



PERMANENT ADMINISTRATIVE ORDER

DMAP 46-2026

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

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ARCHIVES DIVISION SECRETARY OF STATE & LEGISLATIVE COUNSEL

FILING CAPTION: Update HRSN rules to provide clarification and additional requirements for the Nutrition and Housing benefits

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RULES:

410-120-2000, 410-120-2005, 410-120-2010, 410-120-2015, 410-120-2020, 410-120-2025, 410-120-2030

AMEND: 410-120-2000

RULE TITLE: HRSN Services Delivery

NOTICE FILED DATE: 08/26/2026

RULE SUMMARY: Minor changes for consistency in terminology, rule references, and updates to conflict of interest provision.

RULE TEXT:

The purpose of this rule is to establish the processes, standards, and obligations required to be followed or met in administering and delivering Health Related Social Needs (HRSN) Services.

(1) HRSN Services General Requirements; Overview of Administration and Delivery of HRSN Services. HRSN Services (defined in OAR 410-120-0000) are similar to other Covered Services, but approval for receiving HRSN Services is not subject to the Medically Necessary and Appropriate standard required for other Covered Services. Instead, in order for a Member to receive HRSN Services, the HRSN Service must be determined to be Clinically Appropriate (defined in OAR

410-120-0000).

(2) HRSN Services are included in OHP Plus benefit package and are paid for on an encounter basis.

(3) CCOs and HRSN Service Providers shall be compensated for the provision of HRSN Services in accordance with the HRSN Services Fee Schedule. The state must review the HRSN Fee Schedule at least once (1) every calendar year to determine whether changes need to be made as determined by the Authority in its sole discretion. Subject to the Authority's reasonable discretion and applicable law, CCOs and HRSN Service Providers shall be compensated for HRSN Services on an encounter basis or incorporated into capitation rates.

(4) CCOs and, as applicable, the Authority must provide Members with the same notices required to be provided for all other Covered Services, including, without limitation, Service Authorizations in accordance with 42 CFR 435.917, OAR 410-141-3835, and OAR 410-120-2020, and notices of Adverse Benefit Determination (ABD).

(a) CCOs, and as applicable, the Authority shall notify all Members of the availability of HRSN Services, the process by which they may obtain an HRSN Eligibility Screening, and the standards for authorization of HRSN Services in their Member communications, in accordance with OAR 410-120-2020 and OAR 410-141-3585.

(b) All notices must comply with accessibility requirements as required by 42 CFR 438.10, and OARs 410-141-3580 and 410-141-3585.

(c) All HRSN service authorization notices must comply with OAR 410-120-2020.

(d) All notices of Adverse Benefit Determinations (ABDs) must comply with 42 CFR §438.404, OAR 410-141-3885, 42 CFR §435.917 and OAR 410-120-1860 and include information that tells Members about their Grievance and Appeal rights under 42 CFR Part 438, Subpart F, OARs 410-141-3875 through 410-141-3915, 42 CFR 435.917, and OAR 410-120-1860.

(5) HRSN Services administration and delivery consists of a number of tasks and activities which are required to be delivered by the CCO or Authority, in accordance with the following administrative rules:

(a) Identifying HRSN Eligible Members and conducting Outreach and Engagement to Members that complies with requirements detailed in OAR 410-120-2005 Tables 7 and 10;

(b) Accepting requests for HRSN Services that comply with OAR 410-120-2010;

(c) Conducting HRSN Eligibility Screening, Service Authorization, referring to an HRSN Service Provider, and ensuring delivery of an HRSN Service that complies with OAR 410-120-2005, OAR 410-120-2015, and OAR 410-120-2020;

(d) Developing an HRSN Person-Centered Service Plan that complies with OAR 410-120-2025;

(e) Contracting with HRSN Service Providers that meet qualifications in compliance with OAR 410-120-2030; and

(f) Coordinating Member's HRSN services in accordance with OAR 410-141-3860, OAR 410-141-3865, OAR 410-141-3870, and OAR 410-120-2020(13) through (18).

(6) HRSN Services delivered by the CCO, the Authority, or an HRSN Service Provider, shall be culturally and linguistically appropriate, responsive, and trauma-informed in accordance with National CLAS Standards and Trauma-Informed Care principles.

(7) The CCO and, as applicable, the Authority, shall protect against conflicts of interest in the administration and delivery of HRSN Services.

(a) The CCO and, as applicable, the Authority shall not deliver any HRSN Service that it has authorized unless the CCO can demonstrate it is the only willing and qualified organization that is capable of providing the HRSN Service to the HRSN Authorized Member within the service provision timelines described in OAR 410-120-2020.

(b) The CCO and, as applicable, the Authority must devise conflict of interest protections including separation of authorization and HRSN Service Provider functions within the CCO and as applicable, the Authority.

(c) The conflict of interest protections devised by the CCO must be documented and is subject to the approval of the Authority, and must be retained and provided if requested by the Authority, the Oregon Secretary of State, or the US Health and Human Services, including the Centers for Medicare and Medicaid, whether for the purpose of an audit or other review.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 414.572, 414.605, 414.632, 414.665, 414.719

AMEND: 410-120-2005

REPEAL: Temporary 410-120-2005 from DMAP 16-2026

RULE TITLE: HRSN Service Eligibility; Identifying HRSN Eligible Members; HRSN Outreach and Engagement Services

NOTICE FILED DATE: 08/26/2026

RULE SUMMARY: Provided clarification that forward utilities may be paid nonconsecutively. Updated the Pantry Stocking and Fruit & Vegetable benefit to be 24 weeks over a 6-month period and to be offered at the individual level. Added language to clarify the Rent and Utility Financial Assistance Clinical Risk Factors. Added language to account for scenario when the remaining months of the Rent and Utility Financial Assistance benefit can be transferred to another eligible member of the household. Added language that the benefit cannot be authorized beyond 9/30/27. Revised tables for accessibility requirements.

RULE TEXT:

(1) A Member must be authorized to receive HRSN Services so long as they meet the definition of HRSN Eligible in OAR 410-120-0000 and all other eligibility requirements applicable to the specific HRSN Service requested by the Member or Member Representative, all of which are identified in Tables 1 through 10 of this rule.

(2) A Member must not be authorized for an HRSN requested Service if they are not eligible due to any of the following:

(a) The Member is not eligible for the OHP Plus benefit package as described in 410-120-1210;

(b) The Member is already receiving the same service from a different state, local, or federal agency, organization, or entity, or has already reached the individual or household limit of the requested HRSN service, according to existing information held by the CCO or the Authority, or by Member Self-Attestation. However, if a Member is receiving a similar service as the requested HRSN, the requested HRSN Service(s) may be provided to the Member if they meet all eligibility criteria for the requested HRSN Service and the amount and duration of the HRSN Services is in an amount that may fill the gaps of or otherwise supplement the deficiencies in the similar service the Member is receiving;

(c) The Member does not meet all other eligibility criteria for the specific HRSN Service requested, all of which are identified in Tables 4 through 10 of this rule, OAR 410-120-2005.

