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TEMPORARY ADMINISTRATIVE ORDER

INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 14-2026

CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED: 04/28/2026 2:32 PM
ARCHIVES DIVISION SECRETARY OF STATE & LEGISLATIVE COUNSEL

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

EFFECTIVE DATE: 05/01/2026 THROUGH 10/27/2026

AGENCY APPROVED DATE: 04/27/2026

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NEED FOR THE RULE(S):

Rule changes are necessary for the planned implementation of new 1115 Waiver HRSN nutrition benefits in the summer of 2026 and to provide further clarification for the current operationalization of HRSN housing benefits.

JUSTIFICATION OF TEMPORARY FILING:

(1) Describe the specific consequences that result from the failure to immediately adopt, amend or suspend the rule(s): Failure to adopt will result in inability to operationalize and implement the new HRSN nutrition benefits based upon current policy decisions from OHA. In addition, additional clarifications in HRSN housing will ensure alignment with our current guidance to HRSN Service Providers.

(2) Who would suffer these consequences:
Oregon Health Plan Members
Coordinated Care Organizations
Oregon Health Authority

HRSN Service Providers

(3) Why or how failure to immediately take rulemaking action would cause these consequences:
OHA has decisions which significantly change the HRSN nutrition benefit from the previously stated OARs (e.g., changing from household level benefit to member level benefit, reducing benefit to 24 weeks instead of 26) in order to address program integrity and operational concerns. Failure would delay or prevent successful launch of benefits. HRSN Housing clarification changes are necessary to ensure successful alignment with our current guidance to prevent confusion and ensure that members are not unnecessarily experiencing barriers in provision of services. In addition, HRSN service authorization timelines changes are necessary due to OHA leadership decision and changes in OAR 410-141-3835 which will be effective on July 1, 2026.

(4) How the temporary action will avoid or mitigate those consequences:
Temporary OAR change will allow us to successfully launch new HRSN nutrition benefits on the timeline that has been communicated to CCOs and our external partners, prevent confusion in the provision of HRSN housing services, and ensure alignment with new service authorization timelines.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

None

RULES:
410-120-2005, 410-120-2010, 410-120-2015, 410-120-2020

AMEND: 410-120-2005

RULE SUMMARY: Clarification on HRSN housing benefits; policy and program changes for Pantry Stocking and Fruit & Vegetable benefits

CHANGES TO RULE:

410-120-2005
HRSN Service Eligibility; Identifying HRSN Eligible Members; HRSN Outreach and Engagement Services.
(1) A Member is authorized to receive HRSN Services so long as they meet the definition of HRSN Eligible in OAR 410-120-0000 and all other eligibility requirements applicable to the specific HRSN Service requested by the Member or Member Representative, all of which are identified in Tables 1 through 10 of this rule. ¶
(2) A Member is not eligible for a requested HRSN Service if any of the following applies: ¶
(a) The Member is not eligible for the OHP Plus benefit package as described in 410-120-1210; ¶
(b) The Member is already receiving the same service from a different state, local, or federal agency, organization, or entity, according to existing information held by the MCE or the Authority, or by Member Self-Attestation. 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; ¶
(c) The Member does not meet all other eligibility criteria for the specific HRSN Service requested, all of which are identified in Tables 4 through 10 of this rule, OAR 410-120-2005. ¶
(3) Identifying Members Potentially Eligible for HRSN Services: The 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' referrals or Self-Attestations, as applicable. ¶
(f) MCEs and the Authority may scale up or down the Member identification efforts described in subsections (a)-(d) of this section (3) if the Member self-referral or Self-Attestations described in subsection (e) of this section (3) results in sufficient numbers of HRSN Eligible individuals requesting and being screened for HRSN Services. ¶
(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 7 of this rule to Members who are Presumed HRSN Eligible, HRSN Eligible, and HRSN Authorized Members as described in OAR 410-120-0000 and Table 10 of this rule. ¶
(b) HRSN O&E Service Providers must be compensated by the MCE, or, as applicable the Authority for providing HRSN O&E Services described in Table 7 of this rule to: ¶
(A) HRSN Eligible Members; ¶
(B) Members who are confirmed to be enrolled in OHP (FFS or an MCE) and are Presumed HRSN Eligible Members as defined in OAR 410-120-0000; or ¶
(C) HRSN-Authorized Members.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.572, 414.605, 414.665, 414.719, 414.632

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

NOTE: Attachments referenced are attached to this document. You may view the attachment 410-120-2005.pdf from the Attachments panel. Alternately, you may view the attachments at the following link:
https://secure.sos.state.or.us/oard/viewAttachment.action?ruleVrsnRsn=335122

AMEND: 410-120-2010

RULE SUMMARY: Changed service authorization timelines from 7 to 14 days

CHANGES TO RULE:

410-120-2010
HRSN Service Requests
(1) MCEs and the Authority shall accept and document all requests for HRSN Services ("HRSN Request(s)") received through the pathways identified in OAR 410-120-2005 which utilize the methods described in section (11) of this rule. MCEs and the Authority shall accept, document, and receive all Self-Attestations for HRSN Services in the same manner as it accepts, documents, and receives all other HRSN Requests. ¶
(2) MCEs and the Authority shall accept HRSN Requests from HRSN Connectors, that are not HRSN Service Providers, in writing or via telephone (or both). With the exception of HRSN Medically Tailored Meals, HRSN Home Changes for Safety, and HRSN Rent and Utility Financial Assistance, all other HRSN Requests made to the MCE or, as applicable, the Authority shall be effective when made: ¶
(a) By telephone upon documenting all of the information in subsection (c) of this section (2). Documentation must be made during the telephone call or immediately thereafter; or ¶
(b) In writing by the HRSN Connector and delivered to the MCE or, as applicable the Authority, provided that the writing includes all of the information described in subsection (c) of this section (2). ¶
(c) An HRSN Request submitted by HRSN Connectors must be documented in writing as described in subsections (a) or (b) of this section (2) and include all of the following information: ¶
(A) The name and contact information for the individual recommended; and ¶
(B) The HRSN Service(s) the individual needs or may need; and ¶
(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority, in accordance with OAR 410-120-2015. ¶
(3) HRSN Requests for Medically Tailored Meals made by HRSN Connectors that are not HRSN Service Providers shall be effective when the MCE, or as applicable, the Authority, has collected all of the information in subsections (a) and (b) of this section (3): ¶
(a) The information identified in this subsection (a) must be collected in writing or may be collected during a telephone call. If the information is collected during a telephone call, the information must be documented by the MCE or, as applicable, the Authority, during or immediately after the telephone call. ¶
(A) Name and contact information for the individual recommended; and ¶
(B) The HRSN Service(s) the individual needs or may need; and ¶
(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority; and ¶
(b) The following must be obtained in writing: ¶
(A) An assessment conducted by a Registered Dietitian Nutritionist licensed in the state of Oregon (RDN) indicating that Medically Tailored Meals are Medically Necessary and Medically Appropriate for the individual together with a Nutrition Care Plan; or ¶
(B) An assessment and Nutrition Care Plan may be provided by a primary care physician or a physician specialist such as a cardiologist or oncologist when access to an RDN is limited or delayed. ¶
(4) HRSN Requests for Rent and Utility Financial Assistance made by an HRSN Connectors that are not HRSN Service Providers, shall be effective when the MCE, or as applicable, the Authority, has collected the information in subsections (a) and (b) of this section (4): ¶
(a) The information identified in this subsection (a) must be collected in writing or may be collected during a telephone call. If the information is collected during a telephone call, the information must be documented by the MCE or, as applicable, the Authority, during or immediately after the telephone call: ¶
(A) The name and contact information for the individual recommended; and ¶
(B) The HRSN Service(s) the individual needs or may need; and ¶
(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority; and ¶
(D) Income verification to determine "At Risk of Homelessness" as defined in OAR 410-120-0000. Income verification may be self-attested to as described in OAR 410-120-2015; and ¶
(b) A copy of the written lease, HRSN Verification of Landlord/Tenant Relationship and Rent Owed form, or rental agreement as described in OAR 410-120-2005 Table 5 must be obtained. ¶
(5) HRSN Requests for Home Changes for Safety (Home Modifications and Remediations) made by HRSN Connectors that are not HRSN Service Providers shall be effective when the MCE, or as applicable, the Authority, has collected the information in subsections (a) and (b) of this section (5) as follows: ¶

