OREGON HEALTH AUTHORITY

Medicaid Division
1115 Waiver Strategic Operations Team

2026

HRSN Service Provider Guide

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Introduction

Purpose

This guide was developed by the Oregon Health Authority (OHA) as a resource for working as a Health-Related Social Needs (HRSN) service provider and delivering HRSN services. This document is updated on an as-needed basis, so you always have the most current information.

Audience

The content of this resource was designed for individuals and organizations interested in providing, or currently delivering, HRSN services. Whether you are an organization new to working with OHA or an experienced provider, this resource offers practical information to help you deliver HRSN services.

Any direct reference (e.g., you) used in this guide is intended to refer to all relevant audiences and HRSN service providers.

Key resources

The following resources can be used as a supplement to this toolkit. Save these links and refer to them regularly to stay up to date on the most current information.

Table 1: Key HRSN Resources for HRSN Service Providers

Resource	Purpose
1115 Waiver HRSN Webpage	Information, updates, and guidance for anyone involved in HRSN services, including individuals, providers, and organizations.
CCO Contract Forms Webpage	Main place to find contract documents and forms for Oregon's CCOs. This webpage includes agreements, templates, and guidance for managing contracts.
HRSN Service Provider Webpage	Official updates, instructions, and tools for HRSN service providers.
HRSN Provider Training Webpage	Training resources for HRSN service providers, including webinars and office hours.

Resource	Purpose
OHP Provider Tools	Resources for OHP Open Card providers, including easy-to-use guides, step-by-step tutorials, and common forms.
HRSN Fee Schedules	Fee schedules for HRSN services are under the **Billing for HRSN Services** section of the HRSN provider webpage.
HRSN Information Sharing Authorization Form	A form that lets OHP members give permission to share their personal information with authorized HRSN service providers to help coordinate their care.
Health Insurance Portability and Accountability Act (HIPAA) Guidance	OHA's rules and expectations for keeping member information private and safe when sharing data for HRSN services.

HRSN support key contacts

Table 2: HRSN Support Teams

Team/Contact	When to Contact	Contact Information
HRSN policy team	• Questions about HRSN policies and program requirements • Escalating unresolved HRSN issues	**Email:** HRSN.Program@oha.oregon.gov
Health plans	• Inquiries about CCO contracting and Open Card enrollment • Authorization information • Conducting closed loop referrals • Service delivery support or delays • Billing or payment questions	**Open Card enrollment, service delivery, and authorization**: Acentra **Open Card billing**: Ayin *Acentra and Ayin are partners that help connect Open Card members to HRSN services. Learn more about Open Card service partners on page 19.* **CCO**: Contact your CCO
Provider Support Unit	• Questions about Medicaid rules and policies	**Phone**: 800-336-6016 Review the Open Card Provider Contacts List to make sure you call the

Team/Contact	When to Contact	Contact Information
	• Issuing new PIN letters for MMIS access • Problem claims research, reconsiderations, or appeals • Coordinating eligibility or technical billing issues	right number for your question.
Provider Enrollment Team	• Support with enrolling as an HRSN service provider (Open Card only). Please note that you'll need to complete a readiness assessment with Acentra first.	**OHA Provider Enrollment**: Provider.Enrollment@odhsoha.oregon.gov **Acentra:** HRSNProviders@acentra.com

Table 3: Open Card Provider Resources

#	Resource	Details
1	Acentra HRSN program website	HRSN training materials for Open Card providers.
2	Ayin HRSN program website	Easy-to-follow guides and billing instructions.

Provider Feedback

We'd love your input! If you'd like to share feedback on how HRSN services are making a difference for people and organizations in Oregon, please complete this short form. This form is for feedback only. For questions, issues, or complaints, please contact the health plan.

Chapter 1: Foundations of Health-Related Social Needs

This chapter covers the foundations of what Health-Related Social Needs (HRSN) services are and why they exist. It also provides background on what Medicaid is and how Medicaid is administered in Oregon.

- If you are **new to working with Medicaid or HRSN**, we encourage you to start here, as it will provide context for the rest of this guide.
- If you are an **existing HRSN service provider**, the information in this chapter may be helpful as a refresher.

Health-Related Social Needs (HRSN) services background

In September 2022, Oregon received approval from the Centers for Medicare & Medicaid Services (CMS) to implement and provide HRSN services as part of the Oregon Health Plan (OHP) 2022 – 2027 1115 Medicaid Demonstration Waiver.

HRSN services provide Housing, Nutrition, and Outreach & Engagement Services to support eligible OHP members' health and well-being.

The Section 1115 Demonstration Waiver is an important policy tool that allows states to test new service delivery models or coverage expansions that may not otherwise be allowed under standard Medicaid rules.

Who is eligible for HRSN services?

Not every OHP member can get HRSN services. To qualify, an OHP member must:

- Belong to an HRSN covered population.
- Have a service-specific clinical risk factor and social risk factor.

For more details about who can get these services, see Chapter 5: HRSN Eligibility Requirements.

What are the different HRSN services?

- **Housing-Related Supports:** Connect eligible members with rental assistance, utilities, storage fee assistance, and Tenancy Services. Eligible members can also get help making their homes safer, with things like pest control or installing ramps, grab

bars, and drawer pulls. Eligible members may also get support for health conditions that may be worsened by extreme weather with devices like air conditioners.

- **Nutrition Benefits:** Promote access to a nutritious diet through Nutrition Education and delivery of Medically Tailored Meals (MTMs) for individuals with specific health conditions. As of July 2026, eligible members can also improve access to food with Pantry Stocking and Fruit & Vegetable Supports.
- **Outreach & Engagement (O&E) Services:** Connect OHP members who are presumed eligible for HRSN with other Medicaid and non-Medicaid services. O&E services are designed to:
  - Find and support members who might qualify for HRSN services.
  - Connect members to other healthcare and non-healthcare services that support their overall health and well-being.
  - Be readily accessible, culturally specific and responsive.

What is Medicaid?

Medicaid is a health insurance program in the United States that helps millions of people with low incomes get the care they need. It's funded by both the federal government and individual states and aims to make health care affordable for those who need it most such as adults, children, pregnant women, seniors, and people with disabilities.

The federal government sets basic rules for Medicaid, but each state decides how its own program works. This means who can get Medicaid and what services are covered can be different depending on where someone lives. In general, Medicaid pays for important health services like hospital stays, doctor visits, regular checkups, nursing home care, and prescription medications. OHP is Oregon's Medicaid program.

The Oregon Health Plan (OHP)

OHP is Oregon's medical assistance (Medicaid) program. It provides health care coverage to families, children, pregnant adults, single adults, seniors, and people with disabilities. Individuals enrolled with OHP are referred to as members. Eligibility for OHP depends on factors such as income, residency, and citizenship or immigration status.

How do people apply for the Oregon Health Plan (Medicaid)?

Individuals and families can apply for OHP online at one.oregon.gov or get free help from an OHP Certified Assister. To find an Assister, use the Find Help tool.

To become an OHP Certified Assister, contact the Office of Community Health and Engagement at: community.outreach@oha.oregon.gov.

Note: Helping people sign up for OHP is not covered as an HRSN O&E service. To get HRSN services, people must already be enrolled in OHP.

How are OHP benefits administered?

All OHP members are enrolled in one of two types of health plans: a regional coordinated care organization (CCO) or Open Card/fee-for-service (FFS).

- **Open Card:** When individuals first enroll in OHP, they have Open Card. Soon after enrollment, most members transition to a local CCO. Some members stay on Open Card instead of joining a CCO because:
    - They have other insurance. When this happens, OHP pays last. Learn more about OHP and private health insurance.
    - They are American Indian or Alaska Native and choose not to enroll in a CCO for their care. Learn more about how these members get care.
    - They are in their last three months of pregnancy and want to stay with their current birth care provider until the baby is born.
    - OHP approved them for temporary Open Card for serious health reasons.
- **Coordinated care organizations (CCOs):** CCOs are local health plans that operate regionally and manage OHP benefits (including medical, dental, and mental health care) for their members. Each CCO has its own provider network. Except for extra services and pharmacies, all CCOs offer the same benefits.

What OHP benefit plans qualify for HRSN?

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

Types of eligible CCO Plans

Members must be enrolled in CCOA or CCOB to receive HRSN services through their CCO. In these enrollment types, the CCO is responsible for the member's physical health benefits and therefore is also the entity that delivers HRSN services.

Participants enrolled in CCOE, CCOF, or CCOG do not receive HRSN through their CCO, because key physical, dental, or behavioral health services are paid through the fee-for-service (FFS) program instead. When a member is in one of these enrollment types, HRSN services must be accessed through the appropriate FFS contractor, not the CCO.

OHP benefit packages that DO qualify for HRSN

- **BMH:** OHP Plus covers OHP benefits for members without Medicare.
- **BMD:** OHP with Limited Drug covers OHP benefits for members with Medicare, except for drugs already covered by Medicare Part D.
- **BMM:** QMB + OHP with Limited Drug covers the same OHP benefits as OHP with Limited Drug (BMM). It also pays for Medicare Part B premiums and deductibles and covers copayments for services covered by Medicare (except for Medicare Part D).

OHP benefit packages that do NOT qualify for HRSN

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

Oregon Administrative Rules (OARs)

Oregon Administrative Rules, or OARs, are official rules made by Oregon state agencies that explain how to follow and carry out laws passed by the Oregon legislature. For programs like OHP and HRSN, OARs are important because they:

- **Define eligibility criteria** and outline exactly who qualifies for specific services or benefits, ensuring consistent and transparent access for all eligible members.
- **Specify service provisions** and detail which services are covered, the scope of those services, and any limitations or conditions that apply.
- **Set standards for providers** and establish requirements for service provider qualifications, documentation, billing, privacy, and reporting, ensuring accountability and quality in service delivery.
- **Guide funding and oversight** and clarify how services will be funded, reimbursed, and monitored to meet both legislative intent and community needs.

As an HRSN service provider, it's important for you to familiarize yourself with the Oregon Administrative Rules related to HRSN. These rules are listed below in Table 4: HRSN-related .

Table 4: HRSN-related Oregon Administrative Rules (OARs)

OAR	Description
410-120-0000	Acronyms and Definitions
410-120-2005	HRSN Service Eligibility; Identifying HRSN Eligible Members, HRSN Outreach & Engagement Services • For more eligibility details, navigate to the bottom of the OAR page and click on the link to view attachments as a PDF.
410-120-2010	HRSN Service Requests
410-120-2015	HRSN Eligibility Screening
410-120-2020	Authorization of HRSN Services; Referral to HRSN service provider
410-120-2025	HRSN Person-Centered Service Plan (PCSP)
410-120-2030	HRSN Service Provider Qualifications

Chapter 2: Expectations as an HRSN Service Provider

As an HRSN service provider, you help members address critical needs, such as housing stability, access to nutritious food, and safety during extreme weather, that directly impact their health. In this chapter, you'll learn about the kinds of activities you might do as an HRSN service provider, and expectations around protecting member information.

Table 5: Types of HRSN Activities as an HRSN Service Provider

HRSN Activity	Description
Outreach and Engagement (O&E) services	If you think an OHP member might qualify for HRSN services and you are contracted with their health plan, you can help them get started by using HRSN Outreach & Engagement (O&E) services to bill for the time you spend with them. **Note**: Always keep a record of every O&E activity you do. Write down the date, time, how long it took, and a short description. For more information about O&E services, see Chapter 6: Outreach & Engagement.
Eligibility and enrollment *before* delivering services	**Before you provide HRSN services**, verify that the individual is enrolled in both OHP and the health plan you work with. A person's enrollment status can change between the time they are referred and the time you help them, so always double-check that they are still covered. If the person is not signed up for the health plan that requested the HRSN service or is not enrolled in OHP, let both the health plan and the case manager who made the referral know. This allows them to help the person get connected to the right resources for support. While O&E services do not require authorization, other HRSN services do. You can help a member fill out and send an HRSN request form to their health plan to support their request. See Chapter 5: HRSN Eligibility Requirements to learn more.
HRSN service delivery	Delivering HRSN services to approved members is the main task for most HRSN service providers. After providing these services, let the health plan know the services were delivered. If you run into any issues or delays, contact the health plan so they can help resolve them.
Care coordination	Sometimes you will need to check in with the member. After your check-in, let the health plan know what happened during

HRSN Activity	Description
	your interaction. Sharing this information helps the health plan keep their care management records up to date and accurate.
Complaints and appeals	You might be asked to help members fill out complaint or appeal forms, explain their rights, and guide them through the appeals process. You may also help members understand paperwork about services that were denied, including their right to appeal or request a hearing with OHA. You can get more information on complaints and appeals at OHA's website: OHP Member Complaints and Appeals.

Person-centered service plan (PCSP)

A person-centered service plan (PCSP) is a key part of every OHP member's care plan. A PCSP is managed by the health plan, and its purpose is to make sure that each member's needs, preferences, and goals are at the heart of all support and service decisions. Creating a PCSP involves meeting with the member who has been approved for HRSN services and, if needed, their representative. It also means talking with the members' doctors, community supports, and services involved in their care.

As an HRSN service provider, you might be asked to share what you know about the member's needs, preferences, and current services when their PCSP is being created. Health plans and care coordinators are encouraged to use the information you have so members don't have to repeat their stories. This helps keep things consistent and saves time.

To view the full list of requirements for each HRSN PCSP, see OAR 410-120-2025.

Protecting member health information

As an HRSN service provider, you are responsible for keeping member health information private and secure. This means following the Health Insurance Portability and Accountability Act (HIPAA) and OHA's rules. HRSN service providers are expected to keep OHP member information secure, and to follow state-specific privacy laws and contractual obligations with health plans.

