

HEALTH-RELATED SOCIAL NEEDS (HRSN)





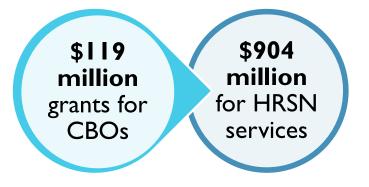
OREGON'S 1115 MEDICAID WAIVER

The State applies to renew its waiver with the Centers for Medicare and Medicaid Services (CMS) every five years. CMS can accept or reject proposals. Oregon's most recent 1115 Waiver was approved for October 2022 September 2027. This waiver includes HRSN services.

Waiver Goals



HRSN-Specific Funding Components



WHAT ARE HEALTH-RELATED SOCIAL NEEDS?

Health-Related Social Needs (HRSN): The social and economic needs that impact an individual's ability to maintain their health and well-being. For example, affordable housing and utilities, diverse healthy foods, and support accessing benefit programs.



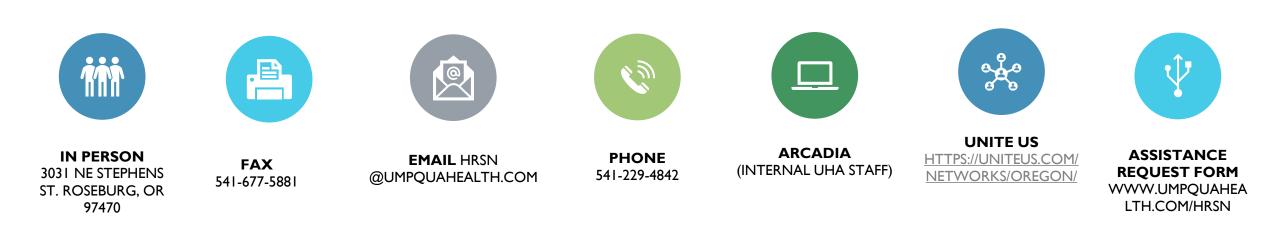
WHO CAN REQUEST HRSN SERVICES?



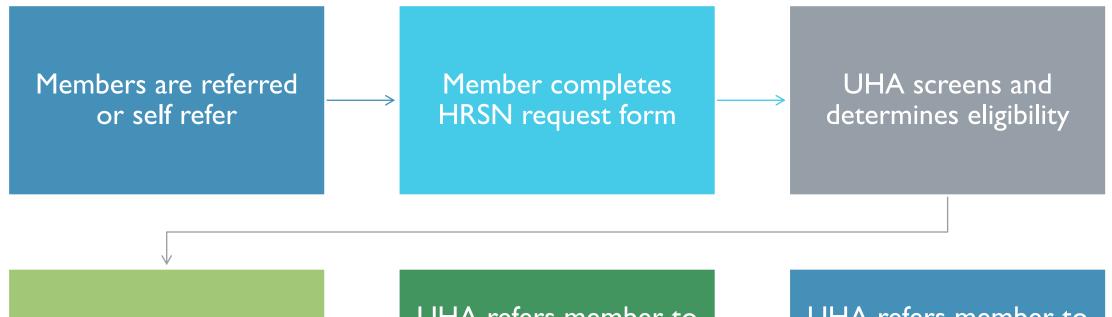
CLINICAL (PROVIDERS, PRIMARY CARE TEAMS, SPECIALISTS, AND OTHER HEALTH CARE PROVIDERS) NON-CLINICAL (I.E., CARE COORDINATORS, PATIENT NAVIGATORS, COMMUNITY HEALTH WORKERS, COMMUNITY PARTNERS, MEMBERS, OR REPRESENTATIVES)

Member Journey: Accessing Health Related Social Needs (HRSN) Services A Guide to Help Oregon Health Plan Members

HOW DOES UHA ACCEPT HRSN SERVICE REQUESTS?



HOW ARE HRSN SERVICES RECEIVED



UHA authorizes the service

UHA refers member to HRSN Service Provider for ordering and delivery of the service UHA refers member to Care Coordination for Person-Center Service Plan

HRSN CLIMATE SUPPORTS

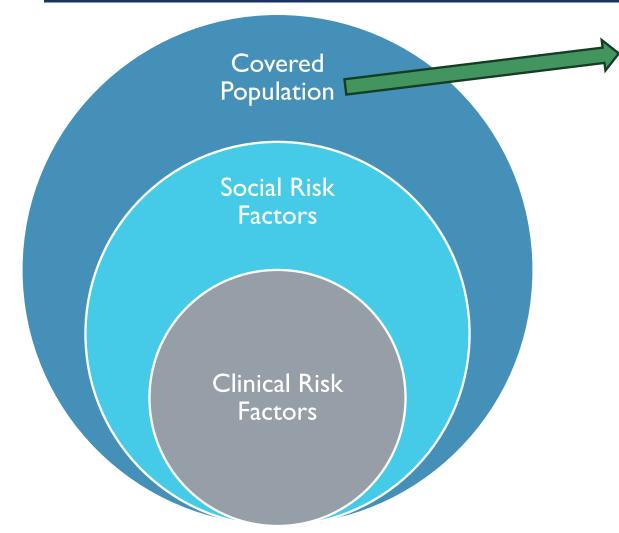
WHAT'S INCLUDED IN HRSN CLIMATE SUPPORTS?