(a) The information identified in this subsection (a) must be collected in writing or may be collected during a telephone call. If the information is collected during a telephone call, the information must be documented by the MCE or, as applicable, the Authority, during or immediately after the telephone call. ¶
(A) The name and contact information for the individual recommended; and ¶
(B) The HRSN Service(s) the individual needs or may need; and ¶
(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority. ¶
(b) The following information must be provided to, or collected by, the MCE or, as applicable, the Authority, in writing: ¶
(A) A completed scope of work must be submitted to the MCE or the Authority as appropriate, as detailed in OAR 410-120-2005 Table 5; and ¶
(B) If the Member rents their home, the landlord must provide written consent to the service, which shall also serve as verification that the individual lives at the residence; or ¶
(C) If the Member owns their home, the Member must provide proof of homeownership (for example, Certificate of Title/Deed, Monthly mortgage bill). ¶
(6) With the exception of HRSN Medically Tailored Meals, HRSN Home Changes for Safety, and HRSN Rent and Utility Financial Assistance, HRSN Requests made by an HRSN Connector that is also an HRSN Service Provider must be in writing and: ¶
(a) Must include all of the following: ¶
(A) Name and contact information for the individual being recommended; and ¶
(B) The HRSN Service(s) the individual needs or may need; and ¶
(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority, which must be signed or orally attested to by the individual for whom the request is being made or the individual's Representative; and ¶
(b) May include any one or all of the following: ¶
(A) Confirmation of individual's current OHP enrollment; ¶
(B) Confirmation of current enrollment in the MCE or in FFS; ¶
(C) Any other information regarding the individual's potential HRSN Eligibility. ¶
(7) HRSN Requests for Medically Tailored Meals made by an HRSN Connector that is also an HRSN Service Provider must be in writing and: ¶
(a) Must include all of the following: ¶
(A) Name and contact information for the individual being recommended; and ¶
(B) The HRSN Service(s) the individual needs or may need; and ¶
(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority, which must be signed or verbally attested to by the individual for whom the request is being made or the individual's Representative; and ¶
(D) Registered Dietitian Nutritionist (RDN) assessment (or Primary Care Provider (PCP) if RDN access is limited or delayed) indicating that Medically Tailored Meals are Medically Appropriate and Medically Necessary for the individual; and ¶
(E) Nutrition Care Plan; and ¶
(b) May include any one or all of the following: ¶
(A) Confirmation of individual's current OHP enrollment; ¶
(B) Confirmation of current enrollment in the MCE or in FFS; ¶
(C) Any other information regarding the individual's potential HRSN Eligibility. ¶
(8) HRSN Requests for Rent and Utility Financial Assistance made by HRSN Connectors that are also HRSN Service Providers, must be in writing and: ¶
(a) Must include all of the following: ¶
(A)The name and contact information for the individual recommended; and ¶
(B) The HRSN Service(s) the individual needs or may need; and ¶
(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority; and ¶
(D) A written lease, HRSN Verification of Landlord/Tenant Relationship and Rent Owed form, or rental agreement as described in OAR 410-120-2005 Table 5; and ¶
(E) Income verification to determine "At Risk of Homelessness" as described in OAR 410-120-0000. Income verification may be self-attested to as described in OAR 410-120-2015; and ¶
(b) May include any one or all of the following: ¶
(A) Confirmation of individual's current OHP enrollment; ¶
(B) Confirmation of current enrollment in the MCE or in FFS; ¶
(C) Any other information regarding the individual's potential HRSN Eligibility. ¶

(9) HRSN Requests for HRSN Home Changes for Safety (Home Modifications and Remediations) made by an HRSN Connector that is also an HRSN Service Provider must be in writing and: ¶
(a) Must include all of the following: ¶
(A) The name and contact information for the individual recommended; and ¶
(B) The HRSN Service(s) the individual needs or may need; and ¶
(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority; and ¶
(D) If the Member rents their home, the landlord must provide written consent for home modification services, which shall also serve as verification that the individual lives at the residence. If the Member rents their home, and the lease/rental agreement requires landlord approval of any home remediations that will be made, the landlord must provide written consent to the service, which also may serve as the verification that the individual lives at the residence. If the Member rents their home and the lease agreement does not require landlord approval for home remediations, the Member must submit proof of residency. If the Member owns their home, the Member must provide proof of homeownership (for example, Certificate of Title/Deed); and ¶
(E) A completed scope of work must be submitted to the MCE or the Authority as appropriate, as detailed in OAR 410-120-2005 Table 5; and ¶
(b) May include any one or all of the following: ¶
(A) Confirmation of individual's current OHP enrollment; ¶
(B) Confirmation of current enrollment in the MCE or in FFS; ¶
(C) Any other information regarding the individual's potential HRSN Eligibility. ¶
(10) MCEs and the Authority shall accept complete HRSN Requests from an HRSN Connector that complies with the requirements in this rule. Complete HRSN Requests that comply with the requirements of this rule are subject to the service authorization time~~lin~~frames identified in ~~-~~/OAR 410-120-2020~~ and OAR 410-141-3835,~~ regardless of whether they are submitted by a Member, HRSN Service Provider, or any other HRSN Connector./ ¶
(11) At a minimum, all MCEs and the Authority shall accept HRSN Requests received from an HRSN Connector that uses any of the following delivery methods: email, mail, or personal delivery. MCEs and the Authority may choose to accept other reliable delivery methods, including but not limited to, community information exchange (CIE) and telephone. For HRSN Connectors who are not HRSN Service Providers, delivery method may also include telephone./ ¶
(12) A request for HRSN Services that does not comply with the requirements of this rule is not considered complete and is not subject to the service authorization time~~lin~~frames identified in OAR 410-120-2015~~,~~ and OAR 410-120-2020~~, and OAR 410-141-3835~~. However, MCEs or the Authority must make a good faith effort to work with the Member or HRSN Connector,~~-~~/or both, as applicable to obtain the minimum required information necessary for an HRSN Request to be complete in accordance with this rule. Good faith effort means at minimum, the Member is informed that their HRSN Request is incomplete and is provided with the support they may need to complete the HRSN Request or, as applicable, informing the HRSN Connector of the specific, additional information required to be provided in order for the HRSN Request to be completed. MCEs and the Authority must, when contacting and communicating with a member, utilize the member's preferred contact method./ /
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.572, 414.605, 414.665, 414.719, 414.632

AMEND: 410-120-2015

RULE SUMMARY: Changed service authorization timelines from 7 to 14 days, removed reference to OAR 410-141-3835

CHANGES TO RULE:

410-120-2015
HRSN Eligibility Screening.
(1) The purpose of this rule is to establish the processes, standards, and obligations required to be followed or met in administering, determining eligibility, and delivering Health Related Social Needs (HRSN) Services when a Member initiates a request for HRSN Service. The Authority finds that: ¶
(a) HRSN Services are foundational health promoting services that foster engagement in health care services as well as improve health outcomes; and ¶
(b) HRSN Self-Attestation ("Self-Attestation") allows a Member to provide a statement that the MCE or the Authority may rely upon to assess eligibility for HRSN Services when Members have not established or sustained engagement in health care services. ¶
(2) After receipt of a complete HRSN Request, an MCE and, as applicable, the Authority, shall offer to screen the Member for whom the HRSN Request was made. If the Member consents to the screening, the MCE or, as applicable, the Authority shall conduct an HRSN Eligibility Screening in accordance with OAR 410-120-0000, the timeline described in OAR 410-120-2020, and this rule to determine whether to the requested HRSN Service must be authorized. ¶
(3) If the HRSN Connector does not include all the information in the HRSN Request that is necessary for determining whether the Member is eligible to receive an HRSN Service, the MCE or, as applicable, the Authority, must make a good faith effort to obtain all the information or documentation (or both) necessary in order to conduct the HRSN Eligibility screening, which includes attempts to contact the Member or HRSN Connector in accordance with OAR 410-120-2010. The MCE or Authority may refer the Member to an HRSN Service Provider who can support the Member to gather the documentation necessary to complete the Member's HRSN Request, or may work directly with the Member to obtain the necessary documentation or information (or both). ¶
(a) If an MCE determines the individual is enrolled in OHP but is enrolled in a different MCE or is enrolled in FFS, the MCE shall forward the HRSN Request to, as applicable, the MCE in which the Member is enrolled or the Authority; ¶
(b) If the Authority determines the individual is enrolled in OHP but is enrolled in an MCE, the Authority shall forward the HRSN Request to the MCE in which the Member is enrolled. ¶
(4) All Self-Attestations submitted by a Member through an HRSN Request must include the following information identified below in this Subsection (a) of this Section (4) and must be accepted by MCEs and the Authority as set out below in this Section (4). ¶
(a) Members who submit Self-Attestations for HRSN Services must include in their HRSN Self-Attestation, at minimum, the following statements: ¶
(A) The condition that fulfills eligibility criteria for the requested HRSN Service; and ¶
(B) The information they have provided is true. ¶
(b) MCEs and the Authority may accept Self-Attestations that are made orally by a Member so long as the MCE or, as applicable, the Authority documents the oral Self-Attestation and the Member signs or otherwise acknowledges the documentation. ¶
(c) MCEs and the Authority must not require a Self-Attestation to be submitted in a specific format so long as the Self-Attestation includes the required elements listed in subsection (a) of this Section (4). ¶
(5) Except as set forth in section (6) of this rule, the MCE, or as applicable the Authority, must conduct an HRSN Eligibility Screening based on the statements made in the Self-Attestation as follows: ¶
(a) If the Self-Attestation does not include all the information necessary to complete the HRSN Eligibility Screening, the MCE, or as applicable the Authority, shall use good faith efforts to obtain all information necessary to complete the HRSN Eligibility Screening. ¶
(b) The MCE, or as applicable the Authority, must verify or attempt to verify the information included in a Member's Self-Attestation with existing, supporting documentation as follows: ¶
(A) Enrollment in OHP Plus in accordance with OAR 410-120-1210 and the Member's OHP number must be verified; ¶
(B) The following HRSN Covered Populations must be verified: ¶
(i) Individuals Transitioning to Dual Medicaid and Medicare Status; ¶
(ii) Individuals identified as Young Adults with Special Health Care Needs. ¶
(C) HRSN Social Risk Factors for HRSN Nutrition-Related Supports must be verified by determining whether the

