

OFFICE OF THE SECRETARY OF STATE

TOBIAS READ
SECRETARY OF STATE

MICHAEL KAPLAN
DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION

STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 28-2025

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

02/12/2025 3:20 PM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Emergency filing to support increased access to HRSN housing services.

EFFECTIVE DATE: 02/14/2025 THROUGH 06/29/2025

AGENCY APPROVED DATE: 02/12/2025

CONTACT: Martha Martinez-Camacho
503-559-0830
hsd.rules@oha.oregon.gov

500 Summer Street NE
Salem, OR 97301

Filed By:
Martha Martinez-Camacho
Rules Coordinator

NEED FOR THE RULE(S):

Current rules exclude governmental entities from serving as HRSN Service Providers; amending the rule will allow governmental entities such as county health departments to support members in receiving HRSN services, which will increase access to HRSN services. Currently, there is more demand than available providers; this change will help increase HRSN Service Provider networks across the state.

Additionally, current rule requires the landlord or property manager to provide a W-9 form to the HRSN Service Provider prior to service authorization. We have learned that it is more appropriate for this document to be provided prior to rent payment, rather than service authorization, and that as-written it is creating a barrier to members receiving HRSN rent assistance.

JUSTIFICATION OF TEMPORARY FILING:

(1) HRSN Service Providers and CCOs are currently being inundated with housing requests. Failing to update these rules will continue to cause delays in members receiving HRSN housing services.

(2) OHP Members who are eligible for and are requesting HRSN Housing Services.
Governmental entities seeking to be HRSN Service Providers
HRSN Service Providers currently serving members
Coordinated Care Organizations

(3) Failure to take action will delay solutions to mitigate member access to care issues and fail to support the substantial volume of housing requests CCOs and HRSN Service Providers are receiving. Members will be at increased risk of becoming evicted if they are unable to receive HRSN housing services in a timely manner.

(4) Amending the 410-120-2030 rule will allow governmental entities to enroll as HRSN Service Providers and begin providing eligible members HRSN services, which will support processing of the high volume of housing requests and mitigate member wait times. Amending the 410-120-2005 rule will allow CCOs to authorize the HRSN rent assistance

prior to receiving the W-9 form from landlords, thus improving operational workflows and mitigating member wait times.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

HRSN Services Protocol: <https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/2022-2027-HRSN-Services-Protocol-Approval.pdf>

RULES:

410-120-2005, 410-120-2030

AMEND: 410-120-2005

SUSPEND: Temporary 410-120-2005 from DMAP 144-2024

RULE SUMMARY: HRSN Service Eligibility; Identifying HRSN Eligible Members, HRSN Outreach and Engagement Services.

CHANGES TO RULE:

410-120-2005

HRSN Service Eligibility; Identifying HRSN Eligible Members, HRSN Outreach and Engagement Services.

(1) A Member 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 and, as applicable, HRSN Service Category, requested by the Member, all of which are identified in Tables 3 through 9 of this rule.¶

(2) A Member is not eligible for an HRSN Service if they are already receiving the same service from a different state, local, or federal agency, organization, or entity.¶

(a) In addition, a Member is not eligible for an HRSN Service if they do not meet all other eligibility criteria for the specific HRSN Service requested, all of which are identified in Tables 3 through 9 of this rule.¶

(b) If a Member is receiving a similar service as the requested HRSN, the requested HRSN Services may be provided to the Member so long as 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.¶

(3) Identifying Members Potentially Eligible for HRSN Services. The MCE 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 MCE 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' Self-Attestations or referrals.¶

(4) HRSN Outreach and Engagement Services and Compensation.¶

(a) MCEs, the Authority, and HRSN Service Providers shall provide the HRSN Outreach and Engagement Services (HRSN O&E Services) described in Table 8 of this rule to Members who are eligible for HRSN Services and to Members who are Presumed HRSN Eligible as identified in Table 9 of this Rule and defined in OAR 410-120-0000.¶

(b) HRSN Service Providers must be compensated by the MCE, or, as applicable the Authority for providing HRSN O&E Services when provided to:¶

(A) HRSN Eligible Members, or;¶

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

Statutory/Other Authority: ORS 413.042

Statutes/Other Implemented: 414.572, 414.605, 414.665, 414.719, 414.632

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

OAR 410-120-2005 Table 1. Climate Device-Specific and Outreach and Engagement Clinical Risk Factors (Condition must have been active in the previous 12 months. Members must meet age or pregnancy criteria at the time of eligibility determination, as relevant.)	Eligible Climate Device
Schizophrenia spectrum and other psychotic disorders	Air Conditioner, Air Filtration Device, Heater
Bipolar and related disorders	
Major depressive disorder with an acute care need in the past twelve (12) months including a suicide attempt, crisis services utilization (emergency department, mobile crisis team, etc.), acute psychiatric hospitalization, or residential treatment.	
One or more of the following substance use disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder	
Major neurocognitive disorders	
Chronic lower respiratory condition including chronic obstructive pulmonary disease (COPD), asthma requiring regular use of asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis	
Chronic cardiovascular disease, including cerebrovascular disease and heart disease	
Spinal cord injury	
In-home hospice	
Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events	

OAR 410-120-2005 Table 1. Climate Device-Specific and Outreach and Engagement Clinical Risk Factors (Condition must have been active in the previous 12 months. Members must meet age or pregnancy criteria at the time of eligibility determination, as relevant.)	Eligible Climate Device
<p>A child who is less than six (6) years of age who currently has, has a history of, or is at risk for at least one (1) of the following:</p> <ul style="list-style-type: none"> • Heat stroke or heat exhaustion • Hypothermia, frostbite, or chilblains • Malnutrition • Dehydration • Child maltreatment as defined by the CDC (most recent definition detailed in Leeb RT, Paulozzi L, Melanson C, Simon T, Arias I. Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2008. https://www.cdc.gov/child-abuse-neglect/about/index.html) • Is a child with a special healthcare need (CYSHCN) as defined by HRSA (McPherson M, Arango P, Fox H, Lauver C, McManus M, Newacheck PW, Perrin JM, Shonkoff JP, Strickland B. A new definition of children with special health care needs. Pediatrics. 1998 Jul;102(1 Pt 1):137-40. https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn) • An acute or chronic respiratory condition • A respiratory or gastrointestinal infectious disease, or becoming febrile with an infectious illness • Low birth weight of <2500 grams 	
<p>Pregnant and currently has, has a history of, or is at risk for at least one (1) of the following:</p> <ul style="list-style-type: none"> • Heat stroke or heat exhaustion • Hypothermia, frostbite, or chilblains • An acute or chronic respiratory condition • Infection • High-risk pregnancy as defined by the NIH (https://www.nichd.nih.gov/health/topics/high-risk) • History of previous pregnancy, delivery, or birth complication including gestational diabetes, preeclampsia, preterm labor, preterm birth, placental abruption, newborn low birth weight, stillbirth. • Abuse or interpersonal violence • Malnutrition 	

OAR 410-120-2005 Table 1. Climate Device-Specific and Outreach and Engagement Clinical Risk Factors (Condition must have been active in the previous 12 months. Members must meet age or pregnancy criteria at the time of eligibility determination, as relevant.)	Eligible Climate Device
<ul style="list-style-type: none"> • Hyperemesis gravidarum and other causes of dehydration • Maternal low birth weight of <2500 grams • Multiple pregnancy • Mental health condition <p>Adult 65 years and older and currently has, has a history of, or is at risk for at least one (1) of the following:</p> <ul style="list-style-type: none"> • Heat stroke or heat exhaustion • Hypothermia, frostbite, or chilblains • Malnutrition • Dehydration • Currently taking medications that impact heat tolerance, including for upper respiratory infections, allergies, COPD, muscle spasms, blood pressure, diuresis, diarrhea, constipation, anti-inflammation, mental health conditions, and sleep. • Abuse or neglect • A respiratory or gastrointestinal infectious disease, or becoming febrile with an infectious illness • Mental health condition • Two (2) or more chronic health conditions 	
Chronic kidney disease Diabetes mellitus, requiring any medication, oral or insulin Multiple sclerosis Parkinson's disease Previous heat-related or cold-related illness requiring urgent or acute care, e.g. emergency room and urgent care visits	Air Conditioner, Heater
Individual requires home oxygen use: home oxygen, oxygen concentrators, home ventilator	Air Filtration Device
Individual uses medications requiring refrigeration. Examples include: <ul style="list-style-type: none"> • Medications for diabetes mellitus, glaucoma, and asthma; • TNF inhibitors 	Mini-refrigerator
Enteral and parenteral nutrition	
Individual needs durable medical equipment (DME) requiring electricity for use. Examples include but are not limited to: <ul style="list-style-type: none"> • Oxygen delivery systems, including concentrators, humidifiers, nebulizers, and ventilators • Intermittent positive pressure breathing machines • Cardiac devices • In home dialysis and automated peritoneal dialysis 	Portable Power Supply