Only access, use, or share health information when it is truly needed to provide HRSN services. Always use secure methods, like encrypted electronic records or locked cabinets for paper files, to protect this information. For more details about HIPAA, visit the U.S. Department of Health and Human Services website.

Information sharing and member authorization

To coordinate HRSN services, you may need to see protected health information. OHA uses an Information Sharing Authorization Form, which follows federal rules (45 CFR 164.508), to allow protected health information to be shared between health plans and HRSN service providers. Here's what you should know:

- **You need the member's permission first**: You must have a signed Information Sharing Authorization Form from the member before you can get their protected health information from a health plan. This means you only get the information you truly need to provide HRSN services.
- **Special rules for substance use disorder information:** If the health information includes details about substance use treatment (protected under 42 CFR Part 2), the member must say "yes" by checking a box on the form before you can see it.
- **Members cannot be denied services if they choose not to sign this form:** Members do not have to sign the authorization form to get HRSN services. If they choose not to sign, they still have the right to be told they are eligible for HRSN services. However, the member must work with the provider to get the information needed. OHA works hard to keep member information private for everyone who gets HRSN services. We have clear steps in place to protect health information and honor member rights, no matter what a member decides about sharing their details.

What this means for you

- Always check that you have a signed Information Sharing Authorization Form before you ask for or use a member's health information and keep this form in your records.
- Never force or pressure a member to sign this form. Signing is always their choice.

To learn more about how to protect privacy and share information safely, look at OAR 410-120-2030 and your organization's HIPAA guidelines.

Chapter 3: Getting Started as an HRSN Service Provider

If you are considering becoming an HRSN service provider, or are ready to enroll, this chapter will help you get started. In this chapter, we'll cover what it takes to become an HRSN service provider and how to partner with different health plans.

Provider qualifications

Before your organization becomes an HRSN service provider, it's important to make sure that you can meet the requirements to be a provider. The most up-to-date requirements for becoming a provider can be found in OAR 410-120-2030.

To become an HRSN service provider, you'll be required to:

- **Keep your business registered:** Stay registered with the Oregon Secretary of State (unless you are a government agency).
- **Be available for members:** Make sure your hours and staffing are enough to meet the needs of the people you serve.
- **Serve priority populations:** Have experience or the ability to help at least one of OHA's priority populations (see ORS 413.256 for details).
- **Hire qualified staff:** Hire employees or contractors who are qualified to perform and fulfill the responsibilities of their jobs, as determined by the health plan you contract with or OHA.
- **Offer professional, culturally and linguistically appropriate, responsive and trauma-informed services**, including:
    - Providing language interpretation and translation for members who communicate in a language other than English or sign language. To find an interpreter, visit the health care interpreter central registry or contact the health plan you contract with.
    - Meeting the cultural needs of your community and following National CLAS Standards.
- **Show financial responsibility**: Provide proof of good financial management, such as recent annual reports or an external audit.

Tip: Visit Trauma Informed Oregon to find resources for providing trauma-informed care.

- **Meet readiness standards:** Show you can follow the rules in OAR 410-120-2030. This means agreeing to:
  - Reporting and oversight rules from OHA or the health plan you contract with.
  - All privacy and security laws that apply to your business.
  - Credentialing rules in OAR 410-141-3510.
  - Participating in the closed loop referral process (documenting and notifying the health plan about the status of referrals and services).
  - Sending invoices for HRSN services as agreed in your contract.
- **Be enrolled as a Medicaid provider:**
  - Sign up as a Medicaid HRSN service provider (see OAR 410-120-1260).

Note: HRSN service providers are not responsible for **authorizing** HRSN services, that responsibility rests with the health plan**.**

Partnering with health plans

To work as an HRSN service provider, you'll need to enroll as a provider with **Open Card**, also known as fee-for service, and/or a **CCO** in your region. While most OHP members are enrolled in a CCO, OHA recommends enrolling as an Open Card provider as well to ensure you can support more OHP members in your area. Keep in mind that your responsibilities and what is expected of you as an HRSN provider may differ depending on the health plan you work with.

Working with a CCO

If you are interested in working with one or more CCOs as an HRSN service provider, you must contact each CCO you want to work with to request to join their network. CCOs decide which providers they contract with based on local needs and how well the provider organization can serve their members. **Each CCO will have their own process for enrolling, submitting service requests, responding to referrals, and invoicing for payment.**

Keep in mind:

- CCOs can offer extra services (such as flexible services) to members if they meet certain requirements.

- CCOs choose which doctors and providers they work with but must have enough providers available. (See OAR 410-141-3515 for details.)
- CCOs must pay providers **at least** the rates approved and posted by OHA.
- CCOs cannot make eligibility for HRSN services harder than the rules set by OHA.
- CCOs cannot treat providers or members unfairly because of their protected status under Oregon and federal law.

Enrolling as an Open Card provider

Open Card new enrollment instructions

Once you're ready to enroll as an HRSN service provider with Open Card, you can get started by contacting Acentra at HRSNProviders@acentra.com or visiting Acentra's HRSN webpage.

The enrollment process starts with **completing an HRSN service provider readiness assessment** with Acentra and ensuring you have met all service provider qualifications listed in OAR 410-120-2030. Then, you will follow the steps outlined in Table 6: HRSN Service Provider Open Card Enrollment Instructions.

Not sure if you should complete the enrollment process?

- If you are already a provider **enrolled with Open Card for non-HRSN services,** you will still need to enroll again to become an HRSN service provider.
- If you already provide HRSN services but want to **add a specialty** (for example, you currently provide O&E Services but want to start providing Housing-Related Supports), follow the instructions in the next section.

Table 6: HRSN Service Provider Open Card Enrollment Instructions

#	Process Step	Notes
1	Contact **Acentra** to start the enrollment process: HRSNProviders@acentra.com or https://ohpcc.acentra.com/hrsn/.	
2	Complete and save the required enrollment forms.	Enrollment forms include: OHA 3972, OHA 3974, and OHA 3975.
3	Submit the forms via the Provider Portal and select **Save.**	
4	Receive a six-digit Application Tracking Number (ATN).	The online portal will automatically generate an ATN when you hit save.

#	Process Step	Notes
5	Notify the Provider Enrollment team of your application submission.	**Email**: Provider.Enrollment@odhsoha.oregon.gov **Subject:** Write your ATN and "HRSN" **Email body:** State that your application forms have been submitted and reference your ATN.
6	The Provider Enrollment team will manually review your forms.	If information is missing or incomplete, they will contact you by email to request corrections.
7	Upon review and completion, you will be manually enrolled in MMIS.	
8	You will receive an email confirming enrollment from the Provider Enrollment team.	The email will include: • Confirmation of enrollment • Approval letter • PIN letter (from MMIS) • Medicaid ID • Next steps to complete enrollment, including contacting Acentra (HRSNProviders@acentra.com) to complete next steps (TPA)
9	Complete the Trading Partner Agreement (TPA) form.	Acentra will send new HRSN providers a Trading Partner Agreement with instructions on how to complete the form. This agreement lets Ayin receive your invoice and process claims with OHA for payment of HRSN services.
10	*Optional, but recommended:* Give Ayin clerk access in MMIS	Granting clerk access lets Ayin look up claims and help with resolving issues. You can learn more in: Giving Ayin Clerk Access in MMIS for HRSN Claims Assistance.

Adding an HRSN specialty as an Open Card provider

If you are already enrolled as an Open Card HRSN service provider and want to add a new specialty, send an email to: Provider.Enrollment@odhsoha.oregon.gov with the following:

- **Subject line:** Write "HRSN" and include the date you want the new service to begin. For example: "HRSN – Effective 01/01/2026"

- **Email body:** Clearly state which new specialty or service you want to add. For example: "*Please add Housing-Related Supports to my existing HRSN specialties*".
    - **Note:** To offer Home Changes for Health services (formerly HRSN Climate-Related Supports), you will need to request to be enrolled as an HRSN Climate provider even though it is considered part of the HRSN Housing-Related Supports benefit.

These steps will help keep your information up to date and make sure your claims for new services are processed quickly.

Open Card provider support

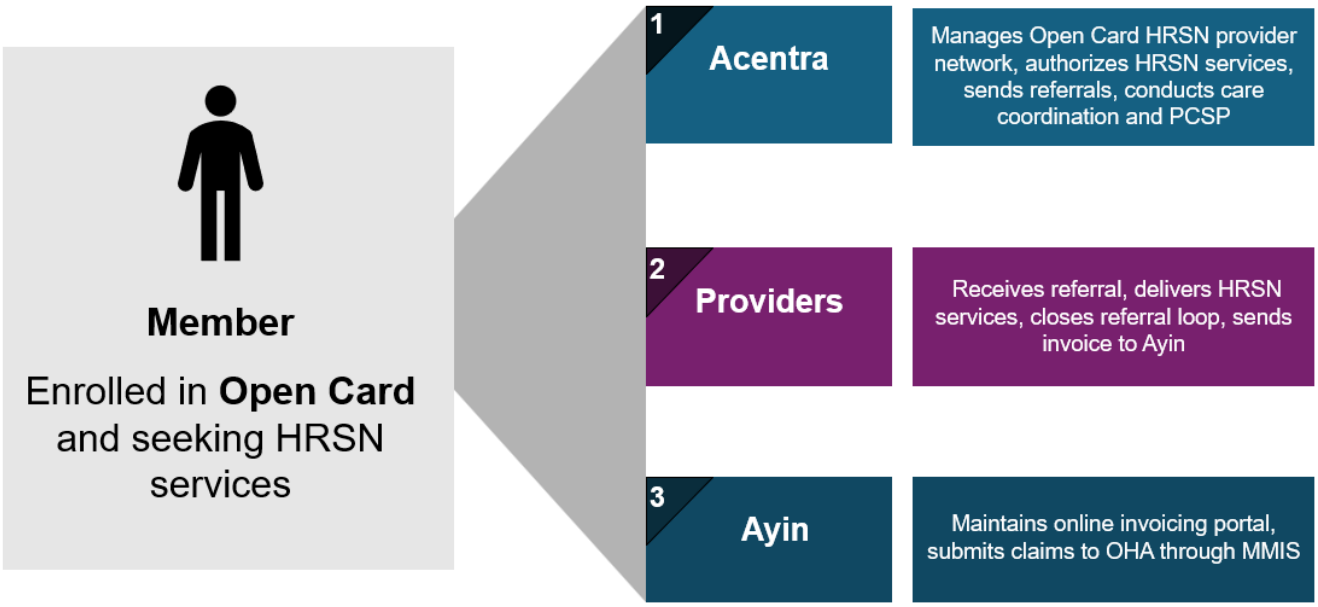
Table 7: Open Card Provider Contacts

Team/Contact	When to Contact	Contact Information
Acentra	To start the Open Card enrollment process	**Email**: HRSNProviders@acentra.com **Phone:** 1-800-562-4620
Provider Enrollment Team	For any HRSN provider enrollment questions	**Phone:** 800-336-6016 (option 6) **Email:** Provider.Enrollment@odhsoha.oregon.gov
Provider Services	Provider web portal setup or password issues	**Phone:** 800-336-6016 (option 5) **Email:** TEAM.Provider-access@odhsoha.oregon.gov

Open Card service partners

Acentra Health ("Acentra") and Ayin Health Solutions ("Ayin") are partners that help connect Open Card members to HRSN services. **Error! Reference source not found.**, shows how HRSN service providers, Acentra, and Ayin, work together to support members who are approved for these services.

Figure 1: Open Card Roles to Support HRSN Services



Acentra Health

Acentra Health ("Acentra") is a trusted partner that works with OHA, HRSN service providers, OHP members, and Ayin to make sure Open Card members get the services they need.

What Acentra does:

- **Authorizations**: Acentra checks if members are eligible and authorizes before they receive HRSN services.
- **Referrals**: Acentra helps match members with HRSN service providers.
- **Closed loop processes:** Acentra asks for members' permission for information sharing, sets up agreements with providers, and keeps track of the services members receive in their care plan.

How HRSN providers work with Acentra:

- **Outreach and engagement:** send member requests to Acentra, help identify members who need services and support them as they get started.
- **Care coordination:** work with Acentra to plan care together, connect members with health and social services, and make sure all parts of their care fit their health goals.
- **Service delivery:** coordinate with Acentra to receive referrals and deliver services.
- **Appeals and grievances:** contact Acentra for help if a member has concerns or wants to appeal a decision.

Acentra contact information

Be sure to communicate with Acentra at every stage to make sure members receive services.

- **Email:** Contact HRSNProviders@acentra.com to work with a member of Acentra's Provider Relations Team for technical support and enrollment.
- **Phone:** Call 1-800-562-4620 for direct assistance. Ask to speak with provider enrollment.

Ayin Health Solutions

Ayin Health Solutions ("Ayin") supports HRSN service providers with billing Open Card.

What Ayin does:

- **Online invoice submission:** Ayin offers an online portal where Open Card providers can submit invoices for services, helping providers get paid quickly and accurately.
- **Medicaid claims processing:** Ayin turns your invoices into Medicaid claims and sends them to MMIS for you.
- **Help with claims issues:** If you have problems with claims, like rejections or errors, Ayin can help troubleshoot and guide you on how to fix and resubmit them.
    - OHA encourages Open Card providers to give MMIS Provider Portal clerk access to Ayin to help with HRSN billing challenges. You can learn more in: Giving Ayin Clerk Access in MMIS for HRSN Claims Assistance, which explains why it's important and how to provide access
- **Payment tracking:** Ayin checks the status of your payments and answers questions.
- **Provides easy-to-follow guides**: Ayin provides instructions and guides to help you through the billing and claims process (available on Ayin's HRSN provider webpage).