Member qualifies as Low Food Security or Very Low Food Security as measured by the U.S. Household Food Security Survey Module: Six Item Short Form from the U.S. Department of Agriculture published in May 2024, available here: https://ers.usda.gov/sites/default/files/_laserfiche/DataFiles/50764/short2024.pdf?v=81104 ¶
(D) HRSN Clinical Risk Factors for the following HRSN services must be verified: ¶
(i) Medically Tailored Meals; ¶
(ii) Rent and Utility Financial Assistance, with the exception of Domestic Violence, ¶
(E) Good faith efforts must be made to verify: ¶
(i) HRSN Covered Populations not identified in (B) of this subsection (b); ¶
(ii) Social Risk Factors not identified in (C) of this subsection (b); and ¶
(iii) Clinical Risk Factors not identified in (D) of this subsection (b).¶
(c) All good faith efforts to verify information and collect documentation that could be used to verify a Member's Self-Attestation must be documented by MCEs and, as applicable, the Authority. ¶
(A) The absence of documentation is not alone a basis to conclude that the Self-Attestation it is not truthful. ¶
(B) If the information included in the Member's Self-Attestation that is identified in OAR 410-120-2015(5)(b)(E) cannot, using good faith efforts, be verified within a reasonable period of time the MCE, or as applicable the Authority, must make an eligibility determination as to whether, on its face, the information provided is likely truthful in light of the totality of the circumstances. ¶
(6) HRSN Service requests that have been accepted and subject to screening based on Self-Attestation must be authorized or denied by MCEs or, as applicable the Authority, as follows: ¶
(a) The requested or identified HRSN Services must be authorized if there is a reasonable basis to conclude that the Self-Attestation is likely truthful in light of the totality of the circumstances of the Member's Self-Attestation and: ¶
(A) The requested or identified HRSN Services are not duplicative of services the Member is already receiving; and ¶
(B) In the case of HRSN Housing-Related Supports, all documentation required prior to authorization as identified in Table 5 of OAR 410-120-2005 have been obtained. ¶
(b) The requested HRSN Service must be denied if: ¶
(A) The identified HRSN Service request is for the HRSN Medically Tailored Meals Service within Nutrition-Related Supports and the Clinical Risk Factor cannot be verified by existing documentation to be medically necessary and appropriate by a registered dietician nutritionist licensed in the state of Oregon, or by a primary care physician or the Member's physician specialist such as a cardiologist, oncologist or other similar physician specialist.¶
(B) The identified HRSN Service request is for HRSN Housing Related Supports, and all documentation that is identified as required in Table 5 of OAR 410-120-2005 has not been obtained. ¶
(C) The identified HRSN Service request is duplicative of a service the member is receiving and there is no gap in service need. ¶
(D) Good faith efforts reveal that the Self-Attestation is not likely truthful in light of the totality of the circumstances. ¶
(7) In the event there is no documented evidence that verifies a self-attested health condition, it may be reasonable for MCEs or, as applicable, the Authority to deny an identified HRSN Service. In undertaking the good faith verification process and in making a determination about authorization or denial, MCEs or, as applicable, the Authority, must take into consideration that some conditions may be less likely to have existing, supporting documentation due to their nature, their symptoms, safety concerns, stigma, and barriers to care. In keeping with the forgoing considerations, MCEs and, as applicable, the Authority may deny an identified HRSN Service request based on self-attested clinical risk factors if: ¶
(a) It would be objectively reasonable that the attested health condition would require some type of health care service because of the nature of the condition or its symptoms; and ¶
(b) The member has been enrolled in the same CCO for a period of time that has been long enough that it would be reasonable to expect that at least some claims or medical records data for the self-attested health condition should have been submitted in MMIS that could have been reviewed. ¶
(8) All MCEs and the Authority shall document the results of each HRSN Eligibility Screening, which must include at minimum, all of the following: ¶
(a) Confirmation the individual is enrolled in the OHP Plus benefit package, including the Member's OHP number; ¶
(b) The HRSN Service requested, and whether the source of the HRSN Request was, Member self-referral, Member Representative, HRSN Connector (other than an HRSN Service Provider), HRSN Service Provider, or direct outreach from an MCE or the Authority; ¶
(c) The HRSN Covered Population to which the Member belongs, based on existing documentation or Member Self-Attestation as applicable; ¶
(d) The Member's HRSN Clinical Risk Factor(s) applicable to the requested HRSN Service as set forth in the Tables

1 through 3 included in OAR 410-120-2005, based on existing documentation or Member Self-Attestation as applicable; ¶
(e) The Member's HRSN Social Risk Factors, as applicable to the requested HRSN Service as set forth in the tables included in OAR 410-120-2005, based on existing documentation or Member Self-Attestation as applicable; ¶
(f) All other eligibility criteria that may be applicable to the requested HRSN Service as set forth in the tables included in OAR 410-120-2005; ¶
(g) All required documentation that may be applicable to the requested HRSN Service as set forth in the tables included in OAR 410-120-2005; ¶
(h) Confirmation or a determination that the Member is not receiving the same service as the requested HRSN Services from a local, state, or federally funded program, based on existing documentation or Member Self-Attestation. If the Member is receiving a similar service as the HRSN Service requested, the HRSN Service may be provided to an HRSN Authorized Member to fill gaps or otherwise supplement current program, but in no event shall a Member be authorized to receive duplicate existing services; ¶
(i) Whether the Member's HRSN Services are authorized (or denied). ¶
(9) HRSN Eligibility Screenings must be completed within sufficient time to meet the deadline for authorizing or denying the HRSN Service within ~~sev~~fourteen (~~7~~14) days of receipt of the complete HRSN Request, with a possible extension of up to fourteen (14) additional days, in accordance with OAR ~~410-141-3835 and OAR~~ 410-120-2020./ ¶
(10) If the individual requesting an HRSN Service is not enrolled in OHP or is enrolled in OHP but is not enrolled in OHP Plus, the MCE or the Authority shall connect individuals to resources to determine OHP Eligibility as requested or consented to by the Member.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: ORS 414.572, 414.605, 414.665, 414.719, 414.632

AMEND: 410-120-2020

RULE SUMMARY: Changed service authorization timelines from 7 to 14 days, removed references to OAR 410-141-3835 when appropriate; created exception for service delivery timelines for Pantry Stocking and Fruit and Vegetable benefit card system limitations