OAR 410-120-2005 Table 1. Climate Device-Specific and Outreach and Engagement Clinical Risk Factors (Condition must have been active in the previous 12 months. Members must meet age or pregnancy criteria at the time of eligibility determination, as relevant.)	Eligible Climate Device
<ul style="list-style-type: none"> • Feeding Pumps • IV infusions • Suction pumps • Power wheelchair and scooter • Lift systems and electric beds • Breast pumps for first 6 months post-partum • Other Durable Medical Equipment (DME) required for sustaining life 	
Individual requires assistive technologies requiring electricity necessary for communication or ADLs.	
Other conditions approved by medical exception in an individual review for medical exception aligned with the Authority's Medical Management Committee Process and MCE exception review process	Any of the above devices

OAR 410-120-2005**Table 2. Housing, Nutrition, and Outreach and Engagement Clinical Risk Factors**

(1) HRSN Clinical Risk Factor	(2) Risk Factor Description
a) Complex Behavioral Health Need	A Member with a persistent, disabling, progressive or life-threatening mental health condition or substance use disorder that requires treatment or supports, or both treatment and supports, in order to achieve stabilization, prevention of exacerbation, or maintain health goals.
b) Developmental Disability Need	A Member with an Intellectual Disability or Developmental Disability (as defined by OAR 411-320-0080) that requires services or supports to achieve and maintain care goals.
c) Complex Physical Health Need	<ul style="list-style-type: none">• A Member with a persistent, disabling, progressive or life-threatening physical health condition(s) requiring treatment for stabilization or prevention of exacerbation.• Examples may include conditions such as: congenital anomalies that adversely impact health or function, blindness, disabling dental disorders, neurological diseases, cardiovascular diseases, pulmonary diseases, gastrointestinal diseases, liver diseases, renal diseases, endocrine diseases, hematologic disorders, musculoskeletal conditions, infectious diseases, cancers, autoimmune disorders, immunodeficiency disorders or immunosuppression
d) Needs Assistance with ADLs/IADLs or Eligible for LTSS	<ul style="list-style-type: none">• A Member who needs assistance with one or more Activities of Daily Living (ADLs) as defined in OAR 411-015-0006 or Instrumental Activities of Daily Living (iADLs) as defined in OAR 411-015-0007; or• Receives or are determined eligible for Medicaid-funded Long- Term Services and Supports (LTSS) provided by the Oregon Department of Human Services (ODHS) Office of Aging and People with Disabilities (APD) or ODHS Office of Developmental Disabilities Services (ODDS), as defined in OAR 410-141-3500.
e) Interpersonal Violence Experience	A Member who is experiencing or has experienced interpersonal violence (IPV), including domestic violence (DV), sexual violence (SV), or psychological violence.
f) Repeated Emergency Department Use and Crisis Encounters	A Member: <ul style="list-style-type: none">• With repeated use of emergency department care (defined as two (2) or more visits in the past six (6) months or five or more visits within the past twelve (12) months).• With two (2) or more crisis encounters in the past six (6) months or five (5) or more crisis encounters in the past twelve (12) months, which represent an exacerbation of

Table 2. Housing, Nutrition, and Outreach and Engagement Clinical Risk Factors

(1) HRSN Clinical Risk Factor	(2) Risk Factor Description
	<p>mental health distress, defined to include: receipt of crisis/outreach team services; use of behavioral health mobile crisis, crisis respite services, or school behavioral health crisis services; any length of stay in an adult jail or youth detention facility; or any length of stay in emergency foster care.</p> <ul style="list-style-type: none"> • Who was exited from a housing or behavioral healthcare program (e.g., shelter setting, day habilitation program, etc.) or from a school or an early childhood program in the past twelve (12) months due to behaviors that are likely manifestations of a behavioral health condition, significant life stress, adversity, or trauma.
g) Pregnant/Post partum	<p>A Member who is currently pregnant or up to twelve (12) months postpartum and currently has, has a history of, or is at risk for at least one (1) of the following:</p> <ul style="list-style-type: none"> • Infection • High-risk pregnancy as defined by the NIH (https://www.nichd.nih.gov/health/topics/high-risk) • Pregnancy-related death • History of previous pregnancy, delivery, or birth complication including gestational diabetes, preeclampsia, hyperemesis gravidarum, preterm labor, preterm birth, placental abruption, newborn low birth weight, stillbirth. • Abuse or interpersonal violence. • Malnutrition • Maternal low birth weight of <2500 grams • Multiple pregnancy • A mental health condition or substance use disorder, including a postpartum mental health condition • Significant life stress, adversity, or trauma
h) Children less than 6 years of age	<p>A child who is less than six (6) years of age and currently has, has a history of, or is at risk for at least one (1) of the following:</p> <ul style="list-style-type: none"> • Malnutrition or at risk of developmental or growth delay or impairment as a result of insufficient nutrition. • Child maltreatment as defined by the CDC (most recent definition detailed in Leeb RT, Paulozzi L, Melanson C, Simon T, Arias I. Child Maltreatment Surveillance: Uniform Definitions for Public Health and Recommended Data Elements, Version 1.0. Atlanta (GA): Centers for Disease

Table 2. Housing, Nutrition, and Outreach and Engagement Clinical Risk Factors

(1) HRSN Clinical Risk Factor	(2) Risk Factor Description
	<p>Control and Prevention, National Center for Injury Prevention and Control; 2008. https://www.cdc.gov/child-abuse-neglect/about/index.html)</p> <ul style="list-style-type: none"> • Is a child with a special healthcare need (CYSHCN) as defined by HRSA (McPherson M, Arango P, Fox H, Lauver C, McManus M, Newacheck PW, Perrin JM, Shonkoff JP, Strickland B. A new definition of children with special health care needs. Pediatrics. 1998 Jul;102(1 Pt 1):137-40. https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn) • Low birth weight of <2500 grams • Mental health condition • Significant life or family stress, adversity, or trauma
i) Adults 65 years of age or older	<p>An adult who is 65 years of age or over and currently has, has a history of, or is at risk for at least one (1) of the following:</p> <ul style="list-style-type: none"> • Two (2) or more chronic health conditions • Social isolation placing the individual at risk for early death, neurocognitive disorders, sleep disruption, cardiovascular disease, and elder abuse • Malnutrition • Dehydration • Abuse or neglect • Significant life adversity stress, adversity, or trauma
j) Young Adults with Special Health Care Needs	<p>A Member aged 19 to 20, with the following clinical risk factors defined in STC 4.6(a):</p> <ul style="list-style-type: none"> • Has one (1) or more complex chronic conditions as identified in the Pediatric Medical Complexity Algorithm (PCMA); • Has a serious emotional disturbance or serious mental health issue indicated by qualifying behavioral health diagnosis; • Has a diagnosed intellectual or developmental disability; • Has an “Elevated Service Need” or functional limitations as determined by two (2) or more affirmative responses to a screener; or • Starting no earlier than January 1, 2026, has two (2) or more chronic conditions as represented by a subset of the PMCA’s non-complex chronic conditions as described in the New Initiatives Implementation Plan.

OAR 410-120-2005**Table 3. Descriptions of Climate-Related Supports and Eligibility Criteria**

(a) Climate-Related Supports	(b) HRSN Covered Population	(c) Clinical Risk Factor	(d) Social Risk Factor	(e) Other Eligibility Criteria
<p>(1) Covered device types and services include:</p> <ul style="list-style-type: none">• Air conditioners• Portable heaters• Air Filters• Replacement air filters• Mini refrigerators• Portable Power Supplies• Installation support for covered devices	<p>(1) Member must be in one of the HRSN Covered Populations (further defined in OAR 410-120-0000), including:</p> <ul style="list-style-type: none">• Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility; or,• Adults and Youth Released from Incarceration; or,• Individuals currently or previously involved in Oregon's Child Welfare system; or,• Individuals Transitioning to Dual Medicaid and Medicare Status; or,	<p>(1) Member must have a Climate Device-Specific Clinical Risk Factor as defined in Table 1 of OAR 410-120-2005.</p>	<p>(1) Member must require a climate device to treat, improve, stabilize, or prevent their health condition.</p>	<p>(1) Member must:</p> <ul style="list-style-type: none">• Reside in their own home or non-institutional primary residence, including shared living arrangements and recreational vehicles as defined in ORS 174.101;• Have 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; and• Have not received the same service from a local, state, or federally funded program within the past thirty-six (36) months• In the event a Member needs to replace a device that is not covered under warranty, at the MCE or Authority's reasonable discretion, Members may receive a replacement device within the same 36 months they received the initial device, so long as the Member remains eligible.