Ayin contact information

- **Phone:** 971-428-2516, 8 a.m.–5 p.m.
- **Website:** https://www.ayin.com/hrsn
- **Additional resources:**
    - Step-by-Step Submission Guide
    - Quick Reference Guide

Chapter 4: Service Requests and Authorizations

In this chapter, you'll learn how to request services on behalf of OHP members and how members get approved for services. Understanding these steps will help you support members and send complete and accurate requests.

HRSN service requests

Who can submit an HRSN service request

Before an OHP member gets approved for HRSN services, someone needs to make a request for services. This can happen in several ways:

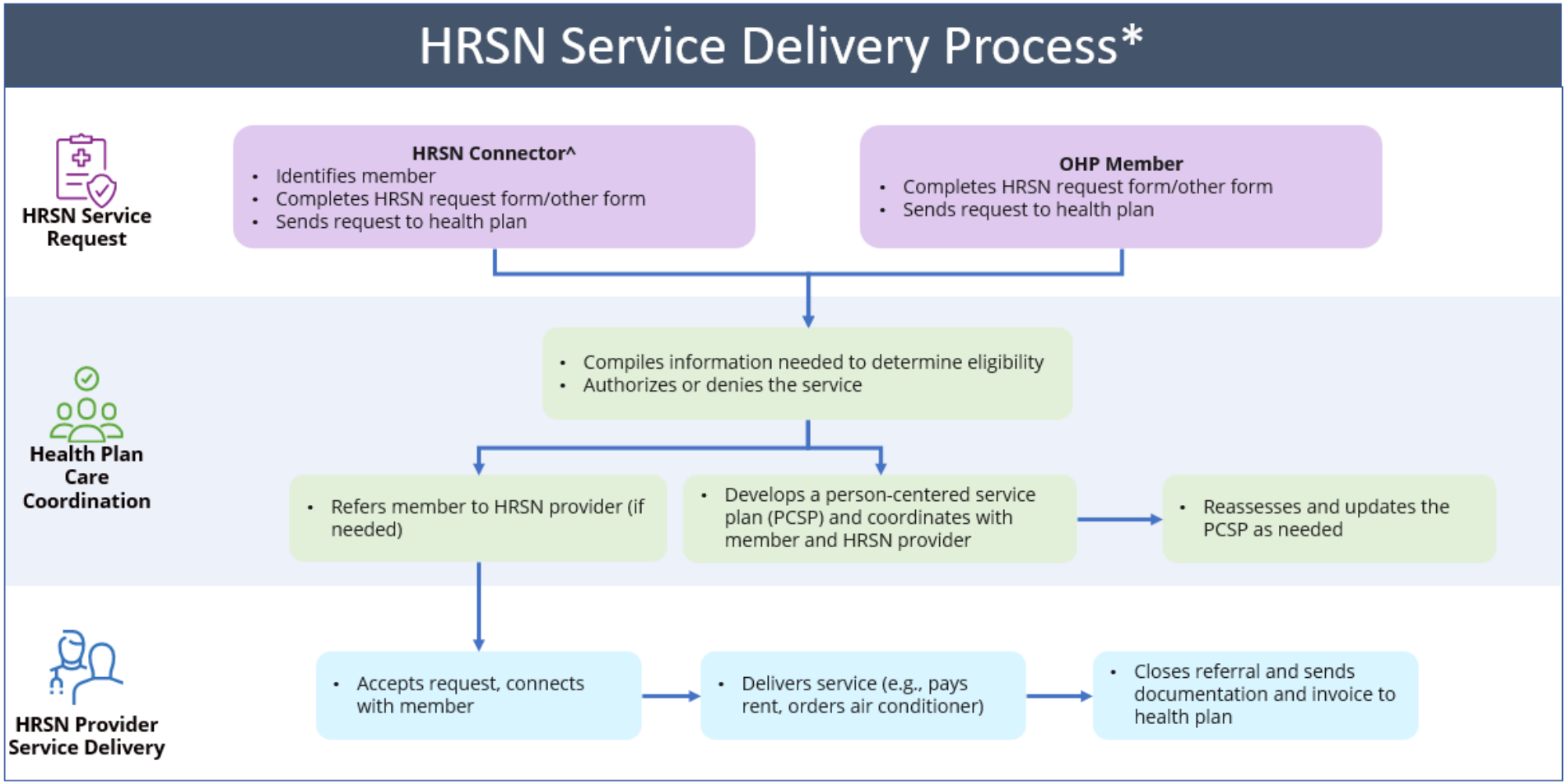
- Health plans may contact OHP members who might be eligible to ask if they are interested in receiving services.
- Members can ask for services.
- HRSN connectors (for example, HRSN service providers or a parent or guardian) may submit requests on a member's behalf to the appropriate health plan.

How HRSN service requests are submitted

Table 8: HRSN Request Forms

Health plan	Available forms
Open Card	The OHA HRSN Request Form is available in multiple languages on the HRSN webpage under each benefit page. Instructions for where to send the form are listed within the form or you can send the completed form to ORHRSN@acentra.com You can also complete an Acentra HRSN Contact Web Form to connect with a care coordinator.
CCO	Each CCO has their own request form on their HRSN webpage.

Figure 2: HRSN Service Delivery Process



*The HRSN service delivery process shown here excludes Medically Tailored Meals, which require an additional pre-authorization step. See the Delivering HRSN Services section for details on the MTM process

^HRSN connectors may include HRSN O&E providers, healthcare providers, other state agencies, CCOs, community organizations, and more.

HRSN service authorizations

Who determines eligibility for HRSN services

While an HRSN service provider can help a member request HRSN services, the health plans are responsible for determining if an individual is eligible and giving the final authorization. All health plans use the same eligibility criteria, and the result of the screening is a denial or authorization of services.

Once the health plan determines the member is eligible and authorizes the HRSN service, they will send a referral to an HRSN service provider to deliver the approved services.

Note: HRSN service providers cannot authorize members for HRSN services. As a provider, you can *presume* eligibility and send HRSN requests to health plans for members and bill for O&E Services, but this does **not guarantee** authorization for additional services.

How health plans determine eligibility for HRSN services

Table 9: HRSN Service Request Documentation Requirements outlines the key steps followed by all health plans to authorize or deny HRSN service requests. Additionally, some HRSN service types may require additional documentation. To learn more about HRSN eligibility criteria, see Chapter 5: HRSN Eligibility Requirements.

Table 9: HRSN Service Request Documentation Requirements

#	Steps in Health Plan's Process	Additional Details
1	Gets an HRSN service request (or identifies members who may qualify and could benefit from HRSN services).	The health plan will log any request received.
2	Conducts eligibility screening.	The health plan checks the request or member's information to make sure they meet all the eligibility criteria for the requested HRSN services.
3	Determines need for clinical review.	If denial or modification of the request is based on clinical condition, HRSN clinical risk factor, or clinical appropriateness, a qualified clinical reviewer evaluates the documentation.

#	Steps in Health Plan's Process	Additional Details
		For non-clinical criteria (such as population group, specific social risk factors), clinical review is not required.
4	Authorizes or denies HRSN service request.	If all eligibility criteria are met, the service is authorized. If criteria are not met, the service is denied.
5	Prepares required documentation.	The health plan ensures all decisions (authorization or denial) are thoroughly documented.
6	Notifies member of decision.	Notice of the decision (approval or denial) is provided as quickly as possible, but no later than 14 calendar days from receipt of the completed request (unless a 14-day extension is appropriate). If denied, the member receives a Notice of Adverse Benefit Determination (NOABD) with an explanation and appeal rights.
7	Ensures consistency and compliance.	The process is completed in compliance with state requirements, including OARs 410-120-2020 and 410-120-2005. Health plans are not held liable for authorizing services in good faith, if documentation and process requirements are met.

Table 10: HRSN Service Request Documentation Requirements

HRSN Service Type	Document Requirement
Medically Tailored Meals (MTMs)	Registered Dietitian Nutritionist (RDN) assessment
Home Changes for Safety (Home Modifications or Remediations), including hotel/motel stays	Scope of work from contractor/vendor making the changes Lease agreement or proof of home ownership Verification of income or attestation of no income
Rent and Utility Financial Assistance, including	Lease agreement Verification of income or attestation of no income

HRSN Service Type	Document Requirement
storage fees	

A provider's role in checking eligibility

After an individual is found eligible for HRSN services, the health plan will refer them to an HRSN service provider (with the exception of O&E, which does not require a referral). However, before you can deliver services you should **always check that they are enrolled in OHP** and confirm which health plan they are enrolled in.

Verifying an individual's OHP enrollment will:

- Help prevent interruptions in care.
- Reduce the chance of claims being denied or reimbursement issue.
- Make sure you are following contract and program rules.

What to do if an individual is not enrolled in OHP

If the individual you are working with is not enrolled in OHP or is not enrolled in a health plan you contract with**, do not provide HRSN services.** Let the referring health plan or care coordinator know right away so they can help the individual enroll (or re-enroll) or connect them to a different health plan or provider.

How to check member enrollment status

Open Card HRSN service providers have access to the MMIS Provider Portal to check OHP and health plan enrollment before delivering services (see Table 11: Using MMIS to Verify OHP Member Enrollment Status). If you only contract with CCOs, ask your CCO how to access member enrollment information.

Table 11: Using MMIS to Verify OHP Member Enrollment Status

#	Process Step	Notes
1	Enroll in MMIS as an HRSN service provider.	Enrollment gives you secure access to OHP eligibility data for members. For information on how to enroll, refer to the enrollment section.

#	Process Step	Notes
2	Log into the MMIS Provider Portal.	Use your provider credentials to access up-to-date eligibility information.
3	Search for the member.	Enter the member's name, OHP ID (prime number), or other identifying information.
4	Review the member's eligibility details.	
5	Confirm current and historical OHP eligibility.	
6	Check for active coverage types (CCO, Open Card, etc.), including specific start and end dates.	Identify any gaps in coverage or pending changes.
7	Verify benefit package and plan.	Ensure the member's benefit package includes HRSN service coverage (OHP Plus). Some OHP members have different benefits that do not include HRSN. For example, some OHP members have dental or mental health coverage only.
8	Confirm the member is enrolled in your contracted CCO or Open Card.	
9	Document the results.	Keep a record of the eligibility check for compliance and audit purposes.
10	*If member is eligible and enrolled with the correct health plan:* proceed with service delivery. *If not eligible or in the wrong plan:* pause services and notify the referring health plan or care manager.	

Chapter 5: HRSN Eligibility Requirements

As we learned in chapter 4, it is the health plan's responsibility to determine if an individual is eligible for HRSN services before authorizing services. However, providers may find it helpful to have a general idea of what the HRSN eligibility requirements are. In this chapter, we'll go over the criteria for HRSN eligibility.

To qualify for any HRSN service, a person must:

- Be enrolled in OHP (but not through Temporary Medicaid Expansion, OHP Bridge - Basic Health Program, or OHP Bridge - Basic Medicaid).
- Be part of an HRSN covered population for the service they need (see Table 12: HRSN Covered Populations).
- Have a health condition that makes them eligible for the service (known as a clinical risk factor).
- Have a social risk factor (like housing or food needs) that makes them eligible for the service.
- Meet any other specific rules for the service they are applying for.

Before someone is approved, it is the responsibility of that member's health plan to check that they meet all the conditions prior to authorizing HRSN services. More details about each rule can be found in OAR 410-120-2005.

Covered populations

HRSN covered populations are specific, high-risk groups within OHP. An individual must belong to a qualifying covered population for the benefit they are seeking. Not all HRSN covered populations are eligible for all HRSN services. For example, only individuals who are in the HRSN covered population "individuals who are at risk of homelessness" may qualify for Rent and Utility Financial Assistance, storage, and Tenancy Services.

Table 12: HRSN Covered Populations

Covered Population	Definition
Adults and youth discharged from an HRSN eligible	Members who have been discharged from an Institution for Mental Diseases (IMD), a mental health and substance use

Covered Population	Definition
behavioral health facility	disorder residential facility, or inpatient psychiatric unit within the last 365 days.
Adults and youths released from incarceration	Members released from incarceration within the past 365 calendar days, including those released from state and federal prisons, local correctional facilities, juvenile detention facilities, Oregon Youth Authority closed custody corrections, or tribal correctional facilities.
Individuals involved with child welfare	Members who are currently or have previously been involved in Oregon's Child Welfare system, including members who are currently or have previously been: • In foster/substitute care; or • The recipient of adoption of guardianship assistance; or • Served on an in-home plan; or • Alleged victim of an open child welfare case.
Individuals transitioning to dual eligible status	Members enrolled in Medicaid who are transitioning to dual eligible status with Medicare and Medicaid coverage. Members shall be included in HRSN covered population for the ninety (90) calendar days preceding the date Medicare coverage is to take effect and 270 calendar days after it takes effect.
Individuals who are homeless	Individuals who meet the definition of "HUD Homeless" as defined by defined by the U.S. Department of Housing and Urban Development (HUD) in 24 CFR 91.5.
Individuals who are at risk of homelessness	• Have an income that is 30% or less than the area median income where the individual resides according to the most recent available data from the U.S. Department of Housing and Urban Development; and, • Lack sufficient resources or support networks to prevent homelessness; and, • Meet additional HRSN Housing and Nutrition clinical risk factor, as defined in OAR 410-120-2005 in Tables 2-3.
Young Adults with Special Health Care Needs (YSHCN)	Young Adults with Special Health Care Needs is a specific designation by OHP. Criteria includes being a young adult with individual or family income up to 205% of the Federal Poverty Level (FPL), meeting additional criteria outlined in the YSHCN guidance document. The health plan will verify this covered population with OHP records.