CHANGES TO RULE:

410-120-2020
Authorization of HRSN Services; Referral to HRSN Service Provider.
(1) If, after completing the HRSN Eligibility Screening in accordance with OAR 410-120-2015, an MCE or, as applicable, the Authority, determines the Member meets all of the applicable HRSN Eligibility criteria, the MCE or the Authority shall authorize the identified HRSN Services and provide the Member notice as expeditiously as the circumstances require in accordance with this rule ~~and OAR 410-141-3835(12)(a)(A)~~, which must not exceed ~~seven (7)~~fourteen (14) calendar days following the receipt of the complete HRSN Request, with a possible extension of up to fourteen (14) additional calendar days if:/ ¶
(a) The Member, the Member's representative, or provider requests an extension; or/ ¶
(b) The MCE requests approval from the Authority, which must be accompanied by a substantiated need for additional information and an explanation of how the extension will be in the Member's interest./ ¶
(2) The MCE or, as applicable, the Authority, must provide the Member-/with written notice of HRSN Rent and Utility Financial Assistance service authorization as expeditiously as the circumstances require following the receipt of the HRSN Request.-/In all cases, service authorization of HRSN Rent and Utility Financial Assistance must be made within ~~sev~~fourteen (~~7~~14) calendar days following the receipt of the complete HRSN Request; however, notice of service authorization for HRSN Rent and Utility Financial Assistance may be extended up to an additional ~~seven (7) days or (for up to a total of~~ fourteen (14) ~~additional~~ days~~)~~ following receipt of the HRSN Request so long as the extension complies-/with ~~OAR 410-141-3835.~~(1)(a) and (1)(b) of this rule OAR 410-120-2020./ ¶
(a) The written notice must comply with the Authority's formatting and readability standards in OAR 410-141-3585 and 42 CFR § 438.10 and be written in plain language so a layperson can understand the notice./ ¶
(b) The written notice must include, at minimum, the following:-// ¶
(A) Authorized Member's legal name,-// ¶
(B) Authorized Member's Member ID and address,-// ¶
(C) Type of services authorized,-// ¶
(D) Date the Member's HRSN Request was received,-// ¶
(E) Date of notice of HRSN Service Authorization,-// ¶
(F) Effective date of HRSN service authorization,-// ¶
(G) Language Access Taglines as defined in OAR 410-141-3575, and-// ¶
(H) MCE's or, as applicable, the Authority's contact information.-// ¶
(c) If a Member was authorized for HRSN Rent and Utility Financial Assistance on or before September 1, 2025, then the MCE or, as applicable, the Authority, must send the Member a written notice of authorization if the Member:/ ¶
(A) Was not provided with a written notice of that authorization; and/ ¶
(B) Requests a written notice./ ¶
(C) Notices of HRSN Service Authorization sent to Members under this subsection (c), must comply with subsections (a) - (b) above and be sent as expeditiously as the Member's circumstances require, but in all cases no later than seven (7) calendar days after the Member makes the request for written notice of HRSN Service Authorization.-// ¶
(3) If, after completing the HRSN Eligibility Screening in accordance with OAR 410-120-2015, the MCE or, as applicable, the Authority, determines the Member does not meet all of the applicable HRSN Eligibility ~~requirements, Contractor shall deny the HRSN Request, in accordance with OAR 410-141-3835(12)(e)~~criteria, the MCE or Authority shall deny the request HRSN Service and provide the Member notice as expeditiously as the circumstances require in accordance with this rule OAR 410-120-2020 and OAR 410-141-3835(12)(e), which must not exceed fourteen (14) calendar days (with a possible extension so long as the extension complies/with (1)(a) and (1)(b) of this rule OAR 410-120-2020) following the receipt of the complete HRSN Request. Contractor shall document the reason for the denial./ ¶
(4) In addition to the requirements set forth in section (1)(a)-(c) of this rule, all notices of HRSN Service Authorization must identify service duration, as is Clinically Appropriate. The duration of an Authorized HRSN Service shall not exceed the allowable service duration identified in the tables that are part of OAR 410-120-2005. The duration must be less than the maximum allowable service duration if and as required by-/the applicable tables