	<ul style="list-style-type: none"> • Individuals who meet the definition of “HUD Homeless; or, • Individuals who meet the “At-Risk of Homeless” definition; or • Young Adults with Special Health Care Needs (YSHCN), starting in 2025 			
--	---	--	--	--

Table 4: Descriptions of Housing-Related Supports

(1) Rent and Utility Costs

(a) Service Description	<p>ELIGIBLE RENT PAYMENTS: Provision of payment to cover a Member's costs for recurring rent, including:</p> <ul style="list-style-type: none"> • Rent payment, including future or past-due rent and any associated late fees as a result of past-due rent. • Renter's insurance if required by the lease. • Landlord paid utilities that are not duplicative of the utility payments covered by this service. <p>An MCE or, as applicable, the Authority, may authorize rent payments to be made to landlords for HRSN Authorized Members residing in any one of the following settings:</p> <ul style="list-style-type: none"> • Apartment units, single room occupancy units, single or multifamily homes • Mobile home communities and RV lots (including rental of land) • Accessory dwelling units (ADUs) • Co-housing communities • Middle housing types (e.g. duplex, triplex) • Trailers, RVs, manufactured homes or manufactured home lots (including the rental arrangement for the land where the home is parked) • Permanent supportive housing • Recovery Housing, as defined in OAR 944-001-0010(14)(d), that charges rent to its residents • Or other housing with a lease or written agreement. <p>ELIGIBLE UTILITY PAYMENTS:</p>
-------------------------	--

	<p>Provision of payment to cover a Member's cost for the following utilities:</p> <ul style="list-style-type: none"> • Garbage • Water • Sewage • Recycling • Gas • Electric • Internet • Phone (inclusive of land line phone service and cell phone service) <p>This service may be tailored in amount to account for how many people are in a Member's household and how many bedrooms are currently occupied by the Member's household. Household as defined by "Family Size" in OAR 410-200-0015.</p>
(b) Unit	Per month or per diem
(c) Unit Limit	Up to one (1) per month or one (1) per diem
(d) Duration	<ul style="list-style-type: none"> • Recurring Rent Payments: Presumption of, and no longer than, six (6) months. 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. • Recurring Utility Payments: No longer than the duration of any future rent related to the HRSN Rent service that the Member is Authorized to receive. • The six (6) month limit on Rent and Utility Costs must be calculated as part of any provision of the six (6) month limit Hotel/Motel Stays and Utilities Arrears benefit a Member is Authorized to receive. In other words, any combination of Rent and Hotel/Motel Stays must not exceed a total of six

	months of coverage. For example, a Member who receives one (1) month of Hotel/Motel Stays would only be eligible to receive up to five (5) months of Rent. Likewise, any combination of Utility Costs and Utility Arrears must not exceed a total of six (6) months of utility payments for each individual utility.
(e) Authorization Limit	Once per household regardless of how many individuals are in the household, over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by "Family Size" in OAR 410-200-0015.
(f) Setting	N/A
(g) Additional Service Limitations	Costs that are not eligible in this service include: <ul style="list-style-type: none"> • Pet fees • Parking garage fees • Amenity fees (pool access, recreation center, etc.) • Separately charged Landlord-paid property taxes • Any homeowner costs that are the obligation of the Member, including mortgage, utilities or other costs • Property insurance
(h) Additional Requirements	Members receiving this service must also be offered HRSN Tenancy Services.
(i) Service Specific Eligibility	Member must: <ol style="list-style-type: none"> 1. Be currently housed with a written agreement or lease signed by both the landlord and Member; and, 2. Need support maintaining current housing; and, 3. Meet the At-Risk of Homelessness definition in OAR 410-120-0000; and, 4. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005; and, 5. Be receiving HRSN Rent to be eligible for recurring utilities payment through the HRSN Rent and Utility Costs service.
(j) Additional Documents	Rent Payment: <ul style="list-style-type: none"> • Member or parent/Representative must submit either:

Required for Service Eligibility	<ol style="list-style-type: none"> 1. A written lease signed by both the landlord and Member, and <ul style="list-style-type: none"> ▪ If a written lease is submitted and the Member owes arrears, the Member must also provide documentation of arrears owed, or 2. A completed HRSN Verification of Landlord/Tenant Relationship and Rent Owed form signed by both the landlord and Member, or 3. A written agreement signed by both the landlord (or Recovery House representative) and Member with the following components: <ul style="list-style-type: none"> ▪ Member's name ▪ Property address ▪ Landlord or Recovery House's name (i.e. name where rent is sent) ▪ Address where payment is sent (if different from above) ▪ Landlord or Recovery House representative's contact information ▪ Information establishing whether the property is managed by the landlord; a property management company (if so, include the name); or if the property is a Recovery House ▪ Member's move-in or effective date of lease or written agreement ▪ Expiration of tenancy (if any) ▪ Monthly rent payment or total monthly expenses for Members residing in Recovery Houses) ▪ Rent past due (if any) ▪ Any utilities included in the rent payment (if any) ▪ Printed name and signature of Member with date ▪ Printed name and signature of landlord or Recovery House representative with date
----------------------------------	---

	<ul style="list-style-type: none"> • The address on the form submitted above (the lease, Verification of Landlord/Tenant Relationship and Rent owed form, or written agreement) must match the Members OHP address on file. • If a Member is living with others due to financial constraints or economic hardship, and they are not the primary leaseholder (sometimes referred to as a “doubled-up” housing situation) the Member must provide an HRSN Verification of Landlord/Tenant Relationship and Rent Owed form, or a written agreement (as described above) signed by the Member, the primary leaseholder, and the landlord. • The landlord, property management company, or Recovery House must provide a W-9 form or other similar documentation required for tax purposes. The W-9 form or equivalent can be provided after Service Authorization but must be provided before payment of HRSN Rent Assistance.”
(k) Additional Documents Required for Service Authorization	<ul style="list-style-type: none"> • Utility Payment: Member or parent/Representative must submit the bill(s) from the utility company(ies) to be paid for through this service. The address on the utility bills must be the same as the address on the lease or self-verification form.
(2) Hotel/Motel Stays	
(a) Service Description	<p>Provision of payment to cover a Member’s costs for hotel or motel stays if the Member cannot safely reside in their home during receipt of a HRSN Home Modification or HRSN Home Remediation.</p> <p>This service may be tailored in an amount to account for how many people are in a Member’s household and how many bedrooms are currently occupied by the Member’s household. For example, if a household has six (6) Members, the MCE or the</p>

	Authority may determine that more than one Hotel/Motel room is appropriate. Household as defined by “Family Size” in OAR 410-200-0015.
(b) Unit	Per diem
(c) Unit Limit	Up to one (1) per diem
(d) Duration	Up to three (3) months at which time a Member may be reassessed for an additional three (3) months. No longer than a total of six (6) months. Any combination of HRSN Rent and Hotel/Motel Stays may not add up to more than six (6) months of coverage.
(e) Authorization Limit	Once (1) per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by “Family Size” in OAR 410-200-0015.
(f) Setting	Commercially zoned hotels and motels
(g) Additional Service Limitations	Costs that are not eligible in this service include: <ul style="list-style-type: none"> • Pet fees • Parking fees • Amenity fees (pool access, recreation center, etc.)
(h) Additional Requirements	Members receiving this service must also be offered HRSN Tenancy Services.
(i) Service Specific Eligibility	Member must: <ol style="list-style-type: none"> 1. Be currently housed with a written agreement or lease signed by both the landlord and Member; and, 2. Need support maintaining current housing; and, 3. Meet the At-Risk of Homelessness definition in OAR 410-120-0000; and, 4. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005; and, 5. Be receiving the Home Modifications or Home Remediations service, and cannot safely reside in their home while the Home Modification or Home Remediation Service is conducted.

(j) Additional Documents Required for Service Authorization	N/A
(3) Utilities Arrears	
(a) Service Description	<p>This service provides payment for costs related to past-due utility bills for the following types of utility services:</p> <ul style="list-style-type: none"> • Garbage • Water • Sewage • Recycling • Gas • Electric • Internet • Phone (inclusive of land line phone service and cell phone service) <p>The service amount is based on how many people are in a Member's household and how many bedrooms are currently occupied by the Member's household. For example, this service may cover the cost of internet provided to the entire household, rather than just the Member's share of the utility. Household as defined by "Family Size" in OAR 410-200-0015.</p>
(b) Unit	Per month
(c) Unit Limit	No limit
(d) Duration	Any combination of payment for utilities under "Utilities Arrears" and "Rent and Utility Costs" may not add up to more than six months' worth of utility payments for each individual utility.
(e) Authorization Limit	Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by "Family Size" in OAR 410-200-0015.
(f) Setting	N/A

(g) Additional Service Limitations	N/A
(h) Additional Requirements	Members receiving this service must also be offered HRSN Tenancy Services.
(i) Service Specific Eligibility	<p>Member must:</p> <ol style="list-style-type: none"> 1. Be currently housed with a written agreement or lease signed by both the landlord and Member; and, 2. Need support maintaining current housing; and, 3. Meet the At-Risk of Homelessness definition in OAR 410-120-0000; and, 4. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005; and, 5. Members must be receiving the HRSN Rent and Utility Costs service.
(j) Additional Documents Required for Service Authorization	<ul style="list-style-type: none"> • Member or parent/Representative must submit the bill(s) from the utility company(ies) to be paid for through this service. • If the Member or parent/Representative's name is not on the utility bill, the Member or parent/Representative must submit documentation to verify that the address for service completion is the Member's primary address or the Member's most recent prior primary address. The following are accepted forms of residency verification: <ul style="list-style-type: none"> ○ Member's Medicaid address of record; ○ A signed lease or written rental agreement signed by both the landlord and Member; ○ HRSN Verification of Landlord/Tenant Relationship and Rent Owed form signed by both the landlord and Member; ○ A written agreement signed by both the landlord and Member with the components outlined in the Rent and Utility Costs service description;

	<ul style="list-style-type: none"> ○ State issued program ID or license (e.g. Oregon driver's license); ○ Official letter from third party showing the Member's name and residence address (including a letter from a landlord, governmental agency, financial institution, medical institution, and/or school); or, ○ Government issued library card.
(4) Utilities Set Up	
(a) Service Description	<p>This service provides payment for non-refundable, non-recurring utility set-up or restart costs, and payment for the first month of the utility payment for the following types of utility services:</p> <ul style="list-style-type: none"> • Garbage • Water • Sewage • Recycling • Gas • Electric • Internet • Phone (inclusive of land line phone service and cell phone service)
(b) Unit	Per instance
(c) Unit Limit	Not Applicable
(d) Duration	Not Applicable
(e) Authorization Limit	Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August 2027). Household as defined by "Family Size" in OAR 410-200-0015.
(f) Setting	N/A
(g) Additional Service Limitations	N/A
(h) Additional Requirements	Members receiving this service must also be offered HRSN Tenancy Services.