(3) Identifying Members Potentially Eligible for HRSN Services: The CCO and the Authority shall ensure multiple pathways for Members to be identified as potentially eligible for HRSN Services. Pathways for identifying potentially eligible Members for HRSN Services at a minimum must include the following:

(a) Proactively identifying Members who can be Presumed HRSN Eligible through a review of the CCO or Authority's encounter and claims data;

(b) Contracting with HRSN Service Providers to conduct HRSN Outreach and Engagement (O&E) to identify Members;

(c) Engaging with and receiving HRSN Requests (outlined in OAR 410-120-2010) from HRSN Connectors (defined in OAR 410-120-0000), including HRSN Service Providers;

(d) Regardless of whether a contractual relationship exists, 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 Services; and

(e) Accepting Members' referrals (also known as HRSN Service Requests) or Self-Attestations, as applicable, in accordance with OAR 410-120-2010 and OAR 410-120-2015.

(f) CCOs and the Authority may scale up or down the Member identification efforts described in subsections (a)-(d) of this section (3) if the Member self-referral or Self-Attestations described in subsection (e) of this section (3) results in sufficient numbers of HRSN Eligible individuals requesting and being screened for HRSN Services, as determined by the Authority.

(4) HRSN Outreach and Engagement Services and Compensation.

(a) CCOs, the Authority, and HRSN Service Providers shall provide the HRSN Outreach and Engagement Services (HRSN O&E Services) described in Table 7 of this rule to Members who are Presumed HRSN Eligible, HRSN Eligible, and HRSN

Authorized Members as described in OAR 410-120-0000 and Table 10 of this rule.

(b) HRSN O&E Service Providers must be compensated by the CCO, or, as applicable, the Authority for providing HRSN O&E Services described in Table 7 of this rule to:

(A) HRSN Eligible Members;

(B) Members who are confirmed to be enrolled in OHP (FFS or an CCO) and are Presumed HRSN Eligible Members as defined in OAR 410-120-0000; or

(C) HRSN-Authorized Members.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 414.572, 414.605, 414.665, 414.719, 414.632

NOTE: Attachments referenced are attached to this document. You may view the attachment 410-120-2005.pdf from the Attachments panel. Alternately, you may view the attachments at the following link:

<https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=341044>

AMEND: 410-120-2010

REPEAL: Temporary 410-120-2010 from DMAP 14-2026

RULE TITLE: HRSN Service Requests

NOTICE FILED DATE: 08/26/2026

RULE SUMMARY: Clarified that members only need consent of landlord for home modification or remediations when required by the lease.

RULE TEXT:

(1) CCOs and the Authority shall accept and document all requests for HRSN Services ("HRSN Request(s)") received through the pathways identified in OAR 410-120-2005 which utilize the methods described in section (11) of this rule. CCOs and the Authority shall accept, document, and receive all Self-Attestations for HRSN Services in the same manner as it accepts, documents, and receives all other HRSN Requests.

(2) CCOs and the Authority shall accept HRSN Requests from HRSN Connectors, that are not HRSN Service Providers, in writing or via telephone (or both). With the exception of HRSN Medically Tailored Meals, HRSN Home Changes for Safety, and HRSN Rent and Utility Financial Assistance, all other HRSN Requests (i.e., for HRSN Home Changes for Health, HRSN Pantry Stocking Benefit, HRSN Fruit and Vegetable Benefit, and HRSN Nutrition Education) made to the CCO or, as applicable, the Authority shall be effective when made:

(a) By telephone upon documenting all of the information in subsection (c) of this section (2). Documentation must be made during the telephone call or immediately thereafter; or

(b) In writing by the HRSN Connector and delivered to the CCO or, as applicable, the Authority, provided that the writing includes all of the information described in subsection (c) of this section (2).

(c) An HRSN Request submitted by HRSN Connectors must be documented in writing as described in subsections (a) or (b) of this section (2) and include all of the following information:

(A) The name and contact information for the individual recommended; and

(B) The HRSN Service(s) the individual needs or may need; and

(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO, or as applicable, the Authority, in accordance with OAR 410-120-2015. HRSN Connectors may not submit an HRSN Request on behalf of a member without the express consent of the Member.

(3) HRSN Requests for Medically Tailored Meals made by HRSN Connectors that are not HRSN Service Providers shall be effective when the CCO, or as applicable, the Authority, has collected all of the information in subsections (a) and (b) of this section (3):

(a) The information identified in this subsection (a) must be collected in writing or may be collected during a telephone call. If the information is collected during a telephone call, the information must be documented by the CCO or, as applicable, the Authority, during or immediately after the telephone call.

(A) Name and contact information for the individual recommended; and

(B) The HRSN Service(s) the individual needs or may need; and

(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO, or as applicable, the Authority (HRSN Connectors must not submit an HRSN Request on behalf of a member without the express consent of the Member); and

(b) The following must be obtained in writing:

(A) An assessment conducted by a Registered Dietitian Nutritionist licensed in the state of Oregon (RDN) indicating that Medically Tailored Meals are Medically Necessary and Medically Appropriate for the individual together with a Nutrition Care Plan; or

(B) An assessment and Nutrition Care Plan may be provided by a primary care physician or a physician specialist such as a cardiologist or oncologist when access to an RDN is limited or delayed.

(4) HRSN Requests for Rent and Utility Financial Assistance made by HRSN Connectors that are not HRSN Service Providers, shall be effective when the CCO, or as applicable, the Authority, has collected the information in subsections (a) and (b) of this section (4):

(a) The information identified in this subsection (a) must be collected in writing or may be collected during a telephone call. If the information is collected during a telephone call, the information must be documented by the CCO or, as applicable, the Authority, during or immediately after the telephone call:

(A) The name and contact information for the individual recommended; and

(B) The HRSN Service(s) the individual needs or may need; and

(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO, or as applicable, the Authority (HRSN Connectors may not submit an HRSN Request on behalf of a member without the express consent of the Member); and

(D) Income verification to determine "At Risk of Homelessness" as defined in OAR 410-120-0000. Income verification may be self-attested to as described in OAR 410-120-2015; and

(b) A copy of the written lease, HRSN Verification of Landlord/Tenant Relationship and Rent Owed form, or rental agreement as described in OAR 410-120-2005 Table 5 must be obtained.

(5) HRSN Requests for Home Changes for Safety (Home Modifications and Remediations) made by HRSN Connectors that are not HRSN Service Providers shall be effective when the CCO, or as applicable, the Authority, has collected the information in subsections (a) and (b) of this section (5) as follows:

(a) The information identified in this subsection (a) must be collected in writing or may be collected during a telephone call. If the information is collected during a telephone call, the information must be documented by the CCO or, as applicable, the Authority, during or immediately after the telephone call.

(A) The name and contact information for the individual recommended; and

(B) The HRSN Service(s) the individual needs or may need; and

(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO, or as applicable, the Authority. HRSN Connectors may not submit an HRSN Request on behalf of a member without the express consent of the Member.

(b) The following information must be provided to, or collected by, the CCO or, as applicable, the Authority, in writing:

(A) A completed scope of work must be submitted to the CCO or the Authority as appropriate, as detailed in OAR 410-120-2005 Table 5; and

(B) If the Member rents their home, the landlord must provide written consent for home modification services, which shall also serve as verification that the individual lives at the residence. If the Member rents their home, and the lease/rental agreement requires landlord approval of any home remediations that will be made, the landlord must provide written consent for the service, which also may serve as the verification that the individual lives at the residence. If the Member rents their home and the lease agreement does not require landlord approval for home remediations, the Member must submit proof of residency; and

(C) If the Member owns their home, the Member must provide proof of homeownership (for example, Certificate of Title/Deed, Monthly mortgage bill).