Clinical risk factors

To qualify for HRSN services, members must not only belong to a qualifying HRSN covered population but also meet certain health requirements. These requirements ensure that services are medically appropriate. HRSN clinical risk factors are identified in OAR 410-120-2005 in Tables 1 through 3.

Social risk factors

Individuals must also meet social risk criteria. These criteria help determine which type of support a member might need, such as help with housing or nutrition. Sometimes, the HRSN covered population may be the same as the social risk factor. For example, being at risk of homelessness makes someone both eligible for HRSN and counts as a social risk factor.

For more details about social risk factors, see Tables 3, 5, 7, and 9 in OAR 410-120-2005.

Service-specific eligibility criteria

In addition to the general requirements mentioned above, most HRSN services have additional, service-specific eligibility criteria. For example:

Housing-Related Supports:

- Only individuals who need support maintaining current housing are eligible for Rent and Utility Financial Assistance, storage, and Tenancy Services.
- Only individuals who are eligible for and receiving rent assistance are eligible to receive financial support for payment of utilities.
- Only individuals who meet the at-risk of homelessness definition can receive hotel/motel stays during home modification or remediation services.
- Only individuals who can safely and legally use a device provided under the Home Changes for Health During Extreme Weather benefit can receive one.

Nutrition Benefits:

- Only individuals who have serious health conditions, are working with a registered dietitian, and have a nutrition care plan that recommends Medically Tailored Meals (MTMs) can receive them.
- Only individuals who can safely store and heat meals are eligible to receive MTMs.

- Only individuals that are under 21, pregnant, or a young adult with special healthcare needs (YSHCN) are eligible for Pantry Stocking.
- Individuals that reside in an institutional setting that is required to provide all meals are not eligible for the MTMs, Pantry Stocking, or Fruit & Vegetable Supports.

Check each benefit's corresponding chapter below for more details about eligibility for each service, including what might make someone qualify, who is excluded, and other important information. You can also look at OAR 410-120-2005 for more details.

Chapter 6: Outreach & Engagement Services

In this chapter, we'll cover HRSN Outreach & Engagement (O&E) services. O&E services help members:

- Find out if they qualify for HRSN benefits and get help requesting HRSN services.
- Connect to other helpful services, like medical care, peer support, social programs, education, and legal services.
- Get support that is easy to access, respectful of different cultures, and meets their unique needs.

You can find information about eligibility for this benefit in Chapter 5: HRSN Eligibility Requirements and billing in Chapter 9: Billing.

Note: O&E services do not require authorization from the health plan like the other HRSN benefits. The HRSN service provider does need to verify Member eligibility.

Provider responsibilities

OHA pays HRSN service providers to deliver O&E services for eligible OHP members, helping them improve their health and wellbeing. As a provider, your role is to identify and support OHP members who could benefit from these services. Here's what you do:

- **Reach out to eligible members**: Connect with people who might qualify for HRSN services. This can include in-person visits and other proactive outreach efforts.
- **Confirm OHP enrollment**: To provide services and get reimbursed, make sure each individual is already signed up as a member with qualifying OHP benefits.
- **Check HRSN eligibility**: Verify that the member meets the requirements for HRSN services.
- **Assess needs**: Talk with members to learn what HRSN services they need. This may mean having several conversations to get all the information.
- **Help with documents**: Support members in getting ID and other paperwork needed for benefits, like landlord approvals or rental agreements.
- **Submit service requests**: Fill out and send HRSN service requests to health plans.
- **Navigation services**: Support members engaging with their health plan or other resources

- **Assist with benefits**: Help members apply for and keep federal and state benefits like TANF, WIC, SNAP, and housing programs. This can include helping fill out applications and covering fees, if needed.
    - **Connect to basic needs**: Help members connect to essentials like showers, laundry, shelter, and food.
    - **Refer to other services**: Share information about medical care, peer support, social programs, education, legal help, and more.
- **Follow up**: Check in with members during service delivery; this might mean hands-on help with services or occasional check-ins and referrals.

Connecting members to services

There are three main ways to find and reach out to members for O&E Services:

- **Find members yourself**: Use your program's member database to look for people who might need support. If you work directly with members and know their situations, you can also use your own knowledge to decide who could benefit.
- **Get lists from health plans**: Health plans may use risk tools to find members who may qualify, or they might have a list of possibly eligible members. If you work with a CCO to provide O&E Services, or work with Acentra, you might receive a list of members to contact. Whether you connect with these members depends on how Acentra and the CCO want to handle outreach.
- **Members ask for help**: Sometimes, members will reach out to you for support.

After you identify a member who might need HRSN services, always ask for their permission and make sure they want help before moving forward. Record all important information, check if the member might qualify for HRSN services, and if they are not eligible, guide them to other helpful resources.

Care coordination

Care coordination means working as a team to support each member's overall health and well-being, especially for people with complex medical, mental health, or social needs. The health plan is responsible for care coordination. As a provider, you may be involved in creating or updating a Person-centered service plan (PCSP), whether during annual reviews or when making changes to care plans. The PCSP is a key part of care coordination. The health plan will engage the member and provider in this process as needed. Reach out to the member's health plan if you have questions.

How care is coordinated depends on what each person needs:

- Some members may need a lot of hands-on help to connect with different services.
- Others may only need occasional check-ins or referrals to community resources.

Also, keep in mind that some care coordination might include Tenancy Services. Review the Tenancy Services alongside Outreach & Engagement Services section in chapter 7 to see if you should bill for Tenancy or for O&E Services. Only Housing providers can bill for Tenancy Services.

What's not included in O&E Services

HRSN O&E services do not pay for general administrative tasks like sending invoices, making staff schedules, or other activities that are not directly related to helping a specific member.

O&E documentation requirements

Be sure to keep track of every O&E service you provide. You can use any tracking method that works for your team. When you track O&E services, include these details:

- **Date of service**: The day, month, and year you provided the service
- **Duration**: How much time you spent and/or how many units you are billing
- **Description**: What you did (for example, helped connect to laundry, sent an HRSN request, finished OHP paperwork)
- **Outcome**: What happened as a result (for example, member was connected with WIC, request for services was completed with member and sent to health plan, member paperwork was completed)

Eligibility requirements

To get HRSN O&E services, a person must be considered "presumed HRSN eligible," as defined in OAR 410-120-0000 and the HRSN service provider must know the individual is enrolled in OHP. The provider should also have some reason to believe the person:

- Is part of an HRSN covered population,
- Has at least one HRSN clinical risk factor, and
- Needs help connecting to benefits, services, or support for their basic needs (this is the HRSN O&E social risk factor).

The detailed rules for HRSN O&E eligibility are in OAR 410-120-2005, Table 9.

People can either attest they qualify for HRSN services, or O&E service providers can presume they qualify based on information they already have about the person.

Important: Before providing services, you must confirm the person has OHP and is in network with the health plan you are contracted to provide services for. If you don't, you might not get paid for the services. You can check this by using MMIS or by calling the Oregon Eligibility (ONE) Customer Service at 800-699-9075. To learn more, see the section on How to check member enrollment status.

Presumed eligibility documentation

OHA does not require you to show how you decided someone is presumed eligible. Still, it's good to have a clear process written down. Here are some simple ways to document presumed eligibility.

- Add a checkbox to your intake form (for example: "Check this box if you have experienced any of these risk factors").
- Keep a copy of the OHA HRSN request form in a safe place.
- Create a form for your organization for the member to sign.
- Follow the process that was agreed upon with health plan in the community information exchange (CIE) platform, if applicable.

Table 13: O&E Resources

Resource	Purpose
Outreach & Engagement Factsheet	This fact sheet shows how providers can help people in Oregon get HRSN resources. It explains why outreach is important, gives easy tips for connecting people with the support they need, and shares simple ways to help improve health by staying engaged with those you serve.
O&E vs Tenancy Services	Explains the differences between O&E Services and Tenancy Services for Housing-Related Supports providers, including how each service is billed.

O&E experience for a CCO member

Table 14: CCO O&E Case Example

Scenario 1 – Louise	
LOUISE 	**Who is Louise?** Louise is 27 years old and 5 months pregnant. **What is Louise doing today?** She came into New Beginnings Resource Center to ask for resources. New Beginnings is contracted as an HRSN service provider with the local CCO. **What did Louise tell New Beginnings?** Louise told a health navigator at New Beginnings that she was in jail two months ago. She needs resources for her pregnancy and help finding a job. **What does the health navigator at New Beginnings do?** The health navigator checks MMIS and verifies that Louise is on OHP and enrolled with the local CCO that New Beginnings contracts with.

Before Providing O&E services	**Before providing O&E services, New Beginnings must:**
	• Confirm that their organization is enrolled as an HRSN O&E provider with Louise's health plan.
	• Check that Louise meets eligibility criteria:
	  ○ Is an OHP member.
	  ○ Is enrolled in a CCO or as an Open Card member (she's enrolled with a CCO).
	  ○ Verify Louise's CCO is the same one New Beginnings contracts with.
	  ○ Presume that Louise is part of an eligible group
	  ▪ Since Louise was in jail two months ago (released from incarceration in the past 12 months), she's considered to be part of an HRSN eligible group.
	  ○ Presume that Louise has a clinical risk factor as she is pregnant.
	  ○ Presume that Louise needs O&E services to help her be healthy (social risk factor).
	Once eligibility is presumed, New Beginnings can provide O&E services. If eligibility is not presumed, help Louise find other potential options to support their situation.

Providing O&E services	**New Beginnings helps Louise with the following O&E services:** • Connect with WorkSource Oregon for job help (30 minutes) • Review local resources and connect to WIC and prenatal care (15 minutes) • Ask about other needs and help fill out an HRSN request form for an air conditioner (15 minutes). While providing O&E services, New Beginnings should track and document O&E information to support O&E invoicing. Since New Beginnings uses a case management system, it is important to use the system's capabilities to ensure consistent, thorough, and easily retrievable records.
Invoicing	After providing HRSN O&E services to Louise, New Beginnings was able to bill the local CCO for 4 units of O&E services, totaling $104. Learn more in Chapter 9: Billing and **Error! Reference source not found.**.

O&E experience for an Open Card member

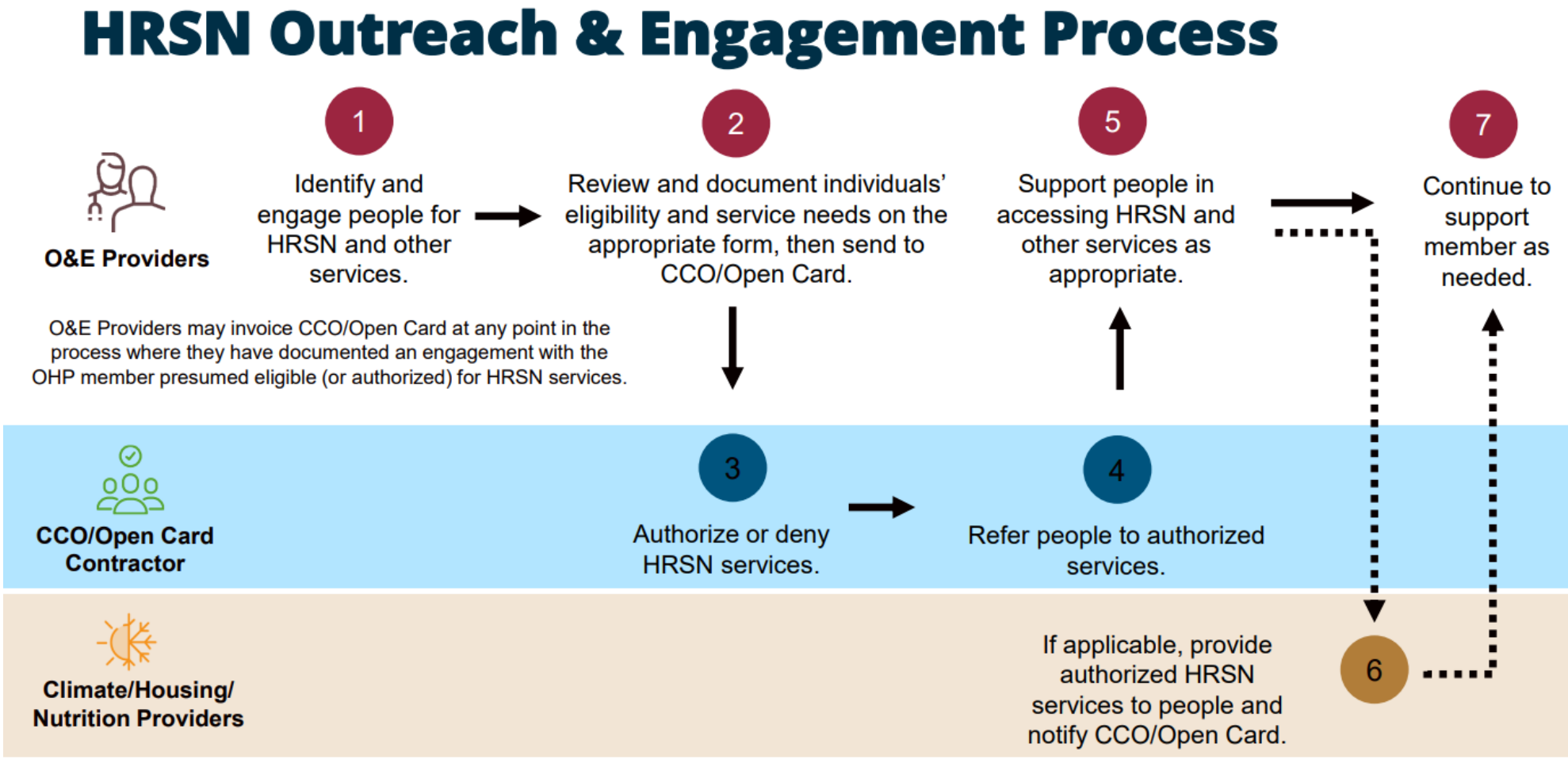
Table 15: Open Card O&E Case Example

Scenario 2 – Gene	
GENE 	**Who is Gene?** Gene is 45 years old and has lived in Oregon their whole life. They were in foster care as a child. Gene does not have a doctor and struggles to navigate their OHP Open Card. **What is Gene doing today?** They had a visit at the emergency department (ED) and staff noticed that they visit the ED frequently. The staff refers them to a community health worker (CHW).
Before providing O&E services	**The CHW must confirm their organization is enrolled as an HRSN O&E provider with Open Card through OHA.** Before providing services, the CHW checks that Gene meets eligibility criteria: • Gene is an OHP member with Open Card. • Gene is part of an eligible group because the intake form indicates Gene was in foster care in Oregon as a child. • Gene has a clinical risk factor (repeated ED use).