(i) Service Specific Eligibility	<p>Member must:</p> <ol style="list-style-type: none"> 1. Be currently housed with a written agreement or lease signed by both the landlord and Member; and, 2. Need support maintaining current housing; and, 3. Meet the At-Risk of Homelessness definition in OAR 410-120-0000; and, 4. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005; and, 5. Members must be receiving the HRSN Rent and Utility Costs service.
(j) Additional Documents Required for Service Authorization	<p>Member or parent/Representative must submit the bill(s) from the utility company(ies) to be paid for through this service. The address on the utility bill(s) must be the same as the address on the Member's lease, HRSN Verification of Landlord/Tenant Relationship and Rent Owed form, or written lease agreement (as described in the Rent and Utilities Service above).</p>
(5) Storage Fees	
(a) Service Description	<p>Storage of personal property to facilitate the safe storage of a Member's belongings. Examples of the types of personal property and belongings that may need storage are:</p> <ul style="list-style-type: none"> • Appliances • Furniture • Bedding • Clothing • Identifying documentation <p>This service may be tailored in amount to account for how many people are in a Member's household. Household as defined by "Family Size" in OAR 410-200-0015.</p>
(b) Unit	Per month
(c) Unit Limit	Up to one per month
(d) Duration	Up to six months
(e) Authorization Limit	Once per household with one or more eligible Members over the lifetime of the demonstration (September 2022 through August

	2027). Household as defined by “Family Size” in OAR 410-200-0015.
(f) Setting	Commercial storage units, including self-storage and portable moving and storage solutions (e.g. PODS, U-Box).
(g) Additional Service Limitations	This service does not include storage of items that are not permitted according to the storage unit’s policies, or that are too large to fit in a commercial storage unit.
(h) Additional Requirements	N/A
(i) Service Specific Eligibility	Member must: <ol style="list-style-type: none"> 1. Be currently housed with a written agreement or lease signed by both the landlord and Member; and, 2. Need support maintaining current housing; and, 3. Meet the At-Risk of Homelessness definition in OAR 410-120-0000; and, 4. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005; and, 5. Members must be receiving the HRSN Rent and Utility Costs service.
(j) Additional Documents Required for Service Authorization	N/A
(6) Tenancy Service (paid via 15-minute increments)	
(a) Service Description	Tenancy services are flexible supports provided to Members or their Representatives (on their behalf) or Members’ households to achieve and maintain their housing stability goals. Members may receive support for any of the activities listed below, as needed, and HRSN Service Providers shall bill for these services on a fee-for-service basis.

	<p>If other HRSN housing services are authorized, Tenancy services must also be authorized if the Member is eligible. This service may also be authorized as a standalone service for Members who are eligible. Tenancy services include the work to coordinate and assure the delivery of the service(s). For example, Tenancy services (once authorized) include the communication and logistics required to deliver the rent assistance to the landlord. Further, Tenancy services include work to coordinate and share information regarding a Member with the MCE, or as applicable, the Authority. For example, HRSN Service Providers shall provide input and share information with the MCE's or Authority's care coordination team to inform a Member's HRSN Person-Centered Service Plan (PCSP). The following activities may be completed under HRSN Tenancy Services.</p> <p>Member Supports Services:</p> <ul style="list-style-type: none"> • Working with the Member to develop a housing plan that supports the stated needs of the Member or household (or both) to achieve their stability and housing retention goals • Reviewing, updating, and implementing the plan with the Member to reflect current and emerging needs and preferences and to address housing retention barriers • As needed, facilitating enrollment in the local Continuum of Care's Coordinated Entry System (the standard community-wide process by which individuals and families are connected to housing resources and supports) • Assisting in completing housing applications (e.g. rentals, waitlists, housing vouchers) • Assisting in obtaining identification and other required documentation (e.g., Social Security card, birth certificate, prior rental history) • Providing training and resources to assist the Member in complying with the Member's lease
--	--

	<ul style="list-style-type: none"> • Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized • Providing supports to assist the Member in developing independent living skills needed to remain housed (e.g., skills to maintain a healthy living environment, develop and manage a household budget, interact appropriately with neighbors or roommates, reduce social isolation, utilize local transportation) • Supporting housing stability by facilitating the enrollment of Members of the household in local school and college systems <p>Coordinating referrals and assisting to secure access to other necessary medical, disability, social, educational, legal, income-related tools and resources for housing, and other services, if eligible.</p> <p>Landlord Engagement Services:</p> <ul style="list-style-type: none"> • Engaging and communicating with a Member's landlord and, when appropriate and as requested by the Member, advocating on behalf of the Member • Assisting and coaching the Member in communicating with the landlord and property manager <p>Coordination and logistics of service provision</p> <ul style="list-style-type: none"> • Coordinating and assuring the delivery of another HRSN Housing-Related Service <p>MCE/The Authority Engagement Services:</p> <ul style="list-style-type: none"> • All coordination and information sharing with the MCE's and, as applicable, the Authority's, care coordination team
--	---

	<ul style="list-style-type: none"> • Service planning support and participating in the HRSN Person-Centered Service Plan (PCSP) meetings at redetermination and/or revision plan meetings, as needed
(b) Unit	Per 15-minute increment
(c) Unit Limit	No limit
(d) Duration	MCEs, or as applicable, the Authority, must authorize this service for a minimum of six months. MCEs, or as applicable, the Authority, may authorize this service for up to 18 months, at which time the Member must be reassessed for eligibility and, if determined eligible, may continue to receive the service.
(e) Authorization limit	No limit
(f) Setting	<ul style="list-style-type: none"> • The majority of sessions with Members should be in a setting desired by the Member. • Case managers may use telehealth if appropriate and desired by the Member. • Sessions may be “off-site,” (e.g., at potential housing locations).
(g) Additional Service Limitations	N/A
(h) Additional Requirements	<ul style="list-style-type: none"> • This service, or the Tenancy Service (PMPM as identified below in Section (7)), must be authorized when any other HRSN Housing Service is authorized, if the Member is eligible. This shall permit the HRSN housing Service Provider to include the time they spend coordinating and delivering the other HRSN Housing Service(s) in the Tenancy service category, which may be billed by the HRSN housing Service Provider. • Activities listed in row (a) of this Section (6) may, when appropriate for the circumstances and activity, occur with or without the Member present.

(i) Service Specific Eligibility	<p>Member must:</p> <ol style="list-style-type: none"> 1. Be currently housed with a written agreement or lease signed by both the landlord and Member; and, 2. Need support maintaining current housing; and, 3. Meet the At-Risk of Homelessness definition in OAR 410-120-0000; and, 4. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005. <p>Members receiving this service may not concurrently receive Tenancy (PMPM).</p>
(j) Additional Documents Required for Service Authorization	N/A
(7) Tenancy Service (paid per member per month (PMPM), starting in 2025))	
(a) Service Description	<p>Tenancy services are flexible supports provided to Members or their Representatives (on their behalf) or Members' households to achieve and maintain their housing stability goals. Providers shall support eligible Members with any of the activities below, as needed. HRSN Service Providers have the right to bill for these services on a per member per month basis.</p> <p>If other HRSN housing services are authorized, Tenancy services must also be authorized, if the Member is eligible. This service may also be authorized as a standalone service for Members who are eligible. Tenancy services include the work to coordinate and assure the delivery of the service(s). For example, Tenancy services (once authorized) include the communication and logistics required to deliver the rent assistance to the landlord. Further, Tenancy services include work to coordinate and share information regarding a Member with the MCE. For example,</p>

	<p>HRSN Service Providers shall provide input and share information with the MCE's care coordination team to inform a Member's HRSN Person-Centered Service Plan (PCSP). The following activities may be completed under HRSN Tenancy Services.</p> <p>Member Supports Services:</p> <ul style="list-style-type: none"> • Working with the Member to develop a housing plan that supports the stated needs of the Member and/or household to achieve their stability and housing retention goals; • Reviewing, updating, and implementing the plan with the Member to reflect current needs and preferences and address existing or recurring housing retention barriers; • As needed, facilitating enrollment in the local Continuum of Care's Coordinated Entry System (the standard community-wide process by which individuals and families are connected to housing resources and supports); • Assisting in completing housing applications (e.g. rentals, waitlists, housing vouchers) • Assisting in obtaining identification and other required documentation (e.g., Social Security card, birth certificate, prior rental history) • Providing training and resources to assist the Member in complying with the member's lease; • Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized; • Providing supports to assist the Member in developing independent living skills needed to remain housed (e.g., skills to maintain a healthy living environment, develop and manage a household budget, interact appropriately with neighbors or roommates, reduce social isolation, utilize local transportation);
--	--