(6) With the exception of HRSN Medically Tailored Meals, HRSN Home Changes for Safety, and HRSN Rent and Utility Financial Assistance, HRSN Requests made by an HRSN Connector that is also an HRSN Service Provider must be in writing and:

(a) Must include all of the following:

(A) Name and contact information for the individual being recommended; and

(B) The HRSN Service(s) the individual needs or may need; and

(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO, or as applicable, the Authority, which must be signed or orally attested to by the individual for whom the request is being made or the individual's Representative; and

(b) May include any one or all of the following:

- (A) Confirmation of individual's current OHP enrollment;
 - (B) Confirmation of current enrollment in the CCO or in FFS;
 - (C) Any other information regarding the individual's potential HRSN Eligibility.
- (7) HRSN Requests for Medically Tailored Meals made by an HRSN Connector that is also an HRSN Service Provider must be in writing and:
- (a) Must include all of the following:
 - (A) Name and contact information for the individual being recommended; and
 - (B) The HRSN Service(s) the individual needs or may need; and
 - (C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO, or as applicable, the Authority, which must be signed or verbally attested to by the individual for whom the request is being made or the individual's Representative; and
 - (D) Registered Dietitian Nutritionist (RDN) assessment (or Primary Care Provider (PCP) if RDN access is limited or delayed) indicating that Medically Tailored Meals are Medically Appropriate and Medically Necessary for the individual; and
 - (E) Nutrition Care Plan; and
 - (b) May include any one or all of the following:
 - (A) Confirmation of individual's current OHP enrollment;
 - (B) Confirmation of current enrollment in the CCO or in FFS;
 - (C) Any other information regarding the individual's potential HRSN Eligibility.
- (8) HRSN Requests for Rent and Utility Financial Assistance made by HRSN Connectors that are also HRSN Service Providers, must be in writing and:
- (a) Must include all of the following:
 - (A) The name and contact information for the individual recommended; and
 - (B) The HRSN Service(s) the individual needs or may need; and
 - (C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the CCO, or as applicable, the Authority; and
 - (D) A written lease, HRSN Verification of Landlord/Tenant Relationship and Rent Owed form, or rental agreement as described in OAR 410-120-2005 Table 5; and
 - (E) Income verification to determine "At Risk of Homelessness" as described in OAR 410-120-0000. Income verification may be self-attested to as described in OAR 410-120-2015; and
 - (b) May include any one or all of the following:
 - (A) Confirmation of individual's current OHP enrollment;
 - (B) Confirmation of current enrollment in the CCO or in FFS;
 - (C) Any other information regarding the individual's potential HRSN Eligibility.
- (9) HRSN Requests for HRSN Home Changes for Safety (Home Modifications and Remediations) made by an HRSN Connector that is also an HRSN Service Provider must be in writing and:
- (a) Must include all of the following:
 - (A) The name and contact information for the individual recommended; and
 - (B) The HRSN Service(s) the individual needs or may need; and
 - (C) A statement that the Member desires to take part in an HRSN Eligibility Screening performed by the CCO, or as applicable, the Authority; and
 - (D) If the Member rents their home, the landlord must provide written consent for home modification services, which shall also serve as verification that the Member lives at the residence. If the Member rents their home, and the lease/rental agreement requires landlord approval of any home remediations that will be made, the landlord must provide written consent for the service, which shall also serve as verification that the Member lives at the residence. If the Member rents their home and the lease agreement does not require landlord approval for home remediations, the Member must submit proof of residency. If the Member owns their home, the Member must provide proof of

homeownership (for example, Certificate of Title/Deed); and

(E) A completed scope of work must be submitted to the CCO or the Authority as appropriate, as detailed in OAR 410-120-2005 Table 5; and

(b) May include any one or all of the following:

(A) Confirmation of individual's current OHP enrollment;

(B) Confirmation of current enrollment in the CCO or in FFS;

(C) Any other information regarding the individual's potential HRSN Eligibility.

(10) CCOs and the Authority shall accept complete HRSN Requests from an HRSN Connector that complies with the requirements in this rule. Complete HRSN Requests that comply with the requirements of this rule are subject to the service authorization timeframes identified in OAR 410-120-2020 regardless of whether they are submitted by a Member, HRSN Service Provider, or any other HRSN Connector.

(11) At a minimum, all CCOs and the Authority shall accept HRSN Requests received from an HRSN Connector that uses any of the following delivery methods: email, mail, or personal delivery. CCOs and the Authority may choose to accept other reliable delivery methods, including but not limited to, community information exchange (CIE) and telephone. For HRSN Connectors who are not HRSN Service Providers, delivery method may also include telephone.

(12) A request for HRSN Services that does not comply with the requirements of this rule is not considered complete and is not subject to the service authorization timeframes identified in OAR 410-120-2015 and OAR 410-120-2020.

However, CCOs or the Authority must make a good faith effort to work with the Member or HRSN Connector, or both, as applicable to obtain the minimum required information necessary for an HRSN Request to be complete in accordance with this rule. Good faith effort means at minimum, the Member is informed that their HRSN Request is incomplete and is provided with the support they may need to complete the HRSN Request or, as applicable, informing the HRSN Connector of the specific, additional information required to be provided in order for the HRSN Request to be completed. CCOs and the Authority must, when contacting and communicating with a member, utilize the member's preferred contact method.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 414.572, 414.605, 414.665, 414.719, 414.632

AMEND: 410-120-2015

REPEAL: Temporary 410-120-2015 from DMAP 14-2026

RULE TITLE: HRSN Eligibility Screening

NOTICE FILED DATE: 08/26/2026

RULE SUMMARY: Changed timeframes for service authorization from 7 to 14 days. Provided clarification on self-attestation and screening for Rent and Utility Financial Assistance.

RULE TEXT:

(1) The purpose of this rule is to establish the processes, standards, and obligations required to be followed or met in administering, determining eligibility, and delivering Health Related Social Needs (HRSN) Services when a Member initiates a request for HRSN Service. The Authority finds that:

(a) HRSN Services are foundational health promoting services that foster engagement in health care services as well as improve health outcomes; and

(b) HRSN Self-Attestation ("Self-Attestation") allows a Member to provide a statement that the CCO or the Authority may rely upon to assess eligibility for HRSN Services when Members have not established or sustained engagement in health care services, or are in situations where it is reasonable that supporting documentation would not be available.

(2) After receipt of a complete HRSN Request, a CCO and, as applicable, the Authority, shall offer to screen the Member for whom the HRSN Request was made. The Member must consent to the screening; if they do, the CCO or, as applicable, the Authority shall conduct an HRSN Eligibility Screening in accordance with OAR 410-120-0000, the timeframe described in OAR 410-120-2020, and this rule to determine whether the requested HRSN Service must be authorized.

(3) If the HRSN Connector does not include all the information in the HRSN Request that is necessary for determining whether the Member is eligible to receive an HRSN Service, the CCO or, as applicable, the Authority, must make a good faith effort to obtain all the information or documentation (or both) necessary in order to conduct the HRSN Eligibility screening, which includes attempts to contact the Member or HRSN Connector in accordance with OAR 410-120-2010. The CCO or Authority may refer the Member to an HRSN Service Provider who can support the Member to gather the documentation necessary to complete the Member's HRSN Request, or may work directly with the Member to obtain the necessary documentation or information (or both).

