to a house treasurer or similar designated representative of the housing entity are consistent with program requirements.

### **Recovery Housing Is an Eligible Housing Type for HRSN Rent Assistance**

[OAR 410-120-2005](#) identifies the housing types that may qualify for HRSN rent and utility financial assistance. The rule includes:

“Recovery housing (as defined in [OAR 944-001-0010](#)) that charges rent to residents.”

Because Oxford Houses are recovery housing arrangements where residents pay rent to live in the home, they fall within the eligible housing types contemplated by this rule when the other eligibility criteria are met.

### **HRSN Housing Supports Include Payment of Rent to Housing Vendors**

OHA HRSN implementation billing guidance explains that housing-related supports involve the transmission of payments to housing vendors, including landlords.

The guidance states that HRSN housing supports may involve:

“Transmittal of payments to HRSN service vendors, such as landlords and utility companies.”

Aligning with this guidance, the program structure anticipates payments being made directly to the entity or individual responsible for collecting rent.

### **HRSN Rules Allow Rent Assistance When a Formal Lease Does Not Exist**

[OAR 410-120-2005](#) allows rent assistance to be authorized based on documentation demonstrating the landlord-tenant relationship.

- Acceptable documentation includes:
- A signed lease;
- Verification of Landlord/Tenant Relationship and Rent Owed form signed by the landlord and Member; or

- Written rental agreement signed by the landlord and Member containing required information including rent amount, address, and contact information.

This framework specifically accommodates housing arrangements that may not use traditional leases, including shared housing or recovery housing environments.

### **Landlords Are Not Required to Be Business Entities**

Neither [OAR 410-120-2005](#) nor related HRSN rules require the landlord receiving rent payments to be a corporation, licensed housing provider, or Medicaid provider.

- The rules focus on verifying:
- Existence of a rental obligation
- Amount of rent owed

Identity and contact information of the landlord or housing representative

A landlord may be:

- An individual property owner
- A nonprofit housing provider
- A recovery housing operator
- An individual or entity responsible for collecting rent

Administrative vendor onboarding requirements used by a CCO's financial system must not alter the underlying eligibility established by OARs.

### **Payment to an Oxford House Treasurer or Similar Representative**

Oxford Houses and many other recovery residences are resident-run homes in which residents elect a house treasurer responsible for collecting rent and managing house expenses. In these settings, the treasurer functions as the authorized representative responsible for collecting rent payments on behalf of the house.

Payment to that representative is consistent with the rule's requirement that rent payments be transmitted to the appropriate housing vendor or landlord representative. HRSN rules do not require that the rent recipient be the legal property owner, only that the rent obligation and housing arrangement be documented and verified.

### **Practical Implementation**

Consistent with the rules and OHA guidance, CCOs may authorize HRSN rent payments for Members residing in recovery housing when:

- The Member meets eligibility criteria for HRSN housing supports,
- The housing arrangement is documented through an approved lease, agreement, or verification form, and
- The recipient of payment (e.g., landlord, property manager, or designated house treasurer) is identified as the person responsible for receiving rent.

Any additional vendor enrollment or payment processing steps required by a CCO's internal financial system are administrative procedures and do not preclude payment under the governing OARs.

### **Oxford House Governance and Rent Collection Structure**

Oxford House residences operate under a nationally recognized peer-run recovery housing model. The structure of these homes differs from traditional landlord-tenant housing models in several ways that are relevant to rent payment administration.

#### **Resident-Run Governance**

Oxford Houses are democratically governed by the residents of the house. Each house elects officers from among the residents, typically including:

- President
- Treasurer
- Secretary
- Comptroller or other administrative roles

These positions rotate regularly and are responsible for the day-to-day operation of the home.

#### **Role of the House Treasurer**

The house treasurer is responsible for collecting and managing rent payments from residents. Duties typically include:

- Collecting weekly or monthly rent contributions from residents
- Depositing those funds into the house bank account
- Paying the property owner or landlord
- Paying household utilities and shared expenses
- Maintaining financial records for the house

In this structure, the treasurer functions as the designated representative responsible for receiving rent payments on behalf of the house.

#### **Relationship to the Property Owner**

Most Oxford Houses operate under a standard lease between the property owner and the Oxford House entity or residents collectively. Residents then contribute rent to the house treasury, which is used to pay the property owner and household expenses.