	<ul style="list-style-type: none"> Supporting housing stability by facilitating the enrollment of Members of the household in local school and college systems Coordinating referrals and assisting to secure access to other necessary medical, disability, social, educational, legal, income-related tools and resources for housing, and other services, if eligible. <p>Landlord Engagement Services:</p> <ul style="list-style-type: none"> Engaging and communicating with a Member's landlord and when appropriate and as requested by the Member, advocating on behalf of the Member Assisting and coaching the Member in communicating with the landlord and property manager <p>Coordination and logistics of service provision</p> <ul style="list-style-type: none"> Coordinating and assuring the delivery of another HRSN housing service <p>MCE/Authority Engagement Services:</p> <ul style="list-style-type: none"> All coordination and information sharing with the MCE/the Authority care coordination team Service planning support and participating in the HRSN Person-Centered Service Plan meetings at redetermination and/or revision plan meetings, as needed
(b) Unit	Per member, per month
(c) Unit Limit	No more than once (1) per month
(d) Duration	The MCE, or as applicable, the Authority, must authorize this service for a minimum of six (6) months. The MCE, or as applicable, the Authority, may authorize this service for up to eighteen (18) months, at which time the Member must be reassessed for eligibility and, if determined eligible, may continue to receive the service.

(e) Authorization Limit	No limit
(f) Setting	<ul style="list-style-type: none"> • The majority of sessions with Members should be in a setting desired by the Member. • Case managers may use telehealth if appropriate and desired by the Member. • Some sessions may be “off-site,” (e.g., at potential housing locations).
(g) Additional Service Limitations	N/A
(h) Additional Requirements	<ul style="list-style-type: none"> • This service, or the Tenancy Service (15 min) must be authorized when any other HRSN Housing Service is authorized, if the Member is eligible, to ensure a housing provider may bill for their time coordinating and delivering the other HRSN Housing Service. • Activities listed in row (a) of this Section (7) may, when appropriate for the circumstances and activity, occur with or without the Member present.
(i) Service Specific Eligibility	<p>Member must:</p> <ol style="list-style-type: none"> 1. Be currently housed with a written agreement or lease signed by both the landlord and Member; and, 2. Need support maintaining current housing; and, 3. Meet the At-Risk of Homelessness definition in OAR 410-120-0000; and, 4. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005. <p>Members receiving this service may not concurrently receive Tenancy (15 min).</p>
(j) Additional Documents Required for	N/A

Service Authorization	
(8) Home Modifications	
(a) Service Description	<p>The provision of home modifications to eliminate known home-based health and safety risks and ensure the Member's living environment can accommodate their functional, health, or safety needs. These services include installation or execution of:</p> <ul style="list-style-type: none"> • Ramps, or • Grip bars, or • Door and cabinet handles for Members having difficulty due to dexterity issues, or • Any one or more of the above.
(b) Unit	Per instance
(c) Unit Limit	No limit
(d) Duration	No limit
(e) Authorization Limit	No limit
(f) Setting	Home modification services occur in the Member's current place of residence or potential residence.
(g) Additional Service Limitations	<p>The following are excluded from this service:</p> <ul style="list-style-type: none"> • Accessibility modifications, adaptations, or improvements to the home that are not directly related to the known home-based health and safety risks and ensure the Members' health and safety in the living environment and completed exclusively for preference, design, or style. Examples of these types of modifications include installations, repairs or updates related to: <ul style="list-style-type: none"> ○ Roof ○ Appliances ○ Heating and cooling ○ Skylights and windows ○ Hot water tanks

	<ul style="list-style-type: none"> • Adaptations that add to the total square footage of the home. • General repair or maintenance and upkeep required for the home. • Modifications that substitute for or duplicate modifications that are the responsibility of a landlord under landlord-tenant laws. • Material upgrades or supplemental payments that made by landlords or other individuals to the provider.
(h) Additional Requirements	<ol style="list-style-type: none"> 1. If the MCE, or as applicable, the Authority, or housing provider is contracting with a vendor to execute the modification, the MCE, the Authority or housing provider must have a procurement process in place that: <ul style="list-style-type: none"> • Develops a written scope of work to meet the Member's need; and, • Identifies one (1) or more qualified HRSN Vendors or HRSN Service Providers that can execute the modification timely and at a reasonable cost, meeting the Member's needs to the maximum extent possible. 2. Members receiving this service must also be offered HRSN Tenancy Services if they may meet the eligibility for those services.
(i) Service Specific Eligibility	<p>Member must:</p> <ol style="list-style-type: none"> 1. Require the clinically appropriate home modification or remediation, and 2. Be in an HRSN Covered Population (OAR 410-120-0000): <ul style="list-style-type: none"> • Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility; or, • Adults and Youth Released from Incarceration; or, • Individuals currently or previously involved in Oregon's Child Welfare system; or, • Individuals Transitioning to Dual Medicaid and Medicare Status; or,

	<ul style="list-style-type: none"> • Individuals who meet the At-Risk of Homeless definition in OAR 410-120-0000; or, • Young Adult with Special Health Care Needs (YSHCN), and <p>3. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005.</p> <p>Members receiving this service may be renters or homeowners.</p>
(j) Additional Documents Required Prior to Service Authorization	<p>Before an HRSN home accessibility modification service is authorized:</p> <ul style="list-style-type: none"> • A completed scope of work must be submitted to the MCE or the Authority as appropriate. The scope of work: <ul style="list-style-type: none"> ○ Needs to be agreed upon by the OHP Member, the landlord (if applicable), the vendor, and the HRSN Service Provider. ○ May require an in-person visit to the Member's home to assess the specifications of the modification and ensure the proposed modification meets the Member's needs. • If the proposed home accessibility modification requires a permit, the proposal must be in compliance with local codes and the appropriate permit must be obtained prior to any work is started. • If the Member rents their home, the landlord must provide written consent to the service, which shall also serve as verification that the individual lives at the residence. • If the Member owns their home, the Member must provide proof of homeownership (for example, Certificate of Title/Deed).
(9) Home Remediations	
(a) Service Description	The provision of medically necessary home remediation services to eliminate known home-based health and safety risks and

	<p>ensure the Member's health and safety in the living environment. These services include:</p> <ol style="list-style-type: none"> 1. Pest eradication, or 2. Installation of washable curtains or synthetic blinds to prevent allergens, or 3. Chore services, inclusive of the following: <ul style="list-style-type: none"> ○ Heavy housecleaning to ensure the Member can safely navigate in the home or ○ Removal of hazardous waste, debris, or dirt from the home or ○ Removal of yard hazards to ensure the outside of the home is safe for the consumer to enter and exit the home, or ○ Any one or more of the above. 4. Any one (1) or more of the above
(b) Unit	Per instance
(c) Unit Limit	No limit
(d) Duration	No limit
(e) Authorization Limit	No limit
(f) Setting	Home remediation services occur in the Member's current place of residence.
(g) Additional Service Limitations	<ol style="list-style-type: none"> 1. The following are excluded from this service: <ul style="list-style-type: none"> • Remediations to the home that are not directly related to eliminating known home-based health and safety risks and ensure the Members' health and safety in the living environment. • Remediations that add to the total square footage of the home. • General repair or maintenance and upkeep required for the home.

	<ul style="list-style-type: none"> • Remediations that substitute for or duplicate remediations that are the responsibility of a landlord under landlord-tenant laws. • Material upgrades or supplemental payments to the provider by landlords or informal supports. <p>2. Chore services must be intended to ensure the Member's home is safe and allows for independent living and must not be provided by homecare workers or in-home agencies. Chore services do not include:</p> <ul style="list-style-type: none"> • General housekeeping, • Removal of debris that does not impede the Member from safely traversing within the home, or entering or exiting the home safely, or • Removing items that do not present a potential fire hazard that would endanger the consumer's health and safety.
(h) Additional Requirements	<p>1. If the MCE, or as applicable, the Authority, or housing provider is contracting with a vendor to execute the remediation, the MCE, the Authority, or housing provider must have a procurement process in place that:</p> <ul style="list-style-type: none"> • Develops a written scope of work to meet the Member's need; and, • Identifies one or more qualified vendors that can execute the remediation timely and at a reasonable cost, meeting the Member's needs and preferences to the maximum extent possible. <p>2. Members receiving this service must also be offered HRSN Tenancy Services if they may meet the eligibility for those services.</p>
(i) Service Specific Eligibility	<p>Member must:</p> <ol style="list-style-type: none"> 1. Require the clinically appropriate home modification or remediation, and

	<p>2. Be in a HRSN Covered Population (OAR 410-120-0000):</p> <ul style="list-style-type: none"> • Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility; or, • Adults and Youth Released from Incarceration; or, • Individuals currently or previously involved in Oregon's Child Welfare system; or, • Individuals Transitioning to Dual Medicaid and Medicare Status; or, • Individuals who meet the At-Risk of Homeless definition in OAR 410-120-0000; or, • Young Adult with Special Health Care Needs (YSHCN), and <p>3. Have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005.</p> <p>Members receiving this service may be renters or homeowners.</p>
(j) Additional Documents Required Prior to Service Authorization	<p>Before a home remediation service is authorized:</p> <ul style="list-style-type: none"> • A completed scope of work must be submitted to the MCE or the Authority as appropriate. The scope of work: <ul style="list-style-type: none"> ○ Needs to be agreed upon by the OHP Member, the landlord (if applicable), the vendor, and the HRSN Service Provider. ○ May require an in-person visit to the Member's home to assess the specifications of the remediation and ensure the proposed remediation meets the Member's needs. • If the proposed home accessibility modification requires a permit, the proposal must be in compliance with local codes and the appropriate permit must be obtained prior to any work is started. • If the Member rents their home, the landlord must provide written consent to the service, which shall also serve as verification that the individual lives at the residence.