(a) If a CCO determines the individual is enrolled in OHP but is enrolled in a different CCO or is enrolled in Open Card, the CCO shall forward the HRSN Request to, as applicable, the CCO in which the Member is enrolled or the Authority;

(b) If the Authority determines the individual is enrolled in OHP but is enrolled in a CCO, the Authority shall forward the HRSN Request to the CCO in which the Member is enrolled.

(4) All Self-Attestations submitted by a Member through an HRSN Request must include the following information identified below in this subsection (a) of this section (4) and must be accepted by CCOs and the Authority as set out below in this section (4).

(a) Members who self-attest to meeting certain HRSN eligibility criteria for requested HRSN Services must include in their HRSN Self-Attestation, at minimum, the following statements:

(A) The condition that fulfills eligibility criteria for the requested HRSN Service; and

(B) The information they have provided is true.

(b) CCOs and the Authority may accept Self-Attestations that are made orally by a Member so long as the CCO or, as applicable, the Authority documents the oral Self-Attestation and the Member signs or otherwise acknowledges the documentation.

(c) CCOs and the Authority must not require a Self-Attestation to be submitted in a specific format so long as the Self-Attestation includes the required elements listed in subsection (a) of this section (4).

(5) The CCO, or as applicable, the Authority, must conduct an HRSN Eligibility Screening based on the statements made

in the Self-Attestation as follows:

(a) If the Self-Attestation does not include all the information necessary to complete the HRSN Eligibility Screening, the CCO, or as applicable the Authority, shall use good faith efforts to obtain all information necessary to complete the HRSN Eligibility Screening.

(b) The CCO, or as applicable, the Authority, must verify or attempt to verify the information included in a Member's Self-Attestation with existing, supporting documentation (Member Self-Attestation on its own does not suffice) as follows:

(A) Enrollment in OHP Plus in accordance with OAR 410-120-1210 and the Member's OHP number must be verified through appropriate OHP resources, such as the Medicaid Management Information System (MMIS);

(B) The following HRSN Covered Populations must be verified with supporting documentation:

(i) Individuals Transitioning to Dual Medicaid and Medicare Status;

(ii) Individuals identified as Young Adults with Special Health Care Needs.

(C) HRSN Social Risk Factors for HRSN Nutrition-Related Supports must be verified by determining whether the Member qualifies as Low Food Security or Very Low Food Security as measured by the U.S. Household Food Security Survey Module: Six Item Short Form from the U.S. Department of Agriculture published in May 2024, available here: https://ers.usda.gov/sites/default/files/_laserfiche/DataFiles/50764/short2024.pdf?v=81104

(D) HRSN Clinical Risk Factors for the following HRSN services must be verified with supporting documentation:

(i) Medically Tailored Meals;

(ii) Rent and Utility Financial Assistance, with the exception of Domestic Violence,

(E) Good faith efforts (meaning documentation may not be available) must be made to verify:

(i) HRSN Covered Populations not identified in (B) of this subsection (b);

(ii) Social Risk Factors not identified in (C) of this subsection (b); and

(iii) Clinical Risk Factors not identified in (D) of this subsection (b).

(c) All good faith efforts to verify information and collect documentation that could be used to verify a Member's Self-Attestation must be documented by CCOs and, as applicable, the Authority.

(A) The absence of documentation is not alone a basis to conclude that the Self-Attestation is not truthful.

(B) If the information included in the Member's Self-Attestation that is identified in OAR 410-120-2015(5)(b)(E) cannot, using good faith efforts, be verified within a reasonable period of time the CCO, or as applicable the Authority, must make an eligibility determination as to whether, on its face, the information provided is likely truthful in light of the totality of the circumstances.

(6) HRSN Service requests that have been accepted and subject to screening based on Self-Attestation must be authorized or denied by CCOs or, as applicable the Authority, as follows:

(a) The requested or identified HRSN Services must be authorized if there is a reasonable basis to conclude that the Self-Attestation is likely truthful in light of the totality of the circumstances of the Member's Self-Attestation and:

(A) The requested or identified HRSN Services are not duplicative of services the Member is already receiving; and

(B) In the case of HRSN Housing-Related Supports, all documentation required prior to authorization as identified in Table 5 of OAR 410-120-2005 have been obtained.

(b) The requested HRSN Service must be denied if:

(A) The identified HRSN Service request is for the HRSN Medically Tailored Meals Service within Nutrition-Related Supports and the Clinical Risk Factor cannot be verified by existing documentation to be medically necessary and appropriate by a registered dietitian nutritionist licensed in the state of Oregon, or by a primary care physician or the Member's physician specialist such as a cardiologist, oncologist or other similar physician specialist.

(B) The identified HRSN Service request is for HRSN Housing Related Supports, and all documentation that is identified as required in Table 5 of OAR 410-120-2005 has not been obtained.

(C) The identified HRSN Service request is duplicative of a service the Member is receiving and there is no gap in service need, or the Member has already received the benefit or has already reached the individual or household limit of the requested HRSN service.

(D) Good faith efforts reveal that the Self-Attestation is not likely truthful in light of the totality of the circumstances.

(7) In the event there is no documented evidence that verifies a self-attested health condition, it may be reasonable for CCOs or, as applicable, the Authority to deny an identified HRSN Service. In undertaking the good faith verification process and in making a determination about authorization or denial, CCOs or, as applicable, the Authority, must take into consideration that some conditions may be less likely to have existing, supporting documentation due to their nature, their symptoms, safety concerns, stigma, and barriers to care. In keeping with the forgoing considerations, CCOs and, as applicable, the Authority may deny an identified HRSN Service request based on self-attested clinical risk factors if:

(a) It would be objectively reasonable that the attested health condition would require some type of health care service because of the nature of the condition or its symptoms; and

(b) The member has been enrolled in the same CCO for a period of time that has been long enough that it would be reasonable to expect that at least some claims or medical records data for the self-attested health condition should have been submitted in MMIS that could have been reviewed.

(8) All CCOs and the Authority shall document the results of each HRSN Eligibility Screening, which must include at minimum, all of the following:

(a) Confirmation the individual is enrolled in the OHP Plus benefit package, including the Member's OHP number;

(b) The HRSN Service requested, and whether the source of the HRSN Request was, Member self-referral, Member Representative, HRSN Connector (other than an HRSN Service Provider), HRSN Service Provider, or direct outreach from a CCO or the Authority;

(c) The HRSN Covered Population to which the Member belongs, based on existing documentation or Member Self-Attestation as applicable;

(d) The Member's HRSN Clinical Risk Factor(s) applicable to the requested HRSN Service as set forth in the Tables 1 through 3 included in OAR 410-120-2005, based on existing documentation or Member Self-Attestation as applicable;

(e) The Member's HRSN Social Risk Factors, as applicable to the requested HRSN Service as set forth in the tables included in OAR 410-120-2005, based on existing documentation or Member Self-Attestation as applicable;

(f) All other eligibility criteria that may be applicable to the requested HRSN Service as set forth in the tables included in OAR 410-120-2005;

(g) All required documentation that may be applicable to the requested HRSN Service as set forth in the tables included in OAR 410-120-2005;

(h) Confirmation or a determination that the Member is not receiving the same service as the requested HRSN Services from a local, state, or federally funded program, based on existing documentation or Member Self-Attestation. If the Member is receiving a similar service as the HRSN Service requested, the HRSN Service may be provided to an HRSN Authorized Member to fill gaps or otherwise supplement current program, but in no event shall a Member be authorized to receive duplicate existing services;

(i) Whether the Member's HRSN Services are authorized (or denied).