	• Gene needs O&E services because it would help them stay or be healthy (social risk factor). Once eligibility is confirmed, the CHW can get paid for helping connect Gene to resources.
Providing O&E services	**The CHW provides (and documents) the following activities**: • Helps Gene find a primary care provider that was taking new OHP Open Card patients and sets up an appointment (30 minutes) • Calls non-emergency medical transportation to set up a ride to Gene's appointment (10 minutes)
Invoicing	After providing HRSN O&E services to Gene, the CHW was able to bill Ayin for 3 units of O&E services, totaling $78. Learn more in Chapter 9: Billing and **Error! Reference source not found.**.

Below is a high-level overview of the process an HRSN O&E service provider may follow when delivering O&E services

Figure 2: HRSN Outreach & Engagement Process Flow



Chapter 7: Housing-Related Supports

In this chapter, we'll cover **HRSN Housing-Related Supports**, which are designed to help people stay healthy by making sure they have safe and stable housing. This chapter will cover the different Housing-Related Supports and provide information about provider responsibilities and documentation requirements for each one. You can find information about eligibility for this benefit in Chapter 5: HRSN Eligibility Requirements and billing in Chapter 9: Billing.

Housing-Related Supports promote housing stability. The services are personalized to meet each member's needs, based on their current housing situation.

Eligible members can get different kinds of supports, depending on what they need, including:

1. **Home Changes for Health:** Members can get help during extreme weather that may affect health conditions.
2. **Tenancy Services**: These services help members keep their housing. They are usually offered together with other Housing-Related Supports. To qualify, a person must be at risk of becoming homeless (as explained in OAR 410-120-2000) and must not own a home. More details about Tenancy Services are found in OAR 410-120-2005 Table 4.
3. **Rent and Utility Financial Assistance**: Members can get help paying rent for up to six months, including past due rent (arrears). This support can also cover setting up utilities, paying utility bills, and storage fees.
4. **Home Changes for Safety:** Members may get help with things like installing ramps or grab bars, pest control, heavy-duty cleaning, and hotel costs if needed during repairs.

Home Changes for Health During Extreme Weather

HRSN Home Changes for Health During Extreme Weather ("Home Changes for Health") helps members with health conditions that can be worsened during extreme weather. This program provides devices and services to eligible members in their own homes or primary non-institutional residences. All equipment and support offered must be medically appropriate and part of the member's treatment or prevention plan for health issues caused by extreme weather.

Devices and services may include:

- **Air conditioners (ACs)**: For members whose health may be at risk from high heat.

- **Air Filters**: For members with a health condition that gets worse when air quality is poor.
- **Heaters**: For members who are at greater health risk from cold temperatures.
- **Mini refrigerators**: For members who need to safely store medications.
- **Portable power supplies (PPSs)**: For members who depend on medical equipment that needs electricity (like ventilators, dialysis machines, IV equipment, chair lifts, mobility devices, or communication devices) and who are at risk of losing power during public safety power shutoffs (PSPS).

Depending on a member's needs, services can include providing, delivering, and installing these devices, replacing air filtration device filters as needed, and arranging for replacement devices. Members must still be eligible when requesting a replacement device if the manufacturer's warranty does not cover it.

Home Changes for Health: Provider responsibilities

HRSN Home Changes for Health providers help order, deliver, install, or replace non-working units (during eligibility period) for members. Most of these providers are CCOs and vendors, and their main responsibilities include:

- **Getting and supplying devices**: You may need to find and provide new devices that meet all safety and quality standards. Make sure the devices are truly portable and fit well in the member's home.
- **Installing and setting up devices**: Set up devices by carefully following the manufacturer's instructions and safety rules. After installation, make sure the device works properly and give the member simple, easy-to-understand guidance on how to use it safely.
- **Repairing and maintaining devices**: Fix or replace devices when needed, following warranty rules or the health plan's repair instructions. Always keep clear records of any work done.

Home Changes for Health: Device procurement and supply

When choosing and providing devices, make sure to focus on both energy efficiency and safety for members. Because these devices can increase members' utility bills, it's best to pick models that use less energy and have good efficiency ratings.

Note: Every device offered through the Home Changes for Health program must be portable and shouldn't need permanent changes to the home, except for certain approved window kits.

Home Changes for Health: Documentation requirements

It's important to keep clear and complete records for every installation service you provide to HRSN members. As an HRSN service provider, you must document each service to help coordinate with health plans, meet program rules, and show what you did.

Your records should include:

- What service you provided.
- The name of the member who received the service.
- The date and time you provided the service.
- The member's (or their representative's) signature to confirm they got the service.

Tenancy Services

HRSN Tenancy Services are supports that help people find and keep safe, stable housing. These services support members in dealing with challenges that might make it hard for them to stay in their homes and work to improve their housing situation.

Tenancy Services are for people who do not own a home and are at risk of becoming homeless. These supports are provided for as long as they're needed, up to 18 months or until September 30, 2027). The goal is to help members achieve long term housing stability.

Tenancy Services: Provider responsibilities

As a Housing-Related Supports service provider, you play a key role in helping members keep safe, stable housing. Tenancy Services offer more than basic case management; Tenancy Services focus on personalized housing stability support. Your responsibilities include working with each member to create a care plan, teaching important skills, collaborating with landlords, and closely coordinating with health and community partners.

Note: Members do not need to be authorized for other HRSN Housing-Related Supports to get Tenancy Services. However, if a member is receiving other Housing-Related Supports, they will also be authorized for Tenancy Services. This is because Tenancy Services help with coordination, logistics, and communication with the health plan, which are important to make sure supports are delivered effectively.

Your main responsibilities may include:

- **Working with partners**: Coordinate with landlords, property managers, utility companies, healthcare providers, and others to support members' housing and health needs. Set up clear protocols and keep in touch to help maintain stable housing.
- **Lease and tenancy assistance**: Support members when talking to landlords, explain lease terms and tenant rights, and connect members to legal, healthcare, or disability services. Help members understand rental agreements and tenant expectations.
- **Helping members access and move into housing**: Guide members through searching for housing, applying, and moving in. Help them gather documents needed for eligibility (like Social Security cards) and support them in finding new housing if their current home is no longer affordable or suitable.
- **Skill-building and preventing crises**: Teach members about following lease rules, managing money, and other daily life skills. Work with members to create plans that help prevent crises and support their housing goals. Step in early if there are signs their housing might be at risk.
- **Care plan coordination**: The health plan may ask you to help develop and update members' Person-centered service plan (PCSP)**,** manage housing care plans, schedule regular reviews, and make sure all housing supports work together smoothly.

Additional responsibilities may include:

- **Creating a housing plan:** Housing providers usually help families and individuals create a housing plan, or individual service plan, soon after joining the program. While plans may differ, they generally include goals, strategies, and deadlines for health and wellness, jobs and finances, and housing stability. The housing plan covers tenant advocacy, managing money, connecting to resources, family support, and community involvement. It is reviewed regularly and sets clear expectations for both the housing case manager and the individual, outlining everyone's roles in housing success.
- **Connecting to community resources**: Connect members to local resources like education, transportation, and other community services that help with long-term housing success.
- **Coordinating services**: Help members find other resources, such as rental assistance, help with utility bills, and legal support. Make sure their health and social needs are included in their housing plan.

- **Addressing urgent evictions**: Medicaid's HRSN benefit cannot always respond quickly enough to stop an eviction right away. If a member is facing eviction soon, help them contact their local Community Action Agency (CAA) for immediate assistance.

Tenancy Services alongside Outreach & Engagement Services

Tenancy Services are most effective when they work closely with O&E activities. If Housing-Related Supports providers are also O&E Service providers, they can help members gather the documents needed to qualify for Housing-Related Supports, including support with landlord communication.

Combining O&E and Tenancy Services helps by:

- Supporting members before Tenancy Services are officially approved.
- Finding and solving problems that might prevent members from using services.
- Helping members collect information and documents required to get services.

Tenancy Services: Documentation requirements

To make sure everything is done correctly and that claims for payment are accepted, you must keep thorough records for every Tenancy Service you provide. You don't need to send this paperwork with every invoice, but you do need to save it for any audits or reviews.

The elements you should track include:

- **Date of service**: Write down the exact date you helped the member.
- **How long it took**: Note the total time spent and/or number of units you're billing for.
- **What you did**: Clearly explain what you did, such as talking to a landlord or helping fill out a housing form.
- **What happened**: Record the results of your work, like whether the landlord agreed to something, if you got the needed paperwork, or what the next steps will be.

Note: Store all documentation securely and make sure it's easy to find if someone asks for it during an audit or program review.

To learn more, view the Combining O&E and Tenancy Services guidance document.

Table 16: Tenancy Services Case Example

Scenario 1 – Calliope	
CALLIOPE 	**Who is Calliope?** Calliope is a home care worker who recently lost her job. Calliope pays 30% of her income as rent in an affordable housing unit subsidized by a federal housing program. Calliope also has a broken leg from a recent car accident. **What is Calliope doing today?** Calliope is worried about paying rent and bills without a job, so she submits a Housing-Related Supports request to her CCO. **What does Calliope's CCO do?** The CCO reviews Calliope's request form and conducts HRSN eligibility screening. **Is Calliope found eligible for HRSN services?** Calliope meets HRSN housing clinical risk criteria and the at-risk of homelessness definition, so she is eligible for HRSN Tenancy Services. Calliope's CCO authorizes Calliope for **Tenancy Services for six months**. However, she is **not eligible for Rent and Utility Financial Assistance** because she is a recipient of federal housing assistance.
Providing Tenancy Services	**Calliope's CCO refers her to a tenancy case manager at Community Care Coalition to provide Tenancy Services. Calliope's tenancy case manager provides the following services:** • Helps Calliope work with her property manager to document her loss of income and request a rent adjustment (30 minutes) • Connects Calliope with WorkSource Oregon, a resource that helps her take a three-month training course to improve her employment options (30 minutes). • Ensures that Calliope has a healthcare provider to manage her health condition (30 minutes). • Meets with Calliope monthly to check on her care plan goals (45 minutes).
Invoicing for Tenancy Services	After providing Tenancy Services to Calliope, Community Care Coalition was able to bill Calliope's CCO for 9 units of Tenancy Services, totaling $234. Learn more about billing in **Error! Reference source not found.**.

After Tenancy Services	After six months of Tenancy Services, Calliope's leg is now healed, she has completed her training courses, and she started a new full-time job. Calliope's case manager closes the case.

Rent and Utility Financial Assistance

HRSN Rent and Utility Financial Assistance is for OHP members that rent and need help keeping their housing. Eligible OHP members can receive help with rent payments, overdue and/or forward, and help with utility and storage payments.

General eligibility details

- To receive utility assistance or storage fees paid, the OHP member must also receive rent assistance.
- Members that are eligible for Rent and Utility Financial Assistance must be at risk of becoming homeless and not have other resources available to pay their rent for the same timeframe.
- Eligible members may use Rent and Utility Financial Assistance for many kinds of housing, as long as they have a lease or written agreement.

Eligible housing types include:

- Apartment units
- Single room occupancy (SRO) units
- Single-family homes or buildings with several homes (multifamily)
- Mobile home parks
- Accessory dwelling units (ADUs), like a small apartment attached to a house
- Co-housing or middle housing, such as duplexes or triplexes
- Trailers or manufactured homes and their lots
- Permanent supportive housing
- Oxford Houses or other sober living homes, if there's an agreement
- Any other housing type with a lease or written agreement

Rent and Utility Financial Assistance: Provider responsibilities

As a Housing-Related Supports provider offering Rent and Utility Financial Assistance, you may be asked to help with some or all of the following services:

- **Rent assistance**: Help pay a member's rent, including future rent or any past-due rent. You can also cover up to six months of late fees if the rent has been overdue.
- **Renter's insurance**: Pay renter's insurance if the member's lease requires it.
- **Landlord-paid utilities**: Cover the cost of utilities (like electricity or water) that are billed directly by the landlord, if these are not already paid through other utility programs.
- **Utility payments**: Help pay utility bills for up to six months.
- **Storage fees**: Support members by paying storage fees for up to six months, but only if this helps them keep stable housing and they are also receiving rent assistance.

Rent assistance benefit details

Eligible members can get help paying for rent, whether it's current rent or rent that is owed from previous months, for up to six months total. This help can also include late fees for overdue rent and, if the lease requires it, renter's insurance. This is a one-time benefit per Medicaid household during Oregon's current OHP 1115 Medicaid Demonstration. To learn more, see OAR 410-120-2005, Table 5.