	<ul style="list-style-type: none"> If the Member owns their home, the Member must provide proof of homeownership (for example, Certificate of Title/Deed).
--	---

OAR 410-120-2005

Table 5: HRSN Housing Eligibility Criteria

(a) Service	(b) Covered Population & Social Risk Factor	(c) Clinical Risk Factor	(d) Additional Eligibility Requirements for each Service Category identified in Column (a)
(1) Rent and Utility Costs	(1) – (7) Member must: <ul style="list-style-type: none"> Be currently housed with a written agreement or lease signed by both the landlord and Member; and, Need support maintaining current housing; and, Meet the At-Risk of Homelessness definition in OAR 410-120-0000. 	(1) – (9) Member must have a Housing Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005.	(1) Members must be receiving HRSN rent to be eligible for recurring utilities payment through the HRSN Rent and Utility Costs service.
(2) Hotel/Motel Stays			(2) Members must be receiving the HRSN Home Modifications or Home Remediations service, and cannot safely reside in their home while the Home Modification or Home Remediation Service is conducted.
(3) Utility Arrears			(3) Members must be receiving the HRSN Rent and Utility Costs service.
(4) Utilities Set Up			(4) Members must be receiving the HRSN Rent and Utility Costs service.
(5) Storage Fees			(5) Members must be receiving the HRSN Rent and Utility Costs service.
(6) Tenancy (15 min)			(6) Members receiving this service may not concurrently receive Tenancy (PMPM).
(7) Tenancy (PMPM)			(7) Members receiving this service may not concurrently receive Tenancy (15 min).
(8) Home Modifications	(8) – (9) Member must: <ul style="list-style-type: none"> Require the clinically appropriate home 		(8) Members receiving this service may be renters or homeowners.
(9) Home Remediations			(9) Members receiving this service may be renters or homeowners.

	<p>modification or remediation, and</p> <ul style="list-style-type: none"> • Be in a HRSN Covered Population (OAR 410-120-0000): <ul style="list-style-type: none"> • Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility; or, • Adults and Youth Released from Incarceration; or, • Individuals currently or previously involved in Oregon's Child Welfare system; or, • Individuals Transitioning to Dual Medicaid and Medicare Status; or, • Individuals who meet the At-Risk of Homeless definition in OAR 410-120-0000; or, • Young Adult with Special Health Care Needs (YSHCN), 		
--	---	--	--

Table 6: Descriptions of Nutrition-Related Supports**(1) Assessment for Medically Tailored Meals**

(a) Service Description	<p>Initial assessment with a licensed dietitian (preferred), or, if not available, a primary care provider, to develop a Medically Appropriate nutrition care plan specific to the HRSN Medically Tailored Meals service. This service also covers a reassessment, if needed, to understand whether the delivery of the service is meeting the Member's needs.</p> <p>An initial assessment must take place before the delivery of the HRSN Medically Tailored Meals. Reassessments may take place whenever medically indicated and appropriate as determined by the licensed dietitian or primary care provider, and in accordance with the nutrition care plan</p>
(b) Unit	Per fifteen (15) minute increment
(c) Unit Limit	Up to four (4) units per assessment and reassessment
(d) Duration	Service may persist until the Member is no longer receiving the Medically Tailored Meal service.
(e) Authorization Limit	No limit
(f) Setting	Assessments and reassessments may be conducted in-person, via telehealth, or telephonically, at the Member's preference.
(g) Additional Service Limitations	N/A
(h) Additional Requirements	<ul style="list-style-type: none"> • HRSN Assessment for Medically Tailored Meals is not subject to Prior Authorization in order for a HRSN Authorized Member to receive the service. • If a Member's assessment for Medically Tailored Meals can be covered and paid for under the Medicaid State Plan benefit, it must be. If a Member's assessment for Medically Tailored Meals cannot be covered and paid for under the Medicaid State Plan benefit, it must be covered and paid for under HRSN.
(i) Service Specific Eligibility	<p>(1) Member must be in a HRSN Covered Population (OAR 410-120-0000), including:</p> <ul style="list-style-type: none"> • Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility; or, • Adults and Youth Released from Incarceration; or, • Individuals currently or previously involved in Oregon's Child Welfare system; or, • Individuals Transitioning to Dual Medicaid and Medicare Status; or,

	<ul style="list-style-type: none"> • Individuals who meet the definition of “HUD Homeless” as defined in OAR 410-120-0000; or, • Individuals who meet the “At-Risk of Homeless” definition in OAR 410-120-0000; or • Individuals identified as YSHCN. <p>(2) Member must be experiencing 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://www.ers.usda.gov/media/xxsjnqd1/short2024.pdf</p> <ul style="list-style-type: none"> • Low Food Security: Reduced quality, variety, or desirability of diet, and little or no indication of reduced food intake. • Very Low Food Security: Reports of multiple indications of disrupted eating patterns and reduced food intake. <p>(3) Member must have a health condition that is identified in the OHP Prioritized List, for which Medical Nutrition Therapy (MNT) is an indicated treatment.</p>
(2) Medically Tailored Meals	
(a) Service Description	<p>Meals tailored to support Members with health-related condition(s) for which nutrition supports would improve health outcomes. This service includes:</p> <ul style="list-style-type: none"> • The preparation and provision of the prescribed meals consistent with the nutrition care plan; and • Delivery of the meal. <p>Each meal must contain sufficient food to support approximately one-third of a Member’s daily nutritional need as indicated by the Dietary Reference Intakes and Dietary Guidelines (https://www.dietaryguidelines.gov/ and https://ods.od.nih.gov/HealthInformation/nutrientrecommendations.aspx). The meal may also include an accompanying fluid/drink or a supplementary food item (or both) to support meeting a Member’s nutrition needs between meals if medically appropriate (for example, to provide access to fluids or support taking medication accompanied by food (or both)). Meals may consist of fresh or frozen food.</p> <p>The service must:</p> <ul style="list-style-type: none"> • 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

	<p>(https://www.eatrightstore.org/product-type/nutrition-care-manuals);</p> <ul style="list-style-type: none"> Follow food safety standards (https://www.oregon.gov/oha/ph/healthyenvironments/foodsafety/pages/index.aspx and https://www.oregon.gov/oda/programs/foodsafety/Pages/Default.aspx); and Consider a Member's personal and cultural dietary preferences. Be Medically Appropriate and Medically Necessary per OAR 410-120-0000.
(b) Unit	Per meal
(c) Unit Limit	Up to three (3) meals per day
(d) Duration	Up to six (6) months
(e) Authorization Limit	Once per eligible Member over the lifetime of the demonstration (September 2022 through August 2027).
(f) Setting	Meals must be delivered to the Member's home or private residence. Private residences may include shelters that do not provide residents with meals.
(g) Additional Service Limitations	<ul style="list-style-type: none"> Frozen meals must not be authorized for Members unless they have a freezer or other equipment that shall keep meals frozen until they are ready to be eaten. In authorizing this service for Members living in a shelter that does not provide meals, MCEs must consider whether the Member has the ability to safely and securely store and prepare food for the Member's use.
(h) Additional Requirements	N/A
(i) Service Specific Eligibility	<p>(1) Member must be in a HRSN Covered Population (OAR 410-120-0000), including:</p> <ul style="list-style-type: none"> Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility; or, Adults and Youth Released from Incarceration; or, Individuals currently or previously involved in Oregon's Child Welfare system; or, Individuals Transitioning to Dual Medicaid and Medicare Status; or, Individuals who meet the definition of "HUD Homeless" as defined in OAR 410-120-0000; or, Individuals who meet the "At-Risk of Homeless" definition in OAR 410-120-0000; or Individuals identified as YSHCN. <p>(2) Member must be experiencing Low Food Security or Very Low Food Security as measured by the U.S. Household Food</p>