(9) HRSN Eligibility Screenings must be completed within sufficient time to meet the deadline for authorizing or denying the HRSN Service within 14 days of receipt of the complete HRSN Request, with a possible extension of up to 14 additional days, in accordance with OAR 410-120-2020.

(10) If the individual requesting an HRSN Service is not enrolled in OHP or is enrolled in OHP but is not enrolled in OHP Plus, the CCO or the Authority shall connect individuals to resources to determine OHP Eligibility as requested or consented to by the Member.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 414.572, 414.605, 414.665, 414.719, 414.632

AMEND: 410-120-2020

REPEAL: Temporary 410-120-2020 from DMAP 14-2026

RULE TITLE: Authorization of HRSN Services; Referral to HRSN Service Provider

NOTICE FILED DATE: 08/26/2026

RULE SUMMARY: Changed timeframes for service authorization from 7 to 14 days. Updated rule to specify transition of care expectations for health plans supporting members who are transitioning between health plans and receiving HRSN services.

RULE TEXT:

(1) If, after completing the HRSN Eligibility Screening in accordance with OAR 410-120-2015, a CCO or, as applicable, the Authority, determines the Member meets all of the applicable HRSN Eligibility criteria, the CCO or the Authority shall authorize the identified HRSN Services and provide the Member notice as expeditiously as the circumstances require in accordance with this rule, which must not exceed 14 calendar days following the receipt of the complete HRSN Request, with a possible extension of up to 14 additional calendar days if:

(a) The Member, the Member's representative, or provider requests an extension; or

(b) The CCO needs additional information to process the request, and the extension is in the Member's best interest.

(A) In the event a CCO requires additional time to process a request beyond the initial 14-calendar-day deadline, the CCO must document both the need for the additional time and how the additional time is in the Member's best interest. Such documentation must be provided to the Authority promptly upon request.

(B) If a CCO requires additional time to process a request beyond the initial 14-calendar-day deadline, the CCO shall give written notice to the member of the reason for the extension.

(c) If a 14-calendar-day extension has been justified, the CCO shall give written notice to the member of the reason for the extension.

(2) The CCO or, as applicable, the Authority, must provide the Member with written notice of HRSN Rent and Utility Financial Assistance service authorization as expeditiously as the circumstances require following the receipt of the HRSN Request. In all cases, service authorization of HRSN Rent and Utility Financial Assistance must be made within 14 calendar days following the receipt of the completed HRSN Request; however, notice of service authorization for HRSN Rent and Utility Financial Assistance may be extended up to an additional 14 calendar days following receipt of the HRSN Request so long as the extension complies with (1)(a) - (b) of this rule OAR 410-120-2020.

(a) The written service authorization notice must comply with the Authority's formatting and readability standards in OAR 410-141-3585 and 42 CFR § 438.10 and be written in plain language so a layperson can understand the notice.

(b) The written notice must include, at minimum, the following:

(A) Authorized Member's legal name,

(B) Authorized Member's Member ID and address,

(C) Type of services authorized,

(D) Date the Member's HRSN Request was received,

(E) Date of notice of HRSN Service Authorization,

(F) Effective date of HRSN service authorization,

(G) Language Access Taglines as defined in OAR 410-141-3575, and

(H) CCO's or, as applicable, the Authority's contact information.

(c) If a Member was authorized for HRSN Rent and Utility Financial Assistance on or before September 1, 2025, then the CCO or, as applicable, the Authority, must send the Member a written notice of service authorization if the Member:

(A) Was not provided with a written notice of that service authorization; and

(B) Requests a written notice.

(C) Notices of HRSN Service Authorization sent to Members under this subsection (c), must comply with subsections

(a) – (b) above and be sent as expeditiously as the Member’s circumstances require, but in all cases no later than seven (7) calendar days after the Member makes the request for written notice of HRSN Service Authorization.

(3) If, after completing the HRSN Eligibility Screening in accordance with OAR 410-120-2015, the CCO or, as applicable, the Authority, determines the Member does not meet all of the applicable HRSN Eligibility criteria, the CCO or Authority shall deny the requested HRSN Service and provide the Member notice as expeditiously as the circumstances require in accordance with this rule OAR 410-120-2020, which must not exceed 14 calendar days (with a possible extension so long as the extension complies with (1)(a) - (1)(c) of this rule OAR 410-120-2020) following the receipt of the complete HRSN Request. Contractor shall document the reason for the denial.

(4) In addition to the requirements set forth in section (1)(a)-(b) of this rule, all notices of HRSN Service Authorization must identify service duration, as is Clinically Appropriate. The duration of an Authorized HRSN Service shall not exceed the allowable service duration identified in the tables that are part of OAR 410-120-2005. The duration must be less than the maximum allowable service duration if and as required by the applicable tables in OAR 410-120-2005. The amount and scope of the Authorized HRSN Service must also be identified in all notices as required by and in accordance with 42 CFR 438.210.

(5) CCOs and the Authority must use reasonable efforts to ensure that HRSN Eligible Members who are receiving a similar service from a state, local, or federally funded organization or agency are only Authorized for any similar HRSN Services in accordance with OAR 410-120-2015 and OAR 410-120-2005.

(6) CCOs and the Authority must require clinical staff to review HRSN Service denials or reductions in scope, amount, or duration requested only when the following clinically-based eligibility circumstances exist:

(a) Specific to HRSN Home Changes for Health: A decision by a CCO or the Authority to deny a Member’s request for a Home Changes for Health device based on a determination that the Member does not meet the HRSN Home Changes for Health Device Social Risk Factor must include review by clinical staff to ensure the device was not Clinically Appropriate as a component of health services treatment or prevention as set forth in Table 1 included in OAR 410-120-2005.

(b) Specific to HRSN Home Changes for Safety: A decision by a CCO or the Authority to deny a Member’s request for a Home Changes for Safety service or reduce the scope, amount or duration of the service requested by the Member that is based on a determination that the Member does not meet the Home Changes for Safety service Social Risk Factors of the need to treat, improve, stabilize, or prevent their HRSN Clinical Risk Factor, must include a review by clinical staff to ensure the denial or limitation was Clinically Appropriate as set forth in OAR 410-120-0000.

(c) For all types of HRSN Services: Any decision by a CCO or the Authority to deny or reduce a Member’s request for an HRSN Service based on a determination that the Member did not have the HRSN Clinical Risk Factor applicable to the HRSN Service for which they were screened, must include review by clinical staff to ensure such determination was made in accordance with applicable clinical standards.

(d) Clinicians who review decisions to deny or reduce the scope, amount or duration of an HRSN Service must have appropriate expertise in addressing the Member’s HRSN needs.

(7) All CCOs and the Authority must document the approval, or denial, or reduction of HRSN Services.

(8) If after the CCO or Authority has authorized an HRSN Service requiring additional documentation from an HRSN Service Vendor prior to service delivery, and the HRSN Service Vendor has not provided the documentation necessary for the authorized service to be delivered, the CCO or Authority may close the authorized Member’s request without issuing a Notice of Adverse Benefit Determination (NOABD) if the HRSN Service Vendor has been contacted no fewer than three (3) times within the 28 calendar days following service authorization, and the HRSN Service Vendor expressly refused to provide the documentation, did not provide the necessary documentation requested after being contacted, or did not respond to messages requesting the necessary documentation. Examples of required documentation include a landlord’s W-9, which is necessary for making HRSN Rent Financial Assistance payments, and a scope of work approved by the landlord, which is required prior to making any HRSN Home Modifications.