As a result, individual residents often do not have a traditional lease directly with the property owner. Instead, the house uses internal governance to manage rent payments.

### **Consistency With HRSN Documentation Requirements**

HRSN rules allow rent assistance when the rental relationship is documented through:

- A lease,
- Written rental agreement, or
- Verification of landlord/tenant relationship form

Because Oxford House residents pay rent to remain in the residence and the rent obligation can be documented through these methods, the housing arrangement satisfies the documentation requirements for HRSN rent assistance. When the house treasurer is identified as the individual responsible for collecting rent payments, that treasurer may appropriately serve as the designated recipient of rent assistance payments for the Member.

### **Conclusions**

- [OAR 410-120-2005](#) explicitly allows recovery housing that charges rent as an eligible housing type for HRSN rent assistance. The rules and OHA guidance anticipate the transmission of rent payments to housing vendors and permit documentation methods designed for housing arrangements that do not use traditional leases.
- Accordingly, rent payments for Members residing in Oxford House or similar recovery housing settings are permissible when the required documentation is provided, and the Member meets HRSN eligibility criteria.

The Oxford House governance model is compatible with the HRSN housing assistance framework because:

- Residents pay rent to remain in the housing arrangement,
- The rent obligation can be documented using the methods permitted in [OAR 410-120-2005](#), and
- The house treasurer serves as the designated representative responsible for receiving and managing rent payments on behalf of the residence.

## Appendix N: Covered Medical Conditions for Medical Nutrition Therapy and RDN Assessments

- Pregnancy
- Type 1 diabetes mellitus
- Galactosemia
- Phenylketonuria (PKU)
- Low birth weight; premature newborn
- Type 2 diabetes mellitus
- Regional enteritis, idiopathic proctocolitis, ulceration of intestine
- Epilepsy and febrile convulsions
- End stage renal disease
- Metabolic disorders
- Acute and subacute ischemic heart disease, myocardial infarction
- Neurological dysfunction in breathing, eating, swallowing, bowel, or bladder control caused by chronic conditions; attention to ostomies
- Hypertension and hypertensive disease
- Myocarditis, pericarditis, and endocarditis
- Heart failure
- Cardiomyopathy
- Nutritional deficiencies
- Glycogenosis
- Feeding and eating disorders of infancy or childhood
- Disorders of mineral metabolism, other than calcium
- Disorders of amino-acid transport and metabolism (non PKU); hereditary fructose intolerance
- Chronic ischemic heart disease
- Cancer of stomach
- Dyslipidemias
- Disorders of parathyroid gland; benign neoplasm of parathyroid gland; disorders of calcium metabolism
- Intestinal malabsorption
- Conditions requiring liver transplant

- Anorexia nervosa
- Cancer of oral cavity, pharynx, nose and larynx
- Cleft palate and/or cleft lip
- Cancer of esophagus; Barrett's esophagus with dysplasia
- Obesity in adults and children; overweight status in adults with cardiovascular risk factors
- Alcoholic fatty liver or alcoholic hepatitis, cirrhosis of liver
- Chronic kidney disease
- Bulimia nervosa and unspecified eating disorders
- Intestinal disaccharidase and other deficiencies
- Specific medical conditions that are most responsive to Medically Tailored Meals (this is not an exhaustive list):
- E10.2 Type 1 diabetes mellitus with kidney complications
- E10.5 Type 1 diabetes mellitus with circulatory complications
- E11.2 Type 2 diabetes mellitus with kidney complications
- E11.5 Type 2 diabetes mellitus with circulatory complications
- Cancer or cancer treatment-related nutrition needs:
- E46 Unspecified protein-calorie malnutrition
- C76.0 Malignant Neoplasm of head, face, and neck
- Nutrition needs due to difficulty chewing and swallowing:
- R63.3 Feeding difficulties
- R13.10 Dysphagia
- N17.0 Acute renal failure with tubular necrosis
- N17.1 Acute renal failure with acute cortical necrosis
- N17.2 Acute renal failure with medullary necrosis
- N17.8 Other acute renal failure
- N17.9 Acute renal failure, unspecified
- N18.3 Chronic kidney disease, stage 3 (GFR 30-59 mL/min)
- N18.4 Chronic kidney disease, stage 4 (GFR 15-29 mL/min)
- N18.5 Chronic kidney disease, stage 5 (GFR <15 mL/min)
- N18.6 End stage kidney disease