	<p>Security Survey Module: Six Item Short Form from the U.S. Department of Agriculture published in May 2024, available here: https://www.ers.usda.gov/media/xxsjnqd1/short2024.pdf</p> <ul style="list-style-type: none"> • Low Food Security: Reduced quality, variety, or desirability of diet, and little or no indication of reduced food intake. • Very Low Food Security: Reports of multiple indications of disrupted eating patterns and reduced food intake. <p>(3) Member must be assessed by a RDN (or PCP if RDN access is very limited or delayed) to determine if Medically Tailored Meals are a Medically Appropriate and Medically Necessary service for the Member's disease, condition, or disorder, and to develop a Medically Appropriate nutrition care plan for this service.</p> <p>(4) Members who reside in an institutional setting that is obligated to provide its residents with meals are not eligible for this service.</p> <p>(5) Being enrolled in SNAP or WIC or other nutrition assistance programs does not preclude a Member from being eligible for this HRSN Nutrition service or receiving up to the maximum benefit.</p> <ul style="list-style-type: none"> • HRSN nutrition services should complement a Member's receipt of existing local, state and federal nutrition assistance programs (e.g., SNAP or WIC), to the extent receipt of that assistance has not resolved the member's food insecurity. <p>(6) Members may not concurrently receive Medically Tailored Meals and Nutrition Education; however, if eligible, Members may receive Nutrition Education prior to or after receiving Medically Tailored Meals.</p>
(4) Nutrition Education	
(a) Service Description	<p>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.</p> <p>This service may consist of the following:</p> <ul style="list-style-type: none"> • Provision of nutrition education or information to an individual or group that offers evidence-based or evidence-informed strategies on adoption of food choices and other food- and nutrition-related behaviors conducive to health

	<p>and well-being and guidance on food and nutrition resources;</p> <ul style="list-style-type: none"> • Meal preparation education in an individual or group setting. <p>Nutrition education services may be supplemented with handouts, take-home materials, and other informational resources that support nutritional health and well-being. Distribution of these paper and electronic handouts, materials and products, by themselves, does not constitute nutrition education.</p> <p>This service may be provided one-time or on a recurring weekly or monthly basis dependent on the specific service, provider's offering, and Member's preference.</p> <p>This service must:</p> <ul style="list-style-type: none"> • Be provided in accordance with evidence-based nutrition guidelines (e.g., https://snaped.fns.usda.gov/resources/nutrition-education-materials/fns-curricula); • Follow food safety standards (https://www.oregon.gov/oha/ph/healthyenvironments/food-safety/pages/index.aspx and https://www.oregon.gov/oda/programs/foodsafety/Pages/Default.aspx); and • Be person-centered, consider dietary preferences, and be culturally appropriate.
(b) Unit	Per thirty (30) minute increment
(c) Unit Limit	Up to six (6) units per week
	Service shall typically be billed in increments of 2, 4, or 6 units.
(d) Duration	Service persists until services are no longer needed.
(e) Authorization Limit	Providers cannot bill HRSN to exceed the actual cost of the class in total.
(f) Setting	<p>Service may be offered:</p> <ul style="list-style-type: none"> • In-person, virtually, or telephonically dependent on the specific service and Member's preference; • Where the Member resides; or • In community settings, community recreation centers, schools, health clinics, transitional housing shelters, emergency housing shelters, and community kitchens.
(g) Additional Service Limitations	N/A

(h) Additional Requirements	Members receiving any other HRSN nutrition service must also be offered Nutrition Education, though receipt of Nutrition Education shall not be conditioned on engagement in other HRSN nutrition services.
(i) Service Specific Eligibility	<p>(1) Member must be in a HRSN Covered Population (OAR 410-120-0000), including:</p> <ul style="list-style-type: none"> • Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility; or, • Adults and Youth Released from Incarceration; or, • Individuals currently or previously involved in Oregon’s Child Welfare system; or, • Individuals Transitioning to Dual Medicaid and Medicare Status; or, • Individuals who meet the definition of “HUD Homeless” as defined in OAR 410-120-0000; or, • Individuals who meet the “At-Risk of Homeless” definition in OAR 410-120-0000; or • Individuals identified as YSHCN. <p>(2) Member must be experiencing 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: short2024.pdf (usda.gov).</p> <ul style="list-style-type: none"> • Low Food Security: Reduced quality, variety, or desirability of diet, and little or no indication of reduced food intake. • Very Low Food Security: Reports of multiple indications of disrupted eating patterns and reduced food intake. <p>(3) Members must have an HRSN Housing, Nutrition, and Outreach and Engagement Clinical Risk Factor, as defined in Table 2 of OAR 410-120-2005</p> <p>(4) Members eligible for substantially the same service as a Medicaid covered service are not eligible for this HRSN Service. For example, Members eligible to receive Medical Nutrition Therapy (MNT) as a covered service through OHP are not eligible for this service.</p> <p>(5) Members may not concurrently receive Nutrition Education and Medically Tailored Meals; however, if eligible, Members may receive Nutrition Education prior to or after receiving Medically Tailored Meals.</p>

OAR 410-120-2005

Table 7: HRSN Nutrition Eligibility Criteria

(a) Service	(b) Covered Population	(c) Clinical Risk	(d) Social Risk	(e) Additional Eligibility Requirements for each Service Category identified in Column (a)
(1) Assessment for Medically Tailored Meals	(1) – (3) Member must be in a HRSN Covered Population (OAR 410-120-0000), including:	(1) – (3) Member must have a Nutrition Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005.	(1) – (3) Member must be experiencing 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://www.ers.usda.gov/media/xxsjnqd1/s hort2024.pdf	(1) Member must have a health condition that is identified in the OHP Prioritized List , for which Medical Nutrition Therapy (MNT) is an indicated treatment.
(2) Medically Tailored Meals	<ul style="list-style-type: none"> Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility; or, Adults and Youth Released from Incarceration; or, Individuals currently or previously involved in Oregon's 		<ul style="list-style-type: none"> a. Low Food Security: Reduced quality, variety, or desirability of diet, and little or no indication of 	<ul style="list-style-type: none"> Medically Tailored Meals must be Medically Appropriate and Medically Necessary. Member must be assessed by a RDN (or PCP if RDN access is very limited or delayed) to determine if Medically Tailored Meals are a Medically Appropriate and Medically Necessary service for the Member's disease, condition, or disorder, and to develop a Medically Appropriate nutrition care plan for this service. Members who reside in an institutional setting that is obligated to provide its residents with meals are not eligible for this service. Being enrolled in SNAP or WIC or other nutrition assistance programs does not preclude a Member from being eligible for this HRSN Nutrition service or receiving up to the maximum benefit.

	<p>Child Welfare system; or,</p> <ul style="list-style-type: none"> • Individuals Transitioning to Dual Medicaid and Medicare Status; or, • Individuals who meet the definition of “HUD Homeless” as defined in OAR 410-120-0000; or, • Individuals who meet the “At-Risk of Homeless” definition in OAR 410-120-0000; or • Individuals identified as YSHCN. 		<p>reduced food intake.</p> <p>b. Very Low Food Security: Reports of multiple indications of disrupted eating patterns and reduced food intake.</p>	<ul style="list-style-type: none"> ○ HRSN nutrition services should complement a Member’s receipt of existing local, state and federal nutrition assistance programs (e.g., SNAP or WIC), to the extent receipt of that assistance has not resolved the member’s food insecurity. • Members may not concurrently receive Medically Tailored Meals and Nutrition Education; however, if eligible, Members may receive Nutrition Education prior to or after receiving Medically Tailored Meals.
(3) Nutrition Education				<p>(3)</p> <ul style="list-style-type: none"> • Members eligible for substantially the same service as a Medicaid covered service are not eligible for this HRSN Service. For example, Members eligible to receive Medical Nutrition Therapy (MNT) as a covered service through OHP are not eligible for this service. • Members may not concurrently receive Medically Tailored Meals and Nutrition Education; however, if eligible, Members may receive Nutrition Education prior to or after receiving Medically Tailored Meals.

Table 8: Description of HRSN Outreach and Engagement Service

(1) Service Description	<ul style="list-style-type: none"> • HRSN Outreach and Engagement Services (“HRSN O&E Services”) means the activities performed by HRSN Service Providers, or MCE, or as applicable, the Authority, for the purpose of identifying Members who may be eligible for one (1) or more HRSN Services. • HRSN Service Providers shall be compensated for providing HRSN O&E Services to Members who are Presumed HRSN Eligible, or determined HRSN Eligible, as defined in OAR 410-120-0000 • HRSN O&E Services performed and documented by HRSN Service Providers must include, at a minimum, activities a – c specified below, which must be completed during initial service delivery. HRSN O&E Services performed and documented by HRSN Service Providers may also include any or all activities listed as items d – j below. Subsequent service delivery may include performance and documentation of any or all activities listed below. <ul style="list-style-type: none"> a. Engaging Members who may be eligible for HRSN Services. Engagement activities may use multiple strategies, including, without limitation, meeting Members in-person. b. Identifying and verifying the Member’s MCE enrollment or, as applicable, enrollment in the Fee-for-Service (FFS) program. c. Verifying the Member is Presumed HRSN Eligible. d. Transmitting HRSN Requests to the applicable MCE or, as applicable, to the Authority. e. Working with Members to obtain the information necessary to determine HRSN service need, including through multiple engagements. f. Helping Members maintain enrollment in OHP. g. Helping Members, with securing and maintaining related assistance and services, including entitlements and benefits, such as Temporary Assistance for Needy Families (TANF), Women, Infants and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), and other federal, state, and local housing programs including through application assistance and providing support in identifying coverage for application fees, as necessary. h. Assisting Members, with obtaining identification and other required documentation needed to receive benefits
-------------------------	--