(a) In these situations, the CCO or Authority must provide the Member written or electronic notice, of an administrative closure of the HRSN Service authorization. Notices of administrative closure must be sent to the Member:

(A) Promptly after the HRSN Service Vendor expressly refuses to provide the documentation necessary for delivering the HRSN Service and the refusal is made less than 28 calendar days after the date of HRSN Service Authorization; or
(B) On the first business day following the 28th calendar day after the date of HRSN Service Authorization if the HRSN Service Vendor did not provide the documentation necessary for delivering the HRSN Service by the 28th calendar day after the date of HRSN Service Authorization because they did not respond to any messages or responded to the HRSN Service Provider's messages or requests but never produced the document.

(b) All notices of administrative closure must notify the Member of all of the following:

(A) The reason the service could not be delivered;

(B) The period during which the HRSN service authorization will remain in effect without requiring the Member to submit a new HRSN Service request or undergo a new eligibility determination; and

(C) The Member will begin to receive the authorized HRSN Service within 14 days after the HRSN Service Vendor provides the necessary documentation without having to submit a new service request or undergo a new eligibility determination if the service authorization period has not expired and the member is still enrolled in OHP.

(9) HRSN Services must be authorized before the expiration of HRSN Covered Populations eligible timeframes:

(a) For Adults and Youths Discharged from an HRSN Eligible Behavioral Health Facility and Adults and Youth Released from Incarceration, services must be authorized prior to the 366th day post-discharge.

(b) For Individuals Transitioning to Dual Eligible Status, services must be authorized within 90 days prior to the date Medicare coverage takes effect or prior to the 271st day after Medicare coverage takes effect.

(10) In accordance with 42 CFR 438.210, all CCOs must:

(a) Make available to their Members the same HRSN Services, in type, amount, duration and scope that the Authority offers to Fee-for-Service Members; and

(b) Screen and Authorize of HRSN Services for their HRSN Eligible Members in a manner that is no less restrictive than the Authority Screens and Authorizes HRSN Services for HRSN Eligible Fee-for-Service Members.

(11) All CCOs or, as applicable, the Authority, must notify HRSN Service Providers of an individual's HRSN Service authorization or denial if the HRSN Service Provider submitted the HRSN Request for the individual and:

(a) May be or may have been the HRSN Service Provider that would have provided the requested HRSN Service; or

(b) Provided HRSN O&E Services to the individual who was authorized or denied the HRSN Service.

(12) Members who have been screened and authorized to receive and have received HRSN Services, must not be rescreened for the same HRSN Services they have received, except as set out in OAR 410-120-2005 and as set forth below in this section (12). Members may be rescreened for a HRSN Housing-Related and Nutrition-Related Support Service authorization when:

(a) The Member was screened but not authorized for the HRSN Service and their circumstances have since changed;

(b) The Member was screened and authorized for the HRSN Service, but they never received the authorized HRSN Service.

(13) In the event a Member is disenrolled from their OHP health plan (meaning either the CCO or the Authority for the purposes of this rule) and enrolled with a new OHP health plan (either another CCO or the Authority), and the Member has been screened and authorized for, but not yet received, an HRSN Service, or was receiving HRSN services at the time of their disenrollment, and wishes to receive or continue to receive the authorized service, the new health plan must accept HRSN Eligibility Screening information used and provided by the predecessor health plan to conduct their own review as expeditiously as the Member's circumstances require. In no event, however, shall the time for the new health plan's review exceed seven (7) calendar days following the receipt of the predecessor health plan's information.

(a) If it is determined by the new health plan that the Member is still eligible for the HRSN service and wishes to receive it, the new health plan, must authorize and refer the Member to an HRSN Service Provider that can provide the HRSN service as expeditiously as the Member's circumstances require, in accordance with this rule OAR 410-120-2020.

(b) If it is determined by the new health plan that the Member is no longer eligible for the HRSN service, the new health plan must deny the HRSN service in accordance with this rule OAR 410-120-2020.

(14) In situations described in section (13) of this rule, to ensure continuity of care, the predecessor health plan must

provide the new health plan with the HRSN Eligibility Screening information and documentation used to support the HRSN service authorization and provision of HRSN service for the now-former Member. This information must be provided to the new health plan as expeditiously as the Member's circumstances require, and no later than seven (7) calendar days following the Member's disenrollment and receipt of the new health plan's request for HRSN Eligibility Screening and service authorization information.

(15) In situations described in section (13) of this rule, the new health plan must avoid conducting unnecessary and redundant HRSN Eligibility Screenings and making requests to Members for documentation, if the predecessor health plan is able to provide sufficient documentation to support the service authorization and provision of the HRSN service by the new health plan. For example, the new health plan must not ask the Member for new documentation to substantiate eligibility criteria if that documentation was already provided by the predecessor health plan.

(16) In situations where an OHP health plan transition is known 90 days or more prior to disenrollment, including, but not limited to, transitions resulting from planned state or federal policy changes, system transitions, or operational disruptions, the predecessor health plan must take proactive steps to share a list of impacted Members and relevant HRSN Eligibility Screening information and documentation for those members with the new health plan no later than 60 days prior to the planned transition date. Following this initial information sharing, the predecessor health plan must continue to share relevant updates related to HRSN services for the impacted Members with the new health plan at a cadence determined by OHA in its sole discretion to meet the needs of the population transitioning.

(17) In the situations described in section (16) of this rule, if the predecessor health plan is an CCO and it is known the Member is transitioning to Open Card, the CCO must prioritize referrals to HRSN service providers in their network who are also serving Open Card Members to the maximum extent possible.

(18) In situations described in section (13) and (16) of this rule, the predecessor health plan must exchange all HRSN Eligibility Screening information and any related documentation securely and electronically in a manner consistent with all applicable federal and state privacy and security requirements, including but not limited to ORS 414.607, 45 CFR §164.502, and 42 CFR Part 431 Subpart F.

(19) HRSN Authorized Members must be referred to an HRSN Service Provider that provides the HRSN Service that has been authorized. The referral must be made through a Closed Loop Referral unless the CCO or Authority is providing the HRSN Service in accordance with OAR 410-120-2000 (7)(a).

(a) The CCO or the Authority must inform the HRSN-Authorized Member they have the right to opt out of technology, like CIE, for Closed Loop Referrals and still receive HRSN Services;

(b) Before an HRSN-Authorized Member is referred to the applicable HRSN Service Provider, the CCO, or as applicable, the Authority, must, if the HRSN Service Provider is not already a Medicaid covered entity, obtain prior written authorization from the HRSN Authorized Member to share the information necessary to make the referral. The prior written authorization must comply with all applicable state and federal laws, which may include without limitation, HIPAA regulations such as 45 CFR 164.508;

(c) The provision of HRSN Services must not require an HRSN-Authorized Member to authorize the sharing of their personal information with the HRSN Service Provider;

(d) If the HRSN Authorized Member declines to authorize the sharing of their personal information in writing with an HRSN Service Provider, then the CCO or the Authority must provide the HRSN Authorized Member with a written referral that they may deliver to the HRSN Service Provider to which they have been referred.