- I50.40 Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
- I50.41 Acute combined systolic (congestive) and diastolic (congestive) heart failure
- I50.42 Chronic combined systolic (congestive) and diastolic (congestive) heart failure
- I50.43 Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
- I50.810 Right heart failure, unspecified
- I50.811 Acute right heart failure
- I50.812 Chronic right heart failure
- I50.813 Acute on chronic right heart failure
- I50.814 Right heart failure due to left heart failure
- I50.82 Biventricular heart failure
- I50.83 High output heart failure
- I50.84 End stage heart failure
- I50.89 Other heart failure
- I11.0 Hypertensive heart disease with heart failure
- I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
- I12.9 Hypertensive chronic kidney disease with stage 3 or 4 chronic kidney disease
- I13.0 Hypertensive heart and chronic kidney disease with heart failure and stage 3 or 4 chronic kidney disease
- I13.2 Hypertensive heart and chronic kidney disease with heart failure and stage 5 chronic kidney disease or end stage renal disease
- J44 Chronic obstructive pulmonary disease, stage 2, 3, or 4

# Appendix O: Community Information Exchange (CIE) Exception Request Template

## Community Information Exchange (CIE) Exception Request Template

This template is optional. CCOs and HRSN providers may choose this form or other methods to request an exception to a CCO’s requirement to use CIE (Findhelp/Healthy Klamath Connect or Unite Us/Connect Oregon) for Closed Loop Referrals. If a CCO requires CIE, they must have an exceptions process.

Where to submit the completed form:

|          |                                        |
|----------|----------------------------------------|
| CCO name | CCO contact information for submission |
|----------|----------------------------------------|

Return this form to your CCO. Contact [CCO CONTACT PERSON/GROUP] for more information about the requirement, process, and timeline related to this request.

[Full list of CCO contacts link](#)

### SECTION 1: Organization Information

Please complete all information below.

HRSN Provider organization name

|                                 |                        |
|---------------------------------|------------------------|
| Name and role of contact person |                        |
| Phone                           | Email                  |
| CCO receiving request           | Date request submitted |

### SECTION 2: Reason for CIE Exception Request

Please complete all information in this section.

---

My organization requests an exception to the CCO's requirement to use CIE for closed loop referrals for the following reason(s) (mark all that apply):

- ☐ Serves a linguistically or culturally-specific population
- ☐ Serves a geographic area with a provider shortage
- ☐ Staffing capacity limitations that make CIE use incompatible with HRSN service provision
- ☐ Do not have technology to access CIE
- ☐ Other (fill in):\_\_\_\_\_

AND

- ☐ Cannot overcome the barriers to CIE with additional support available from the CCO

---

Describe all reason(s) checked above that have resulted in your organization's need for an exception to CIE use:

Below section for CCO use

**SECTION 3: CCO Section**

Decision:

- ☐ Exception approved
- ☐ Exception denied

Reason for decision if denied:

---

|                                              |                                            |
|----------------------------------------------|--------------------------------------------|
| Date decision communicated to Provider       | NPI/Provider ID #                          |
| Who made the decision (e.g., CCO team/staff) | Contact information for follow up with CCO |

---

## Appendix P: HRSN Guidance Document Version Tracker

| Published Versions                                                            | Date Published |
|-------------------------------------------------------------------------------|----------------|
| 1. CCO HRSN Guidance Document for 3/1/24 Implementation                       | 2/27/24        |
| 2. CCO HRSN Guidance Document for 3/1/24 Implementation (updated)             | 6/12/24        |
| 3. CCO HRSN Guidance Document for 11/1/24 and 1/1/25 Implementation           | 9/7/24         |
| 4. CCO HRSN Guidance Document for 11/1/24 and 1/1/25 Implementation (updated) | 1/3/25         |
| 5. CCO HRSN Guidance Document Summer 2025 Update                              | 8/8/25         |
| 6. CCO HRSN Guidance Document for 1/1/26 Updates                              | 12/2/25        |
| 7. CCO HRSN Guidance Document Summer 2026 Updates                             | 6/1/26         |
| 8. CCO HRSN Guidance Document Fall 2026 Updates                               | 9/30/26        |

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