- **Past-due rent**: Members can get rent assistance for past-due rent, as long as it doesn't add up to more than six months. However, any rent that was owed before May 1, 2024, cannot be covered by this program.
- **Current and ongoing rent**: Members can also get help with current and future rent, but only for up to six months in a row. If a member already paid rent to their landlord during this period, they may ask their landlord to use their payment for a later month after their assistance ends.

Utility assistance benefit details

Members can get help with setting up and paying for utility bills, including any overdue amounts, for up to six months, but only if they are also getting help with rent at the same time. The types of utilities that may be covered include gas, electricity, water, sewage, garbage,

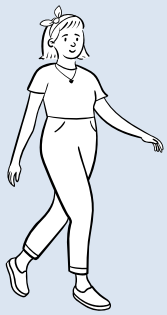
recycling, internet, and phone service. More details on utility payment inclusions and exclusions can be found in OAR 410-120-2005 table 5 (1) (a) and table 5 (1)(g).

Help with ongoing utility payments cannot last longer than the rent assistance a member receives.

Storage fees benefit details

If a member needs it, they can get help paying for storage fees for up to six months. To receive this help, a member must also be getting rent assistance at the same time.

Table 17: Rent and Utility Financial Assistance Case Example

Scenario 2 – Guadalupe	
GUADALUPE 	**Who is Guadalupe?** Guadalupe is a caregiver in Hood River who makes $18,000 per year, lives alone and lives with bipolar disorder. She is three months behind on rent and was issued an eviction notice. Guadalupe does not have a support network to help her and lives paycheck to paycheck. **What is Guadalupe doing today?** Guadalupe's coworker suggested she contact New Hope Solutions (NHS) for rental assistance. Guadalupe calls NHS and meets with Gustavo, a case manager. **What does Gustavo do?** Gustavo believes that Guadalupe might be able to get HRSN services, so he helps her with the process. Since HRSN services take some time due to compiling documents and getting authorization, Gustavo also helps Guadalupe get eviction support from the county. Gustavo calls Guadalupe's CCO to confirm she is enrolled in OHP and the CCO. He helps Guadalupe fill out the HRSN request form and sends it to the CCO. He also tracks his time spent helping Guadalupe fill out and submit the HRSN request form to the CCO.
CCO Authorization Process	**Guadalupe's CCO reviews the request form and sees that she might be eligible for HRSN rent assistance.** • The CCO care coordinator, Mark, gets the request form and sees that Guadalupe might be eligible for HRSN rent assistance. • Mark checks Guadalupe's records and confirms her self-attestation of bipolar disorder.

	• Mark reaches out to Gustavo and Guadalupe to collect remaining documentation, including verification of income and a copy of Guadalupe's lease. • Once documentation is submitted, Mark authorizes the request for HRSN Rent Assistance and Tenancy Services.

Eligibility Criteria	Guadalupe is authorized for HRSN Rent Assistance and Tenancy Services because she meets the following eligibility criteria:
	• She is on OHP.
	• She has at least one clinical risk factor (bipolar disorder).
	• She is at risk of homelessness
	  o Guadalupe's income is 30% less than the area median income in Hood River. Gustavo helps Guadalupe get her two most recent paystubs and references the income guide to confirm that her income is under 30% of the median income in her area.
	  o Guadalupe also lacks sufficient resources to prevent homelessness. She is living paycheck to paycheck and doesn't have any supports.
	  o Guadalupe needs support staying in their current housing. She is at risk of being evicted.

Referral and Service Delivery	• Mark sends back a referral to NHS after authorization.
	• Once NHS has the service authorization and referral for Tenancy Services and Rent and Utility Financial Assistance, they accept the referral and assign Guadalupe to Gustavo's caseload.
	  o Gustavo follows their procedures to prepare and send a rent check to Guadalupe's landlord.
	  o He helps Guadalupe create a housing retention plan.
	• Gustavo tracks the time he spent working on Guadalupe's case under Tenancy Services.

Case Management Tracking and Reporting	Throughout the process, Gustavo uses the NHS case management platform to track the following for each HRSN service: • When he first tried to contact Guadalupe after the CCO authorized rent assistance and Tenancy Services. • Outcome for each service:

	○ If the service was provided, he could write, “Service provided.” ○ If the service was not provided, he could write, “Guadalupe was not interested” or “Guadalupe couldn’t be reached.”
Invoicing	Since New Hope Solutions is both a Housing-Related Supports and O&E provider, they bill for: • Time spent working on the HRSN request form (HRSN O&E) • The rent paid to the landlord (HRSN Housing – Rent Assistance) • Time spent working with Guadalupe and Mark to ensure rent assistance was received (HRSN Housing – Tenancy Service) The CCO pays New Hope Solutions within 30 days.

Home Modifications and Remediations (Home Changes for Safety)

Home Modifications and Remediation (Home Changes for Safety) is a part of HRSN Housing-Related Supports that focuses on making homes safer and healthier for members who need it. The goal is to provide necessary changes and repairs so eligible members can live in a safe, accessible, and comfortable environment.

Benefit overview

- **Home Modifications**: These are changes made to a member’s home to make it easier and safer to live there because of a medical need. Examples include:
  - Adding wheelchair ramps
  - Installing grab bars in bathrooms
  - Changing door or cabinet handles to make them easier to use
- **Home Remediation**: These services fix problems in the home that could harm a member’s health. Examples include:
  - Removing pests like insects or rodents
  - Deep cleaning to get rid of hazards
  - Putting in washable curtains or blinds to help reduce allergens
- **Temporary Hotel or Motel Stays**: If a member is renting their home and cannot stay there while repairs or changes are being made, a temporary stay in a hotel or motel

can be provided. No extra paperwork is needed for the hotel stay itself, but eligibility must be checked first

For detailed descriptions of covered services and documentation, refer to OAR 410-120-2005, Table 4, Sections 8 and 9. These services are offered to both renters and homeowners (except for temporary hotel/motel stays, which are only for renters). The goal is to help members stay healthy, safe, and independent in their homes.

Provider responsibilities

You may be asked to help with home changes, repairs, or other services to make sure members have a safe and smooth experience. Work closely with the health plan to understand what is expected of you and how you can help give members the right care.

Your responsibilities could include:

- **Creating a scope of work**: Before any changes or repairs are made, you need to create a scope of work. This document should be focused on the member's needs. The scope of work must include input from the member, the landlord (if renting), the HRSN service provider, and the company doing the work (if different from the HRSN service provider). Usually, you will need to visit the member's home to see what is needed and make sure the plan fits the member's health needs. The scope of work should:
    - Clearly describe the project and how it helps the member's specific health needs.
    - Be used to set agreements, timelines, and cost estimates with service vendors (like contractors, cleaning companies, or pest control).
    - Be created with the member to make sure it fits their needs and preferences.
- **Doing home modifications and repairs**: If your organization has the right licenses and skilled staff, you can do the work yourselves. If you need to hire someone else, share the scope of work with approved HRSN vendors and ask for their bids. If the service is already authorized, you can use Tenancy Services to help collect and organize all the needed documents for home changes and repairs. If you are an O&E Services provider, you can use O&E Services to help collect and organize all the needed documents for home changes and repairs.

Note: HRSN Home Modification services do not pay for taking out modifications later. Talk with the member and, if renting, the landlord about who will remove the changes before you create the scope of work and make sure you have an agreement in writing.

Eligibility Requirements for Housing-Related Supports

To qualify for HRSN Housing-Related Supports, an OHP member must meet all eligibility requirements and provide supporting documentation. There are three requirements for authorization:

- **Current OHP membership:** The individual must be actively enrolled in OHP.
- **Presence of a housing clinical risk factor:** The individual must have at least one documented clinical risk factor related to housing instability.
- **Benefit-specific criteria:** In addition to the above requirements, the individual must be in a qualifying HRSN covered population for the service they are seeking as well as meet other service-specific criteria as described in the following tables. For full eligibility requirements for each one of the services within Housing-Related Supports, see OAR 410-120-2005 Table 5 (to find the table, navigate to the bottom of the OAR page and click on the link to view attachments as a PDF).

Home Changes for Health Eligibility

Table 18: Additional Eligibility Requirements for Home Changes for Health

Requirement Type	Details
Safe use of device	Members must attest to their ability to safely use the device to reduce the risk of injury or harm
Residency	Members must reside in their own home or non-institutional primary residence or a "recreational vehicle," as defined in ORS 174.101, that has a reliable source of electricity for operating a device. Members are eligible if they share housing in non-institutional settings; for example, a college student living with roommates or someone living with multiple families may still be eligible for HRSN Home Changes for Health if they meet other criteria. Members may also be eligible if they are in transitional housing for extended periods of time.
Installation capability	Members or their representative must be able to safely and legally install the device in their place of residence.

Rent and Utility Financial Assistance and Storage Fees Eligibility

Table 19: Additional Eligibility Criteria for Rent & Utility Financial Assistance and Storage Fees

Requirement Type	Details
Income	Household income is 30% or less of the average yearly income where you live AND lack resources or support to prevent homelessness. Income limits vary across the state and are updated annually on April 1. Current year data by state and locality can be found in the HUD user portal by choosing the appropriate year, selecting "Oregon" and refining by city or region.
Clinical Risk Factor	**The member must have at least one of the following clinical risk factors PLUS meet additional condition-specific criteria** (see OAR 410-120-2005 Table 5): • Complex physical health condition • Complex behavioral health condition • Developmental or intellectual disability • Difficulty with self-care and daily activities • Experiencing domestic violence • 65 or older • Under age 6 • Pregnant or gave birth in the past 12 months • Repeated use of emergency room or crisis services The member must also verify that they are engaging in qualifying treatments or supports. Self-attestation is allowed only in cases of domestic violence where the member does not have child welfare involvement.
Living Situation	**All of these are required:** • The member must have rental housing • The member must need support staying housed • The member must have a lease or written rental agreement

Eligibility for Tenancy Services and Home Changes for Safety

Table 20: Additional Eligibility Criteria for Tenancy Services and Home Changes for Safety includes benefit specific eligibility criteria for Tenancy Services and Home Changes for Safety. Members do not have to be receiving Rent and Utility Financial Assistance to be eligible for Tenancy Services and Home Changes for Safety.

Table 20: Additional Eligibility Criteria for Tenancy Services and Home Changes for Safety

Requirement Type	Details
HRSN Covered Population: At risk of homelessness	Household income is 30% or less of the average yearly income where you live AND lack resources or support to prevent homelessness. Income limits vary across the state and are updated annually on April 1. Current year data by state and locality can be found in the HUD user portal by choosing the appropriate year, selecting "Oregon" and refining by city or region. Lacking resources or support to prevent homelessness may be self-attested by the Member.
Clinical Risk Factor	The member must meet clinical risk criteria outlined in OAR 410-120-2005, Table 2.
Living Situation	• The member must also need support staying housed. • For Tenancy Services, members must have rental housing and cannot be homeowners. They must provide a lease or written agreement (see OAR 410-120-2005, Table 5 for what constitutes a lease or written agreement). • For Home Changes for Safety (Home Modifications), member may be renters or homeowners. They must provide a lease, rental agreement, or documentation showing they own their home as applicable.

Eligibility for Hotels Stays

Table 21: Additional Eligibility Criteria for Hotel Stays

Details
To qualify for hotel stays under the Housing-Related Supports benefit, members must have all of the following:

Details
• Be receiving the HRSN Home Changes for Safety benefit • Need a place to stay during the work delivering the HRSN Home Changes for Safety • Household income is 30% or less of the average yearly income where you live and lack resources or support to prevent homelessness • Not be a homeowner (must be a renter)

Ineligibility for Home Changes for Health Devices

Table 22: Ineligibility for Home Changes for Health Devices outlines reasons a member **may be deemed ineligible** for Home Changes for Health devices.

Table 22: Ineligibility for Home Changes for Health Devices

Reasons for Ineligibility	Details
Living in a Congregate or Institutional Setting	The member resides in a congregate or institutional setting, including: • Group homes, • Shelters, • Assisted living facilities, • Long-term care facilities, • Adult Foster Homes, • Treatment facilities or treatment homes, and • Nursing facilities.
Service Duplication	The member has received the same service from a funded program (local, state, or federal) within the last 36 months.
Device Quantity Limitation	There is a standard limit of one of the same device types per member, even if several similarly authorized members live in the same household. For situations where an HRSN authorized member requests multiple devices of the same type (e.g. two ACs), the CCO must review for medical exception considering an individual's specific health needs. **Note**: Medical exception requests do not waive the requirement for the Member to be in at least one HRSN

Reasons for Ineligibility	Details
	Covered Population in order to receive HRSN Home Changes for Health devices.
Failure to Meet Any Requirement	In the event the foregoing conditions cannot be met, the Member may not be Authorized for receipt of Home Changes for Health, in accordance with OAR 410-120-2005.

Table 23: Housing-Related Support Resources

Resource	Purpose
HRSN Provider Webpage	One-stop-shop for all HRSN service provider resources, including FAQs, forms, and fact sheets for each benefit.
Housing Webpage	Gives an overview of housing help that's available, who can get it, and how members can apply for housing support.
Home Changes for Health Webpage	Explains who can get help and what services are available during extreme weather events.