in OAR 410-120-2005.-/The amount and scope of the Authorized HRSN Service must also be identified in all notices as required by and in accordance with 42 CFR 438.210./ ¶
(5) MCEs and the Authority must use reasonable efforts to ensure that HRSN Eligible Members who are receiving a similar service from a state, local, or federally funded organization or agency are only Authorized for any similar HRSN Services in accordance with OAR 410-120-2015./ ¶
(6) MCEs and the Authority must require clinical staff to review HRSN Service denials or reductions in scope, amount, or duration requested only when the following clinically-based eligibility circumstances exist:/ ¶
(a) Specific to HRSN Home Changes for Health: A decision by an MCE or the Authority to deny a Member's request for a Home Changes for Health device based on a determination that the Member does not meet the HRSN Home Changes for Health Device Social Risk Factor must include review by clinical staff to ensure the device was not Clinically Appropriate as a component of health services treatment or prevention as set forth in Table 1 included in OAR 410-120-2005./ ¶
(b) Specific to HRSN-/Home Changes for Safety: A decision by an MCE or the Authority to deny a Member's request for a Home Changes for Safety service or reduce the scope, amount or duration of the service requested by the Member that is based on a determination that the Member does not meet the Home Changes for Safety service Social Risk Factors of the need to treat, improve, stabilize, or prevent their HRSN Clinical Risk Factor, must include a review by clinical staff to ensure the denial or limitation was Clinically Appropriate as set forth in OAR 410-120-0000./ ¶
(c) For all types of HRSN Services: Any decision by an MCE or the Authority to deny or reduce a Member's request for an HRSN Service based on a determination that the Member did not have the HRSN Clinical Risk Factor applicable to the HRSN Service for which they were screened, must include review by clinical staff to ensure such determination was made in accordance with applicable clinical standards./ ¶
(d) Clinicians who review decisions to deny or reduce the scope, amount or duration of an HRSN Service must have appropriate expertise in addressing the Member's HRSN needs./ ¶
(7) All MCEs and the Authority must document the approval, or denial, or reduction of HRSN Services./ ¶
(8) HRSN Services must be authorized before the expiration of HRSN Covered Populations eligible timeframes:/ ¶
(a) For Adults and Youths Discharged from an HRSN Eligible Behavioral Health Facility and Adults and Youth Released from Incarceration, services must be authorized prior to the 366th day post-discharge./ ¶
(b) For Individuals Transitioning to Dual Eligible Status, services must be authorized within 90 days prior to the date Medicare coverage takes effect or prior to the 271st day after Medicare coverage takes effect.-// ¶
(9) In accordance with 42 CFR 438.210, all MCEs must:/ ¶
(a) Make available to their Members the same HRSN Services, in type, amount, duration and scope that the Authority offers to Fee-for-Service Members; and/ ¶
(b) Screen and Authorize of HRSN Services for their HRSN Eligible Members in a manner that is no less restrictive than the Authority Screens and Authorizes HRSN Services for HRSN Eligible Fee-for-Service Members./ ¶
(10) All MCEs or, as applicable, the Authority, must notify HRSN Service Providers of an individual's HRSN Service authorization or denial if the HRSN Service Provider submitted the HRSN Request for the individual and:/ ¶
(a) May be or may have been the HRSN Service Provider that would have provided the requested HRSN Service; or/ ¶
(b) Provided HRSN O&E Services to the individual who was authorized or denied the HRSN Service./ ¶
(11) Members who have been screened and authorized to receive and have received HRSN Services,-/must not be rescreened for the same HRSN Services they have received, except as set out in OAR 410-120-2005 and as set forth below in this section (11). Members may be rescreened for a HRSN Housing-Related and Nutrition-Related Support Service authorization when:/ ¶
(a) The Member was screened but not authorized for the HRSN Service and their circumstances have since changed;/ ¶
(b) The Member was screened and authorized for the HRSN Service, but they never received the authorized HRSN Service./ ¶
(12) In the event a Member is disenrolled from their MCE and enrolled in a new MCE or with the Authority, and the Member has been screened and authorized for, but not yet received, an HRSN Service, or was receiving HRSN services at the time of their disenrollment, and wishes to receive or continue to receive the authorized service, the new MCE, or as applicable, the Authority, must accept HRSN Eligibility Screening information used and provided by the predecessor MCE to conduct their own review as expeditiously as the Member's circumstances require. In no event, however, shall the time for review exceed seven (7) calendar days following the receipt of the predecessor MCE's information.-// ¶
(a) If it is determined by the new MCE or as applicable, the Authority, that the Member is still eligible for the HRSN service and wishes to receive it, the new MCE or as applicable, the Authority, must authorize and provide the HRSN service as expeditiously as the Member's circumstances require, in accordance with this rule OAR 410-120-2020.-// ¶