(20) When referring HRSN-Authorized Members to HRSN Service Providers, CCOs and the Authority must:

(a) To the extent capacity permits, support the HRSN-Authorized Member's choice of HRSN Service Provider;

(b) Identify and refer the HRSN Authorized Member to different HRSN Service Providers if the original provider is not able to provide the HRSN Service in a timely manner, and available in accordance with Care Coordination requirements outlined in OARs 410-141-3860, 410-141-3865, and 410-141-3870.

(21) CCOs or, as applicable, the Authority, must make a referral to an HRSN Service Provider that is capable of delivering the authorized HRSN Service(s) as expeditiously as a Member's circumstances require. The timeframe for delivering (or beginning service delivery if it's a multi-month benefit) the HRSN Service must not exceed four (4) weeks, which is the

same timeframe for scheduling appointments for Well Care as set forth in OAR 410-141-3515. The four (4) week timeframe starts at the point of service authorization. The HRSN Service(s) is considered “delivered” once the Member receives at least one unit of the HRSN Service that was authorized. Some service authorizations will continue beyond one month, but at minimum, the first unit must be delivered within four (4) weeks.

(22) In the event the HRSN Service Provider is not able to provide the authorized service within the required timeframe described in section (21) of this rule, the CCO may deliver the authorized HRSN Service provided conflicts of interest are guarded against as required and in keeping with OAR 410-120-2000(7)(a)-(c).

(23) The timeframe identified in section (21) of this rule is not required to be met in circumstances of impossibility related to:

- (a) HRSN Service Vendor availability to deliver Home Changes for Health and Home Changes for Safety services, or
- (b) Noncooperation of landlords or property managers to provide the W-9 or accept payment of rent or utilities, or
- (c) Utility companies declining to accept payment for utility financial assistance, as determined by the Authority in its sole discretion, or

- (d) Pantry Stocking and Fruit and Vegetable benefit card system limitations requiring the benefit to begin on a certain day of the month (e.g., first of the month). In these situations, the timeframe from service authorization to service delivery may exceed four (4) weeks to allow for a required start date, but in no circumstance shall the timeframe for service delivery exceed more than two calendar months.

(24) The timeframe identified in section (21) of this rule is not applicable to Members who are receiving HRSN Outreach and Engagement Services only. Instead, HRSN Outreach and Engagement Services must be delivered within a reasonable period of time in light of the Member’s availability.

(25) For Members who have not authorized the sharing of their information with an HRSN Service Provider, the four (4) week timeframe identified in section (21) of this rule shall commence when the HRSN-Authorized Member has delivered the referral to the referred HRSN Service Provider and the HRSN Service Provider has confirmed with the CCO or, as applicable, the Authority, receipt of the referral.

(26) If a Member is facing Imminent Eviction as defined in OAR 410-120-0000 when the Member first requests a HRSN Rent and Utility Financial Assistance, and the CCO or the Authority cannot provide the Member with rent service within the time frame necessary to keep the Member housed, CCOs and the Authority must, whenever possible, refer that Member to local or state providers or programs that may have the ability to address the Member’s Imminent Eviction. If the CCO or Authority cannot provide the requested rent service in the needed timeframe, the CCO or Authority may send a service denial.

(27) Even though the Authority and CCOs are not responsible for preventing Imminent Eviction in circumstances described in section (26), CCOs and the Authority must still screen Members in these situations for eligibility for other HRSN Services, including other HRSN Housing Supports, and if Authorized for the other HRSN Service, refer the HRSN Authorized Member to the applicable HRSN Service Provider(s).

STATUTORY/OTHER AUTHORITY: ORS 413.042, SB 690 (2025)

STATUTES/OTHER IMPLEMENTED: ORS 414.572, 414.605, 414.665, 414.719, 414.632

AMEND: 410-120-2025

RULE TITLE: HRSN Person-Centered Service Plan (PCSP)

NOTICE FILED DATE: 08/26/2026

RULE SUMMARY: Minor language change for clarity (MCE changed to CCO).

RULE TEXT:

- (1) Upon authorization of HRSN Services, the CCO or, as applicable, the Authority, shall, together with the HRSN Authorized Member, update their Care Plan as outlined in OAR 410-141-3870 to include an HRSN PCSP for the authorized HRSN Service(s).
- (2) The HRSN PCSP shall be a written component of the Member's Care Plan as outlined in OAR 410-141-3870 and developed with and agreed upon by the Member, the Member's Representative, or both, as applicable.
- (3) If the HRSN Authorized Member does not have a Care Plan in place in accordance with OAR 410-141-3870, the HRSN PCSP shall serve as their Care Plan and must be included in the Member's Care Profile as outlined in OAR 410-141-3865.
- (4) CCOs and the Authority shall ensure the HRSN PCSP is documented and includes all of the following elements:
 - (a) The Authorized HRSN Service(s);
 - (b) The Authorized HRSN Service duration;
 - (c) If applicable, that the Member has declined the Authorized HRSN Service(s);
 - (d) The HRSN Service Provider, as applicable, to which the Member is referred, which must reflect the Member choice, or a mutually agreeable option if choices are limited;
 - (e) 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;
 - (f) The goals of the HRSN Service(s) for which the Member has been authorized, or provided (in the case of HRSN O&E), including the identification of other HRSN Services or other OHP or other benefit programs or services the Member may need (if not already included in the Member's Care Plan).
 - (g) The follow-up and transition plan, including conducting rescreening for new HRSN Services or, in accordance with OAR 410-120-2020, previously approved but undelivered HRSN Services prior to the conclusion of the then-current Authorized HRSN Service; and
 - (h) The designated person or team within the CCO or the Authority that is responsible for managing the HRSN Authorized Member's HRSN Services.
- (5) The CCO or, as applicable, the Authority, is responsible for managing the HRSN Authorized Member's HRSN Services and HRSN PCSP. The HRSN PCSP must, in accordance with OAR 410-141-3870, include relevant information from providers involved in the HRSN Authorized Member's care.
- (6) The CCO or, the Authority, as applicable, must ensure and document whether the Member's HRSN Service needs are being met and/or have been met by the HRSN Service Provider in compliance with the Member's HRSN PCSP.
- (7) 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 or, as applicable, the Authority, 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.
- (8) If efforts to have a meeting with the HRSN Authorized Member are unsuccessful, or if the HRSN Authorized Member expressly declines to participate in the development of the HRSN PCSP, the HRSN Authorized Member is still entitled to receive the HRSN Services for which they have been authorized. Neither the CCO nor the Authority has the right to deny the provision of HRSN Services due to the Member's desire to not participate in the development of the HRSN PCSP. In all such circumstances, the CCO or the Authority must document:
 - (a) The efforts made to have one or more meetings with the Member, including identifying the specific attempts and barriers to having the meetings; and

- (b) The Member's reasons for not participating in the HRSN PCSP to the maximum extent feasible; and
- (c) If the HRSN Authorized Member declines participation in the HRSN PCSP or attempts to schedule meetings are unsuccessful, 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) A Representative may receive an HRSN Service on behalf of a child who has been Authorized to receive an HRSN Service if it is developmentally appropriate, as determined through the development of the HRSN PCSP.
- (10) For Members receiving the HRSN Pantry Stocking Benefit, the PCSP may serve as, and meet the requirement for, the Nutrition Care Plan as outlined in OAR 410-120-0000.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 414.572, 414.605, 414.665, 414.719, 414.632

AMEND: 410-120-2030

RULE TITLE: HRSN Service Provider Qualifications

NOTICE FILED DATE: 08/26/2026

RULE SUMMARY: Provided clarification on service provider requirements. Revised tables for accessibility requirements.