Table 24: Landlord Tenant Resources

Landlord Tenant Law Resources	Purpose	Contact Information
Fair Housing Council of Oregon	Provides help, information, and support to stop housing discrimination. This includes explaining rights, how to file a complaint, and offering training to understand fair housing rules.	**Phone**: 1-800-424-3247
Housing and Urban Development (HUD)	Provides clear, easy-to-find information about housing programs, rights as a renter, rental assistance options, and resources for buying a home.	**Phone**: 1-800-669-9777
Oregon Law Center	Helps low-income people in Oregon get free legal help with housing and other issues and explains how to get support or advocacy.	Find Your Local Office
Discrimination in selling,	Explains Oregon's law (ORS 659A.421) that makes it illegal to treat people	N/A

Landlord Tenant Law Resources	Purpose	Contact Information
renting or leasing real property prohibited	unfairly in housing because of specific protected personal traits, such as race, color, religion, sex, national origin, disability, or other characteristics. This law helps ensure everyone has equal access to housing without discrimination.	
Reporting Illegal Housing Discrimination	Provides a guide for Oregon residents on how to report housing discrimination to the Fair Housing Council of Oregon (FHCO). Includes clear steps, contact phone number, email address, and web form details to make the process easy to follow.	**Investigation Hotline**: 503-223-8187 ext. 2 **Email**: enforcement@fhco.org **Webform**: https://fhco.org/report-housing-discrimination/
Reporting Housing Discrimination (HUD)	Helps people file a federal housing discrimination complaint by guiding them to HUD's online portal and explaining the steps in a clear, easy-to-understand way.	**Webform**: Reporting Housing Discrimination

Chapter 8: Nutrition Benefits

HRSN Nutrition Benefits help eligible members who have trouble getting enough healthy food. These supports make it easier for people to eat well and get good nutrition advice.

You can find information about eligibility for this benefit in Chapter 5: HRSN Eligibility Requirements and billing in Chapter 9: Billing.

Types of Nutrition Benefits

Right now, members can get two main types of Nutrition Benefits: Nutrition Education and Medically Tailored Meals (MTM). Starting in July 2026, members can also get Pantry Stocking and Fruit & Vegetable Supports.

Nutrition Education

Nutrition Education (see OAR 410-120-0000) means using different ways to teach people how to pick healthy foods and develop eating habits that support their well-being. The goal is to help people make better choices about what they eat every day. Nutrition Education covers the basic things most people need to know, such as:

- How to eat healthy and plan balanced meals
- Cooking and food preparation tips
- How to make the most of your food budget
- How to read and use food labels

Medically Tailored Meals (MTM)

Medically Tailored Meals (MTMs) are healthy, home-delivered meals made for people with serious or ongoing health conditions, like heart failure or kidney disease. These meals are specially prepared to fit each person's unique dietary needs and help manage their medical condition. You do not need authorization for MTM assessments or follow-up services.

- MTMs are designed and approved by registered dietitians, who use proven guidelines and each member's nutrition care plan.
- Eligible OHP members can get up to three meals per day, seven days a week, as decided in their care plan.
- These meals are not for people living in places where meals are already provided.

- The goal of MTMs is to improve nutrition, help with recovery, and prevent unnecessary hospital stays.

Pantry Stocking:

Pantry Stocking benefits are intended to provide qualifying OHP members with up to 80% of their recommended daily food for up to six months.

Foods available may be fresh, frozen, dried, pureed, or canned. Some examples of allowable foods include:

- Fruits and vegetables
- Meat, poultry, fish, and other proteins
- Legumes
- Dairy products
- Breads and cereals
- Cooking oils, spices, and herbs
- Snack foods and non-alcoholic beverages
- Seeds and plants, which produce food for the household

Fruit & Vegetable Supports

Fruit & Vegetable Supports are intended to provide qualifying OHP members with up to 80% of their recommended daily fruit and vegetable intake for up to 6 months.

Foods available may be fresh, frozen, dried, pureed, or canned. Herbs are also included. Some examples of available foods include:

- Fresh fruit or vegetables
- Canned fruits such as applesauce
- Frozen or dried fruits without added sugars
- Fresh herbs

For details on what supports are available and who qualifies, please see OAR-410-120-2005, Tables 6 and 7.

Table 25: MTM Case Example

Scenario 1 – Alex	
ALEX 	**Who is Alex?** Alex is a 54-year-old who was released from the state prison system six months ago and now lives in a single room occupancy unit. Alex has worsening kidney damage, which has left him in poor health and struggling to prepare meals. Alex also lacks access to nutritious foods that could support his health. **What is Alex doing today?** After a few visits to urgent care, Alex made an appointment to see his primary care provider (PCP) and is seeing them today to stabilize his condition. **What does Alex's PCP do?** While meeting with Alex, the PCP, Dr. Hernandez, thinks that Alex might be eligible for HRSN services. He puts in a referral for a nutrition appointment with a registered dietitian nutritionist (RDN) to see if MTMs might be helpful to Alex.
Providing MTM Services	**There are many steps across multiple providers to deliver MTMs to Alex:** • The RDN creates a nutrition care plan with Alex and talks with him about helpful options. They decide to try MTMs. • Alex asks his CCO for authorization for MTMs. • The CCO screens Alex and authorizes him for MTMs. • The CCO makes a referral to their contracted MTM provider. • The MTM service provider reaches out to Alex, gathers information, and starts meal delivery. • Alex works with Dr. Hernandez and his RDN to manage his health conditions and has a nutrition plan in place for transitioning away from MTMs to cook on his own.

Provider responsibilities

Provider responsibilities for Nutrition Education

Table 26: Nutrition Education Provider Responsibilities explains your main responsibilities when delivering Nutrition Education as part of HRSN benefits.

Table 26: Nutrition Education Provider Responsibilities

Responsibilities	Details
Adhere to National Nutrition and Food Safety Guidelines	These services are for OHP members who have unmet food needs, meaning very low or low food security as defined by the United States Department of Agriculture. Always use safe food handling practices. Honor and include each member's cultural background and personal food choices when providing any Nutrition Benefits.
Provide accessible nutrition education	Provide Nutrition Education to any member who belongs to a group covered by the waiver. Getting Nutrition Education is not required before accessing other nutrition services, and it should not be made a condition for members who receive other Nutrition Benefits.
Deliver engaging and effective education	Do more than just give people handouts. Use fun, hands-on activities and simple tips that help and inspire members to choose healthier foods on their own.
Understand program eligibility and reimbursement	Remember, programs like SNAP-Ed, WIC, or OSU Extension can be used for Nutrition Education, but you cannot get reimbursed for them through this benefit. Medicaid covers the National Diabetes Prevention Program separately.
Meet qualifications and training standards	Make sure you have the right training and credentials before providing Nutrition Education. This means you should complete approved training courses and have any required certifications or licenses, like being a licensed dietitian. For more details on what qualifications are needed, see OAR 410-120-2030 Table 2.
Use evidence-based, culturally and linguistically appropriate curricula	Make sure all Nutrition Education materials are based on proven information, respect different cultures, and are easy for everyone to understand, no matter what language they speak.
Offer education to all eligible members	Offer Nutrition Education to every member who gets Nutrition Benefits. Participation is always optional and should never be required to qualify for other services.

Nutrition Supports and Outreach & Education

If you are enrolled as an O&E Services provider, you can get paid for helping with nutrition-related tasks. This includes collecting nutrition information, connecting people with nutrition

education resources, and supporting Nutrition Benefit activities that meet O&E Services requirements. For details about what these services include, see OAR 410-120-2005 Table 8.

Provider responsibilities for Medically Tailored Meals

The main responsibilities when providing MTM include:

- **Creating a personalized nutrition care plan**: Work with each member to make a nutrition care plan just for them. Gather information like their nutrition history, lab results, and other medical details. The plan should include MTMs if needed for their health.
- **Helping members get MTM**: Make sure members who qualify receive the right meals, delivered to their homes. The menus must follow national or condition-specific nutrition guidelines and be approved by a registered dietitian.
- **Doing regular check-ins**: Check in with members regularly to see if their nutrition needs are still being met and if MTMs are helping their health.
- **Following the Nutrition Care Process**: All assessments and care plans should follow the Nutrition Care Process. This includes assessment, diagnosis, intervention, monitoring, and evaluation.
- **Keeping good records and following the rules**: Only provide MTMs if there is a referral from a medical professional, health plan, or as directed by OHA. Record all activities and outcomes as required.
- **Following nutrition guidelines,** like the Dietary Guidelines for Americans, or other proven, condition-specific protocols. For more details, check the relevant nutrition care resources and evidence-based manuals.
- **Documenting each assessment, care plan, and follow-up** in line with the Nutrition Care Process.

Note: Initial and follow-up assessments for MTMs are usually covered under standard OHP benefits, especially if the member's condition is on the OHP Prioritized List and Medical Nutrition Therapy is recommended. **If not covered by OHP**, Nutrition Benefits may be used. Children under EPSDT can also qualify for assessments if medically needed.

Provider responsibilities for Pantry Stocking

Table 27: Pantry Stocking Provider Responsibilities explains your main responsibilities when delivering Pantry Stocking services as part of the Nutrition Benefit.

Table 27: Pantry Stocking Provider Responsibilities

Responsibilities	Details
Adhere to National Nutrition and Food Safety Guidelines	Pantry Stocking services are for OHP members who have unmet food needs, meaning very low or low food security as defined by the United States Department of Agriculture. HRSN service providers who deliver these services should always use safe food handling practices. It is important to honor and include each member's cultural background and personal food choices when providing any Nutrition Benefits.
Understand and be able to administer the program	HRSN service providers offering this service must have the ability to administer and coordinate the service, including engaging with members to explain the service, having relationships with food retailers that will accept payment, and monitoring and overseeing use of the funds (for example, through prepaid cards or vouchers as applicable). Providers for the Pantry Stocking Benefit Card must provide a card restriction feature for any card or voucher program to ensure that only appropriate items can be purchased with the cards. Providers for Pantry Stocking Grocery Box must provide a variety of minimally processed whole foods (fruits and vegetables, healthy protein sources, seeds, nuts, breads and cereals, etc.) for weekly or biweekly deliveries and match the member's preferences when available
Meet qualifications and training standards	Make sure you have the right training and credentials. This means you should complete approved training courses. For more details on what qualifications are needed, see OAR 410-120-2030 Table 5.

Provider responsibilities for Fruit & Vegetable Supports

Table 28: Fruit & Vegetable Provider Responsibilities explains your main responsibilities when delivering the Fruit and Vegetable benefit as part of HRSN benefits.

Table 28: Fruit & Vegetable Provider Responsibilities

Responsibilities	Details
Adhere to National Nutrition and Food Safety Guidelines	Fruit & Vegetable Supports are for OHP members who have unmet food needs, meaning very low or low food security as defined by the United States Department of Agriculture. HRSN service providers who deliver these services should always use safe food handling practices. It is important to honor and include each member's cultural background and personal food choices when providing any Nutrition Benefits.
Understand and be able to administer the program	HRSN service providers must have the ability to administer and coordinate the service, including engaging with members to explain the service, having relationships with food retailers that will accept payment, and monitoring and overseeing use of the funds (for example, through prepaid cards or vouchers as applicable). Providers for the Fruit & Vegetable Benefit Card must provide a card restriction feature to ensure that only appropriate items can be purchased with the cards. Providers for the Fruit & Vegetable Box must provide a variety of minimally processed fruits and vegetables for weekly or biweekly deliveries and match members' preferences when available.
Meet qualifications and training standards	Make sure you have the right training and credentials. This means you should complete approved training courses. For more details on what qualifications are needed, see OAR 410-120-2030 Table 2.

Nutrition Benefits

To qualify for Nutrition Benefits, an OHP member must meet all eligibility requirements and provide documentation to support all the criteria. Applicants need to meet requirements across three key categories as shown in Table 29: Nutrition Benefits Eligibility Criteria.

Table 29: Nutrition Benefits Eligibility Criteria

Requirement Type	Details
Life Situation	**The member must be in at least one of these life situations:**

Requirement Type	Details
	• Released from incarceration (jail, detention, etc.) within the past 12 months. • Discharged from a mental health or substance use disorder treatment facility in the past 12 months. • Currently or formerly involved in Oregon's child welfare system (including foster care). • Transitioning from Medicaid-only to dual Medicaid and Medicare eligibility. • Experiencing homelessness. • Living in a household with an income at or below 30% of the area's average yearly income and lacking the resources or support necessary to prevent homelessness Income limits vary across the state and are updated annually on April 1. Current year data by state and locality can be found in the HUD user portal by choosing the appropriate year, selecting "Oregon" and refining by city or region. • Being a young adult (aged 19–20) living with a chronic health condition from childhood.
Clinical Risk Factor	**The member must have at least one of these:** • Complex physical health condition • Developmental or intellectual disability • Difficulty with self-care and daily activities • History of abuse or neglect • 65 or older • Under age 6 • Pregnant or gave birth in the past 12 months • Repeated use of emergency room or crisis services
Food Insecurity	Low or very low food insecurity based on the U.S. Household Food Security Survey Module: Six-Item Short Form.

Additional requirements are shown in Table 30: Medically Tailored Meals (MTM), Nutrition Education, Pantry Stocking, and Fruit & Vegetable Supports Eligibility Requirements for both MTM and Nutrition Education.

Table 30: Medically Tailored Meals (MTM), Nutrition Education, Pantry Stocking, and Fruit & Vegetable Supports Eligibility Requirements

Benefit Type	Requirement
Medically Tailored Meals	**To receive MTM:** • Applicants must meet all general HRSN eligibility criteria, including being part of a covered population and having a qualifying clinical risk. • Applicants must be screened by their health plan for low food security using the USDA Six-Item Short Form. • MTMs are only available to individuals living independently, not to those in facilities where meals are already provided. • Individuals must have a current nutrition care plan from a registered dietitian that specifically recommends MTM.
Nutrition Education	**To be eligible for Nutrition Education**: • Members must meet the general HRSN eligibility criteria and be covered under a qualifying population and clinical risk. • Members should be screened as having low food security. • Members must express interest in receiving Nutrition Education.
Pantry Stocking	• Members must meet the general HRSN eligibility criteria and be covered under a qualifying population and clinical risk. • Members should be screened as having low food security. • Members must be a child under 21, YSHCN, or pregnant. • Member must not reside in institutional settings that must provide residents with meals.
Fruit & Vegetable	• Members must meet the general HRSN eligibility criteria and be covered under a qualifying population and clinical risk.