(b) If it is determined by the new MCE or as applicable, the Authority, that the Member is no longer eligible for the HRSN service, the new MCE or as applicable, the Authority, must deny the HRSN service in accordance with this rule OAR 410-120-2020.// ¶
(13) In situations described in (12) of this rule, to ensure continuity of care, the predecessor MCE or as applicable, the Authority, must provide the new MCE, or as applicable, the Authority, with the HRSN Eligibility Screening information used to support the HRSN service authorization and provision of HRSN service for the now-former Member. This information must be provided to the new MCE, or as applicable, the Authority, as expeditiously as the Member's circumstances require, and no later than seven (7) calendar days following the Member's disenrollment and receipt of the new MCE's or Authority's request for HRSN Eligibility Screening information./ ¶
(14) In situations described in (12) of this rule, the new MCE or as applicable, the Authority, must avoid conducting unnecessary and redundant HRSN Eligibility Screenings and making requests to Members for documentation, if the predecessor MCE or the Authority is able to provide sufficient documentation to support the authorization and service provision of the HRSN service by the new MCE, or as applicable, the Authority./ ¶
(15) HRSN Authorized Members must be referred to an HRSN Service Provider that provides the HRSN Service that has been authorized. The referral must be made through a Closed Loop Referral unless the MCE or Authority is providing the HRSN Service in accordance with OAR 410-120-2000 (7)(a)./ ¶
(a) The MCE or the Authority must inform the HRSN-Authorized Member they have the right to opt out of technology, like CIE, for Closed Loop Referrals and still receive HRSN Services;/ ¶
(b) Before an HRSN-Authorized Member is referred to the applicable HRSN Service Provider, the MCE, or as applicable, the Authority, must, if the HRSN Service Provider is not already a Medicaid covered entity, obtain prior written authorization from the HRSN Authorized Member to share the information necessary to make the referral. The prior written authorization must comply with all applicable state and federal laws, which may include without limitation, HIPAA regulations such as 45 CFR 164.508;/ ¶
(c) The provision of HRSN Services must not require an HRSN-Authorized Member to authorize the sharing of their personal information with the HRSN Service Provider;/ ¶
(d) If the HRSN Authorized Member declines to authorize the sharing of their personal information in writing with an HRSN Service Provider, then the MCE or the Authority must provide the HRSN Authorized Member with a written referral that they may deliver to the HRSN Service Provider to which they have been referred./ ¶
(16) When referring HRSN-Authorized Members to HRSN Service Providers, MCEs and the Authority must:/ ¶
(a) To the extent capacity permits, support the HRSN-Authorized Member's choice of HRSN Service Provider;/ ¶
(b) Identify and refer the HRSN Authorized Member to different HRSN Service Providers if the original provider is not able to provide the HRSN Service in a timely manner, and available in accordance with Care Coordination requirements outlined in OARs 410-141-3860, 410-141-3865, and 410-141-3870./ ¶
(17) MCEs or, as applicable, the Authority, must make a referral to an HRSN Service Provider that is capable of delivering the authorized HRSN Service(s) as expeditiously as a Member's circumstances require. The time ~~period~~frame for delivery of the HRSN Service must not exceed four (4) weeks, which is the same time-frame for scheduling appointments for Well Care as set forth in OAR 410-141-3515. The four (4) week time-~~period~~frame starts at the point of service authorization. The HRSN Service(s) is considered "delivered" once the Member receives at least one unit of the HRSN Service that was authorized. Some service authorizations will continue beyond one month, but at minimum, the first unit must be delivered within four (4) weeks./ ¶
(18) In the event the HRSN Service Provider is not able to provide the authorized service within the required time~~lin~~frame described in section (17) of this rule, the MCE may deliver the authorized HRSN Service provided conflicts of interest are guarded against as required and in keeping with OAR 410-120-2000(7)(a)-(c)./ ¶
(19) The time~~lin~~frame identified in section (17) of this rule is not required to be met in circumstances of impossibility related to:/ ¶
(a) HRSN Service Vendor availability to deliver Home Changes for Health and Home Changes for Safety services, or-// ¶
(b) Noncooperation of landlords or property managers, or-// ¶
(c) Utility companies declining to-/accept payment for utility financial assistance,-/as determined by the Authority in its sole discretion~~.~~, or ¶
(d) Pantry Stocking and Fruit and Vegetable benefit card system limitations requiring the benefit to begin on a certain day of the month (e.g., first of the month). In these situations, the timeframe from service authorization to service delivery may exceed four (4) weeks to allow for a required start date, but in no circumstance shall the timeframe for service delivery exceed more than two calendar months. ¶
(20) The time~~lin~~frame identified in section (17) of this rule is not applicable to Members who are receiving HRSN Outreach and Engagement Services only. Instead, HRSN Outreach and Engagement Services must be delivered within a reasonable period of time in light of the Member's availability./ ¶
(21) For Members who have not authorized the sharing of their information with an HRSN Service Provider, the four (4) week time~~lin~~frame identified in section (17) of this rule shall commence when the HRSN-Authorized

Member has delivered the referral to the referred HRSN Service Provider and the HRSN Service Provider has confirmed with the MCE or, as applicable, the Authority, receipt of the referral./ ¶
(22) If a Member is facing Imminent Eviction as defined in OAR 410-120-0000 when the Member first requests a HRSN Rent and Utility Financial Assistance, and the MCE or the Authority cannot provide the Member with rent service within the time frame necessary to keep the Member housed, MCEs and the Authority must, whenever possible, refer that Member to local or state providers or programs that may have the ability to address the Member's Imminent Eviction. If the MCE or Authority cannot provide the requested rent service in the needed time-frame, the MCE or Authority may send a service denial./ ¶
(23) Even though the Authority and MCEs are not responsible for preventing Imminent Eviction in circumstances described in section (22), MCEs and the Authority must still screen Members in these situations for eligibility for other HRSN Services, including other HRSN Housing Supports, and if Authorized for the other HRSN Service, refer the HRSN Authorized Member to the applicable HRSN Service Provider(s)./
Statutory/Other Authority: ORS 413.042, SB 690 (2025)
Statutes/Other Implemented: ORS 414.572, 414.605, 414.665, 414.719, 414.632