RULE TEXT:

(1) CCOs and the Authority shall ensure that all contracted HRSN Service Providers meet both the general qualifications described in (2)(a-j) below and the domain and service-specific qualifications described in sections (3) – (6) below necessary for providing the HRSN Services for which they have contracted.

(2) General HRSN Service Provider Qualifications: All contracted HRSN Service Providers must:

(a) Maintain an active business registration with the Oregon Secretary of State, except for governmental entities.

(b) Be accessible to Members, including having the operating hours and the staff necessary to meet the Members' needs.

(c) Demonstrate their ability or experience to effectively serve at least one of the Authority's Priority Populations (defined in ORS 413.256).

(d) Demonstrate they employ or contract with administrative and service delivery staff, who are, as reasonably determined by the CCO or the Authority qualified to perform and fulfill the responsibilities of their jobs.

(e) Demonstrate they provide professional, culturally and linguistically appropriate, responsive and trauma-informed services, which includes the ability to:

(A) Supply 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; and

(B) Respond to the cultural needs of the diverse populations they serve by performing services in accordance with National CLAS Standards.

(f) Provide documentation that demonstrates a history of responsible financial administration via recent annual financial reports, an externally conducted audit, or other similar documentation.

(g) Meet readiness standards defined by the Authority in this rule below. Compliance with readiness standards may be made by attestation or including in the HRSN Service Provider contracts their agreement and ability to comply with all of the following:

(A) Reporting and oversight requirements established by the Authority or the CCO or, as applicable, both;

(B) All laws relating to information privacy and security applicable to their business;

(C) Compliance with the credentialing obligations described in OAR 410-141-3510;

(D) All obligations related to participating in the Closed Loop Referral process (documented status of referrals and services); and

(E) Invoicing for HRSN Services as agreed upon in their contract with the CCO and as applicable, the Authority, to provide HRSN Services.

(h) Be enrolled as a Medicaid HRSN Service Provider as required under OAR 410-120-1260.

(i) Not be delegated any responsibility for HRSN Service Authorization or Service Planning.

(j) Be able to provide HRSN Services relevant to their HRSN Service Provider enrollment type in accordance with the service descriptions and requirements described in OAR 410-120-2005.

(3) CCOs have the right to, but are not obligated to, require HRSN Service Providers to use technology (e.g., CIE) to conduct Closed Loop Referrals for HRSN Services. If a CCO chooses to require the use of CIE, CCOs must permit HRSN Service Providers to request an exception from the CCO based on inability to participate and available supports are insufficient.

(4) HRSN Housing Service Provider Qualifications: In addition to ensuring compliance with the requirements set out in section (2) of this rule, CCOs and, as applicable, the Authority shall ensure that HRSN Service Providers providing Housing-Related Supports meet the following domain and service-specific provider qualifications as set forth in the HRSN Housing Specific Provider Qualifications Table 1, which is included in this rule. All HRSN Housing Related Support

Service Providers must:

(a) Have knowledge of principles, methods, and procedures of the HRSN Housing-Related Supports described in OAR 410-120-2005 in Table 4, or comparable services, that are relevant for the HRSN Services they have been contracted to provide.

(b) Be trained and credentialed, if applicable, to provide the specific HRSN Housing-Related Supports Service they have contracted to provide. CCOs and the Authority have the right, based on their reasonable discretion, to determine the appropriate level of training or licensure required for each HRSN Service Provider with which they contract.

(c) For HRSN Home Changes for Health Service Provider Qualifications, it is preferred that CCOs contract with HRSN Service Providers providing Home Changes for Health that are capable of both delivering and installing the devices described in OAR 410-120-2005 Table 4, Column (a). In the event an HRSN Service provider does not provide installation services, CCOs must ensure installation services are also performed by a different, qualified HRSN Service Provider or HRSN Service Vendor(s).

(5) HRSN Nutrition Service Provider Qualifications: In addition to ensuring compliance with the requirements set out in section (2) of this rule, CCOs and, as applicable, the Authority shall further ensure that HRSN Service Providers providing Nutrition-Related Supports meet the domain and service-specific provider qualifications identified in Table 2 included in this rule. All HRSN Nutrition Related Supports Service Providers must:

(a) Have knowledge of principles, methods and procedures of the HRSN Nutrition-Related Supports described in OAR 410-120-2005 in Table 6, or comparable services, that are relevant for the HRSN Services they have been contracted to provide, which includes meeting the HRSN Authorized Members' nutritional needs.

(b) Comply with best practice guidelines, industry standards, and all applicable federal, state, and local laws governing food safety standards.

(c) Be trained and accredited, to the extent appropriate or required (or both) based on the applicable nutrition industry standard, to provide the specific service. CCOs and the Authority have the right, based on their reasonable discretion, to determine the appropriate level of training or licensure required for each contracted provider of a HRSN nutrition service, as long as they ensure providers are contractually required to 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. Depending on the specific service being provided, appropriate training and credentialing may entail:

(A) 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

(B) Certification (e.g., Certified Nutrition & Wellness Educator by the American Association of Family & Consumer Sciences); or

(C) Licensure (e.g., licensed dietitian).

(d) Have the ability to meet the diverse needs of HRSN Authorized Member's personal and cultural dietary preferences.

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

(6) HRSN Outreach and Engagement Service Provider Qualifications. In addition to ensuring compliance with the requirements set out in section (2) of this rule, CCOs and, as applicable, the Authority, must further ensure that all HRSN Outreach and Engagement Service Providers meet the following domain specific qualifications:

(a) Have knowledge of principles, methods, and procedures of the HRSN Outreach and Engagement services, or comparable services for which they have contracted, which includes, connecting HRSN-Authorized Members to benefits and services other than HRSN Services.

(b) Have the capacity to carry out the responsibilities outlined in the HRSN Outreach and Engagement service descriptions in Table 7 in OAR 410-120-2005. CCOs and the Authority shall have the right, using their reasonable discretion, to determine whether an HRSN Service Provider has the skills, education, or experience necessary for providing HRSN Outreach and Engagement Services.

(c) Have experience, training, or knowledge of all of the following:

- (A) Cultural specificity and responsiveness approaches;
- (B) Community outreach and engagement best practices;
- (C) Basic eligibility and enrollment policies and practices for OHP, the HRSN program, and federal and state entitlements and benefits including SNAP, WIC, TANF, Social Security, Social Security Disability, and Veterans Affairs benefits, and federal and state housing programs;
- (D) Local community resources for supporting basic needs such as access to shower, laundry, shelter, and food;
- (E) Excellent oral communication skills with the ability to explain complex information to individuals—including those in the Authority's HRSN Priority Populations — in an understandable, trauma-informed, and culturally responsive way; and
- (F) Ability to maintain strict confidentiality and handle sensitive information appropriately.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 414.572, 414.605, 414.665, 414.719, 414.632

NOTE: Attachments referenced are attached to this document. You may view the attachment 410-120-2030.pdf from the Attachments panel. Alternately, you may view the attachments at the following link:
<https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=341054>