Benefit Type	Requirement
	• Members should be screened as having low food security. • Member must not reside in institutional settings that must provide residents with meals.

Table 31: Nutrition Resources

Resource	Purpose
Nutrition Webpage	This webpage explains Nutrition Benefits, including what programs are available, who can receive benefits, and simple steps for finding healthy food resources.
Nutrition Factsheet	Lists programs and resources that can help people in Oregon get healthy food, like SNAP and WIC. It also gives information about who can get these benefits and where to find help if someone does not have enough food.

Chapter 9: Billing

This chapter provides a brief overview of billing for HRSN services and tips for billing Open Card. For detailed billing guidance, please contact the health plan you contract with or view the HRSN Billing Guide (listed under the **Resources** sidebar on the CCO Contracts page). Please also reference the current HRSN fee schedule on the HRSN Service Provider webpage to make sure your billing is correct. The HRSN fee schedule shows the highest amounts you can bill, the usual costs per unit, rates, and other important details.

How you bill and get paid depends on whether you serve Open Card members or people enrolled in a CCO.

- **Open Card providers**: If you serve Open Card (also known as fee-for-service or FFS) members, you'll use Ayin's online platform to submit invoices. This system is made for Open Card providers and is designed to make submitting and tracking claims easier.
- **CCO providers:** If you serve members in a CCO, contact the CCO you contract with to learn how to prepare and submit invoices. While the content in this chapter may be a helpful starting point, we encourage you to connect with your CCO directly as each CCO has its own rules and systems for submitting invoices. Working closely with your contracted CCO helps ensure your claims are submitted correctly and paid promptly.

Billing overview

Clear and efficient payment and billing processes are important for quality care and smooth operations in Medicaid. Oregon uses standard systems and rules to make sure all payments and claims are handled in a way that is fair, correct, and follows the law. Knowing how this works will help your organization understand how you get paid for services you deliver.

MMIS

The Medicaid Management Information System (MMIS) is an automated, statewide system that helps Medicaid programs process claims, enroll providers, and take care of other important tasks.

If you provide HRSN services, **you will not send invoices directly to MMIS**. For Open Card services, Ayin will submit your invoices to MMIS on your behalf. You'll also get updates about your payments through Remittance Advice (RA) documents and electronic 835 forms. If you work with a CCO, you'll send invoices directly to them. The CCO will then use MMIS to get reimbursed for any HRSN services they paid you for.

To learn more about the MMIS, consult CMS's MMIS Snapshot, which provides resources and an overview of its features, functions, and role in supporting Medicaid operations.

Remittance Advice

A **Remittance Advice (RA)** is a notice sent by OHA to Medicaid providers (including Open Card HRSN) that explains the status of your payment claims with OHP. Each RA shows which claims were paid, which were denied, and any adjustments made by OHA.

OHA sends a paper RA to HRSN Open Card providers every week, giving a summary of all claims processed during that time. You will keep getting these paper summaries unless you request them to stop via the MMIS Provider Portal. If you need help understanding your RA, including details about paid or denied claims, view the How to Read the Paper Remittance Advice resource for more information. You can also contact Ayin for support.

Providers also have the option to receive an electronic RA, called a HIPAA 835 Health Care Claim Payment/Advice or 835. This electronic format makes it easier for you to track payments, see the results of your claims, and keep your billing records up to date.

Fee schedule

A fee schedule is a list that shows the highest amount HRSN service providers can be paid for offering specific services. OHA sets this schedule so everyone knows exactly what payment to expect for each covered service, making the process clear and fair.

How payments work with the fee schedule:

- **If the member is enrolled in a CCO**: The CCO pays the provider for HRSN services. The payment amount must match the rates listed in the HRSN fee schedule.
- **If the member has Open Card**: OHA pays the provider directly, using the same rates found on the HRSN fee schedule.

You can find the HRSN fee schedules on the HRSN Service Provider webpage. We encourage you to review the latest version before sending your bill to ensure you're using the current rates. The fee schedule is one document but has sections for each HRSN service:

- **Procedure codes and modifiers**: Shows the codes and extra details you need for correct billing and claim submission.
- **Service descriptions and units**: Explains what each service covers and how billing units are measured.

- **Allowable costs/expected costs and rates**: Lists the highest reimbursement amounts or how payments are calculated.

Important reminders:

- Use the correct region and service type to make sure you get paid the right amount.
- Always use the most recent fee schedule, as payment rates can change.

Tips for billing Open Card

As an Open Card HRSN service provider, all invoices must be submitted using Ayin's secure online invoicing platform. Here's how to make the process easy and avoid problems.

- **Step-by-step assistance**: Use Ayin's comprehensive submission guide to help you fill out your invoice correctly.
- **Quick reference**: Before you send your invoice, look at the quick reference guide to make sure you've filled in everything that's needed.
- **Careful review**: Follow all platform instructions so your submission isn't rejected.

After you submit an Open Card claim

- **Invoice review**: Ayin will look over your invoice to make sure it's filled out correctly before sending it to MMIS for reimbursement.
- **Rejection notification**: If any issues are detected, you will receive an email from OHA explaining the reason for rejection.
- **Corrections and resubmission**: Make the necessary corrections and promptly resubmit your invoice using Ayin's platform to avoid further delays.

Note: OHA encourages Open Card providers to give MMIS Provider Portal clerk access to Ayin to help with HRSN billing challenges. Learn more in Giving Ayin Clerk Access in MMIS for HRSN Claims Assistance, which explains why it's important and how to provide access.

Common reimbursement issues

If you want to get paid quickly for your services, make sure your invoice is accurate and complete. Mistakes can cause payment delays or even denials. In Table 32: Common Reimbursement Issues, you'll find common problems that can slow down reimbursement and simple tips to help you avoid them.

Table 32: Common Reimbursement Issues

Common Issue	How to Avoid this Issue
#1: Services billed do not match authorization	**Double-check authorization details**: Before you send in your invoice, make sure the dates of service and type of service (like Housing or Nutrition) match what was approved. **Only bill for services you've completed**: Do not bill for any dates in the future or for services you haven't completed. Your invoice should only include the services you provided.
#2: Member is not eligible for billed service type	**Check member's health plan**: Before you provide any services or submit your invoice, make sure the member is enrolled in the correct health plan (either Open Card or with a CCO). If you bill the wrong plan, it can cause your claim to be denied.
#3: Invalid provider or member IDs	**Check IDs carefully**: Make sure you enter your provider ID and the member's ID exactly as they appear on the health plan records. Common mistakes like typos or using old ID numbers often lead to denied claims.

Quick reference checklist

- Match all details (service dates, type, etc.) to the authorization
- Bill only for services provided, not future dates
- Confirm member eligibility and plan enrollment (Open Card/CCO)
- Double-check all provider and member ID numbers

Need assistance? If you have questions or need help with your invoice, call Ayin's support team at (971) 428-2516, Monday through Friday, 8–5 p.m.

Chapter 11: Closed Loop Referrals and CIE

In this chapter, we'll learn about closed loop referrals and how HRSN service providers can use community information exchange (CIE) in the closed loop referral process.

- A **closed loop referral** is the process of exchanging information between and among health plans, OHA, members, HRSN service providers, and other similar organizations, to make referrals and communicate the status of referrals for a member.
- **CIE** technology is a tool HRSN service providers may use to share information and make closed loop referrals. It plays a central role in connecting members, health plans, and HRSN service providers.

Closed loop referral requirements

General requirements

Oregon's 2022-2027 1115 Medicaid Demonstration Waiver requires the use of closed loop referrals to support HRSN service delivery.

Health plans may use various methods to meet the closed loop referral requirements with their providers, such as email and/or a CIE. Health plans must clearly publish the acceptable methods for sending closed loop referrals for HRSN services on a public-facing webpage.

Provider requirements

As an HRSN service provider, you are responsible for meeting all requirements of the closed loop referral process, including:

- **Responding to referrals**: Notifying the health plan when you accept or decline an HRSN service referral for an authorized member. This should be done within a reasonable timeframe, based on the circumstances of the HRSN service need.
- **Updating service status**: Notifying the health plan when you have provided HRSN services to an authorized member or when HRSN services could not be provided, including the reason.

Community information exchange (CIE)

CIEs are technology systems used by a network of partners to exchange information for the purpose of connecting individuals to the services and supports they need.

You may recognize CIE systems by names such as:

- **Unite Us/Connect Oregon**
- **FindHelp/Healthy Klamath Connect** (only available in Klamath County)

All CCOs in Oregon have bought CIE systems, making them available in all counties for CCO members. To learn more about CIE, review the CIE Opportunity for HRSN Service Providers and Community Partners flyer (Español). To sign up for CIE, contact your local CCO.

CIE requirements and exceptions

While there is not an OHA requirement to use CIE, CCOs may choose to require HRSN service providers to use CIE for closed loop referrals. If a CCO decides to require CIE, they must have an exceptions process in place for providers who cannot participate in CIE and for whom available supports are not enough.

CCOs may consider exceptions for providers who:

- Serve linguistically or culturally specific populations
- Serve a geographic area with provider shortages
- Have staffing capacity limitations that make CIE use incompatible with HRSN service provision
- Lack technology to access CIE AND
- Cannot overcome these barriers even with additional CCO support

Note: HRSN service providers are still responsible for all steps of the closed loop referral process, regardless of what method is used for the referral.

CIE and HRSN

CIE can support many steps in the HRSN service delivery process, including:

- **Documenting consent**: Members must provide consent for their data to be included in CIE, and this consent is documented in CIE. Members may opt out of CIE participation and still receive HRSN services.
- **Send HRSN service requests and authorization**: Depending on the health plan, you may be able to send HRSN service requests through a web form or within the CIE system. Some CCOs send authorizations for services to HRSN service providers through CIE.
- **Closed loop referrals**: After HRSN services are authorized by the health plan they can send an HRSN referral to you through CIE. You can accept or decline the referral in CIE to notify the health plan of your ability to provide services. You can also update service status in CIE when services are delivered or when they cannot be provided, including the reason.
- **Invoicing**: Some CCOs allow providers to submit invoices for HRSN services directly through CIE.

Figure 3: CIE Facilitation of a Closed Loop Referral

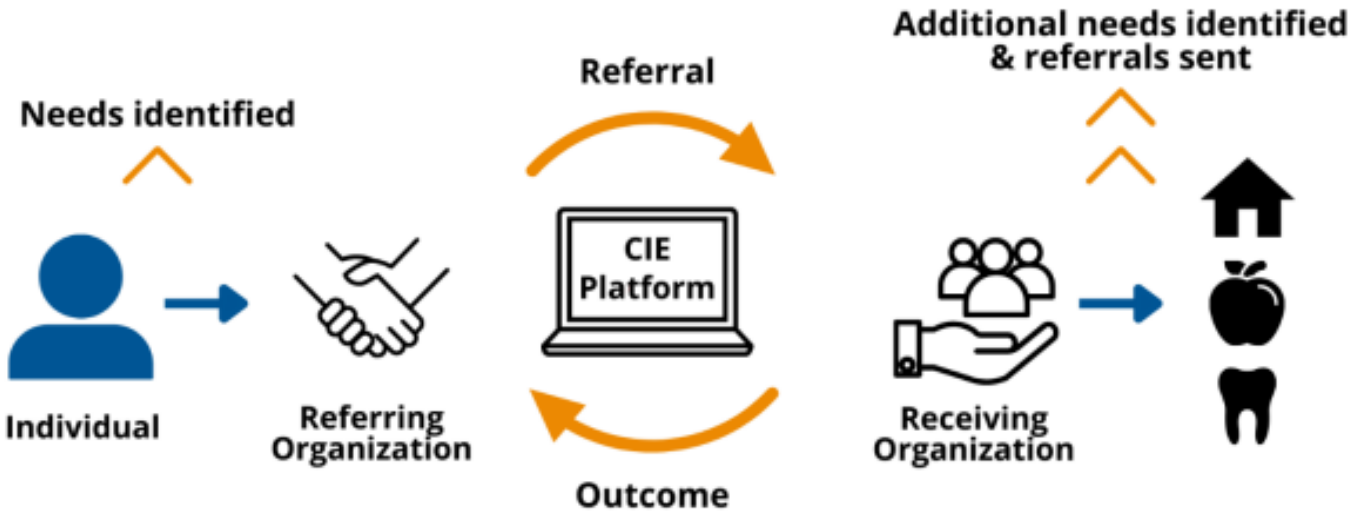


Table 33: CIE Resources

Resource	Details
Contact your health plan	CCO Contact Information Acentra: ORHRSN@acentra.com or 888-834-4304
Connect Oregon/Unite Us	Website: https://uniteus.com/networks/oregon/ Join the Unite Us Network / Contact information: https://uniteus.com/contact
FindHelp	Website: www.findhelp.org Join the FindHelp Network: https://company.findhelp.com/products/the-findhelp-network/ Contact information: https://company.findhelp.com/about/contact/
General OHA CIE information	OHA CIE Overview OHA CIE Team Contact Information: CIE.info@odhsoha.oregon.gov CIE Opportunity for HRSN Service Providers and Community Partners (English and Spanish) CIE to Support Oregon's 1115 Medicaid Waiver Informational Brief

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the HRSN program at HRSN.Program@oha.oregon.gov or 503-945-5772. We accept all relay calls.

Medicaid Division
1115 Waiver Strategic Operations Team
503-945-5772
https://www.oregon.gov/OHA/HSD/Medicaid-Policy/Pages/HRSN-Providers.aspx