	<p>and other supports (e.g., Social Security card, birth certificate, prior rental history).</p> <ul style="list-style-type: none"> i. Connecting Members, to settings where basic needs can be met, such as access to shower, laundry, shelter, and food. j. Providing Members, who may have a need for medical, peer, social, educational, legal, imminent eviction prevention and other related services with information and logistical support necessary to connect to resources. <p>HRSN O&E Services performed by the MCE, or as applicable, the Authority, may include completion of any of the following activities:</p> <ul style="list-style-type: none"> • Engaging Members who may be eligible for HRSN Services. Engagement activities may use multiple strategies, including, without limitation, meeting Members in-person; • Working with Members to obtain the information necessary to determine HRSN Service need, including through multiple engagements; • 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; • 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); • Connecting Members to settings where basic needs can be met, such as access to shower, laundry, shelter, and food; and • Providing Members who may have a need for medical, peer, social, educational, legal, or other related services with information and logistical support necessary to connect them with the needed resource and services.
(2) Unit	Per fifteen (15) minute increment
(3) Unit Limit	Up to 120 units (30 hours) per Member per health plan
(4) Duration	Up to twelve (12) months from the initial date of service
(5) Setting	N/A
(6) Additional Service Limitations	N/A
(7) Additional Requirements	HRSN O&E Services are not subject to Prior Authorization. HRSN Service Providers may invoice and receive payment for HRSN O&E Services provided to a Presumed HRSN Eligible Member

	subject to documenting and tracking the services provided and otherwise complying with all applicable HRSN O&E administrative rules.
(8) Service Specific Eligibility	<p>Member must be presumed, or determined:</p> <ol style="list-style-type: none"> 1. To be in a HRSN Covered Population (OAR 410-120-0000), including: <ul style="list-style-type: none"> • Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility; or, • Adults and Youth Released from Incarceration; or, • Individuals currently or previously involved in Oregon’s Child Welfare system; or, • Individuals Transitioning to Dual Medicaid and Medicare Status; or, • Individuals who meet the definition of “HUD Homeless” as defined in OAR 410-120-0000; or, • Individuals who meet the “At-Risk of Homeless” definition in OAR 410-120-0000; or • Individuals identified as YSHCN, starting 2025. 2. To have any HRSN Clinical Risk Factor as defined in Table 2 of OAR 410-120-2005 and 3. To require support to obtain or maintain connection with benefit programs, services, or supports for basic needs.

OAR 410-120-2005**Table 9: HRSN Outreach and Engagement Eligibility Criteria**

(a) Covered Population	(b) Clinical Risk Factor	(c) Social Risk Factor
<p>Member must be presumed to be in a HRSN Covered Population (OAR 410-120-0000), including:</p> <ul style="list-style-type: none">• Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility; or,• Adults and Youth Released from Incarceration; or,• Individuals currently or previously involved in Oregon’s Child Welfare system; or,• Individuals Transitioning to Dual Medicaid and Medicare Status; or,• Individuals who meet the definition of “HUD Homeless” as defined in OAR 410-120-0000; or,• Individuals who meet the “At-Risk of Homeless” definition in OAR 410-120-0000; or• Individuals identified as YSHCN.	<p>Member must be presumed to have any HRSN Clinical Risk Factor as defined in Tables 1 and 2 of OAR 410-120-2005.</p>	<p>Member must be presumed to require support to obtain or maintain connection with benefit programs, services, or supports for basic needs.</p>

RULE SUMMARY: HRSN Service Provider Qualifications

CHANGES TO RULE:

410-120-2030

HRSN Provider Qualifications

(1) MCEs shall ensure that all contracted HRSN Service Providers meet the specific provider qualifications necessary for providing the HRSN Services for which they have contracted. 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 MCE, 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: (I) language interpretation and translation services to those Members who have limited English proficiency, and (II) 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. 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 MCE 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 acceptance/denial of referrals and confirmation/incomplete services/reporting); and

(E) Invoicing for HRSN Services as agreed upon in their contract with the MCE to provide HRSN Services.

(h) Comply with oversight requirements established by the Authority, or the MCE, (or both as applicable), and all laws relating to privacy and security that are applicable to their business.

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

(j) Not be delegated any responsibility for HRSN Service authorization or Service Planning.

(2) It is preferred that MCEs contract with HRSN Service Providers providing Climate-Related Supports that are capable of both delivering and installing Climate-Related Devices. In the event an HRSN Service Provider does not provide installation services, MCEs shall ensure installation services are also performed by a different qualified HRSN Services Provider or HRSN Vendor(s).

(3) In addition to ensuring compliance with the requirements set out in section (1) of this rule, MCEs and, as applicable, the Authority shall further 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 also:

(a) Have knowledge of principles, methods, and procedures of the HRSN housing services, or comparable services, that are relevant for the HRSN Housing Related Supports Services they have contracted to provide.

(b) Be trained and credentialed, if applicable, to provide the specific HRSN Housing-Related Supports Service they have contracted to provide. MCEs 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.

(4) In addition to ensuring compliance with the requirements set out in section (1) of this rule, MCEs 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 also:

(a) Have knowledge of principles, methods and procedures of the HRSN Nutrition Services, or comparable

services, that are relevant for the services they have 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. MCEs 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 Members' personal and cultural dietary preferences.¶¶

(e) 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.¶¶

(f) If a nutrition service is administered through depositing funds electronically to a debit card to be used by the HRSN-Authorized Member, the HRSN Service Provider must have the ability to administer and coordinate the service, which may require engaging directly with, or through a Health Care Interpreter, HRSN-Authorized Members to explain the service, having relationships with food retailers that shall accept payment, and monitoring and overseeing use of the cards.¶¶

(5) In addition to ensuring compliance with the requirements set out in section (1) of this rule, MCEs 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 8 in OAR 410-120-2005. MCEs shall have the right, using their reasonable discretion, to determine whether an HRSN Service Provider has the skills, education, or experience to 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: 414.572, 414.605, 414.665, 414.719, 414.632

RULE ATTACHMENTS MAY NOT SHOW CHANGES. PLEASE CONTACT AGENCY REGARDING CHANGES.

OAR 410-120-2030

Table 1: Housing Service-Specific Provider Qualifications

(1) Rent and Utility Costs	<p>HRSN Service Provider must be able to transmit payments to housing landlords or their designees and utility vendors in a timely manner.</p> <p>HRSN Service Provider must collect W9 forms from landlords receiving rent HRSN payments.</p>
(2) Hotel/Motel Stays	HRSN Service Provider must be able to transmit payments to hotel or motel in a timely manner.
(3) Utility Arrears	HRSN Service Provider must be able to transmit payments to utility vendors in a timely manner.
(4) Utilities Set Up	HRSN Service Provider must be able to transmit payments to utility vendors in a timely manner.
(5) Storage Fees	HRSN Service Provider must be able to transmit payments to storage vendors in a timely manner.
(6) Tenancy Service (paid via 15-minute increments)	<ul style="list-style-type: none"> HRSN Service Providers that deliver the Tenancy Service to a Member via the fifteen (15) minute payment methodology shall not receive reimbursement for delivering the Tenancy Service (PMPM) to the same Member. HRSN Service Providers must be able to offer at least one (1) of the activities in the service description as detailed in OAR 410-120-2005. HRSN Service Providers do not have to be able to offer all of the activities in the service description.
(7) Tenancy Service (paid per member per month)	<ul style="list-style-type: none"> HRSN Service Providers that deliver the Tenancy Service to a Member via the PMPM methodology shall not receive reimbursement for delivering under the Tenancy Service (15-min.) to the same Member. HRSN Service Providers receiving a PMPM payment on behalf of a member must be able to provide all services listed within the service description as detailed in OAR 410-120-2005.
(8) Home Modifications	Vendors of home modification services must be completed by a current Oregon Construction Board (CCB) licensed, bonded and insured contractor as required by OAR 812.
(9) Home Remediations	Vendors of home remediation services must be state-licensed, as appropriate.

OAR 410-120-2030

Table 2: Nutrition Service-Specific Provider Qualifications

(1) Assessment for Medically Tailored Meals	<p>HRSN Service Provider must be licensed as a:</p> <ul style="list-style-type: none"> • Licensed dietitian (ORS 691.405) who has received licensure through one of the pathways described in OAR 834-030-0000; or • Primary care provider (OAR 410-141-3500).
(2) Medically Tailored Meals	<ul style="list-style-type: none"> • HRSN Service Provider must be able to provide one (1) meal per day, for five (5) or more days per week, except in rural areas where such frequency is not feasible and a lesser frequency is approved by the MCE or Authority. • MCE or Authority must ensure sufficient HRSN Service Providers to meet all enrolled Members' needs, including those that are authorized for more frequent service delivery than the minimum requirements.
(3) Nutrition Education	<p>MCE and the Authority 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) in obtaining (from a third party or from the MCE or the Authority) appropriate training and credentialing to provide this service to Members.</p> <p>Depending on the specific component of this service being provided, appropriate training and credentialing may entail:</p> <ul style="list-style-type: none"> • 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). <p>MCE may use discretion in determining the appropriate level of training or licensure required for each contracted provider of this service.</p>