CRITERIA

- OHA & CCO CONTRACT
- OAR 410-120-2000
- APPROVED HRSN SERVICES PROTOCOL
- HRSN CCO GUIDANCE DOCUMENT, SEPTEMBER 7, 2024

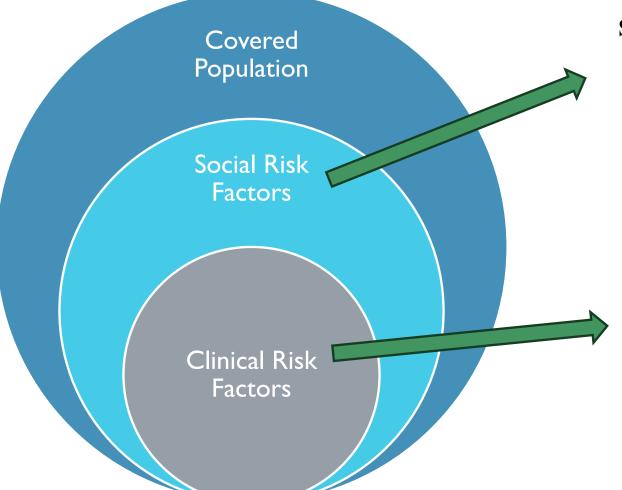
WHO CAN RECEIVE HRSN CLIMATE SERVICES?



Covered Population

- Young Adults with Special Health Care Needs (YSCHN)
- Adults and youth discharged from an Institution for Mental Disease (IMD)
- Adults and youths released from incarceration
- Youth involved with child welfare
- Individuals transitioning to Dual Status
- Individuals who are homeless or at risk of homeless

WHO CAN RECEIVE HRSN SERVICES?



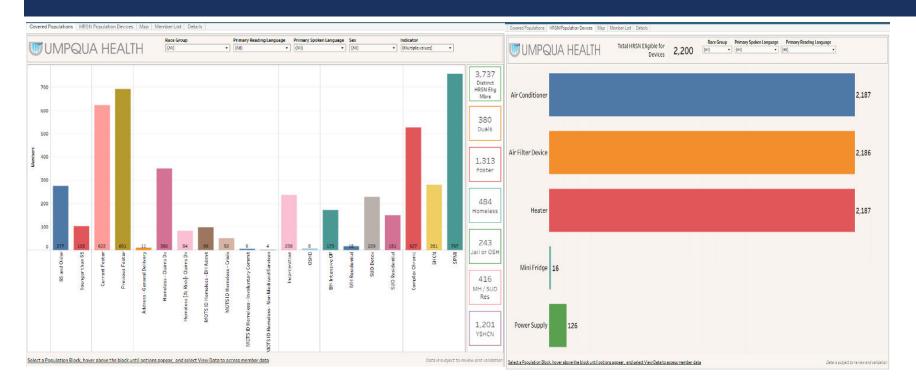
Social Risk Factor

An individual who resides in their own home or noninstitutional primary residence and for whom an air conditioner, heater, air filtration device, portable power supply (PPSs), and/or refrigeration units for medications is Clinically Appropriate as a component of health services treatment or prevention.

Clinical Risk Factors

Each device requires its own conditions. See Service Protocol document approved by CMS.

HRSN TABLEAU DASHBOARDS



- Compiles Data from CIM and Arcadia to pre-identify members that meet criteria for HRSN Climate Devices
- Useful in the review process, as well as identifying members for outreach and engagement.

HRSN HOUSING SUPPORTS

NOVEMBER 2024



WHAT'S INCLUDED IN HRSN HOUSING SUPPORTS?



- Rent
- Storage Fees
- Renters insurance
- Temporary Housing



- Medically Necessary Home Modifications:
- Wheelchair Ramp
- Grab Bar
- Pest Eradication
- Chore Services
- Installation of
 washable curtains



One-time transition and moving costs and housing deposits



Tenancy Supports

- Pre-tenancy and housing transition navigation services
 - Housing Applications
- Tenancy sustaining services
 - \circ **Eviction**
 - prevention



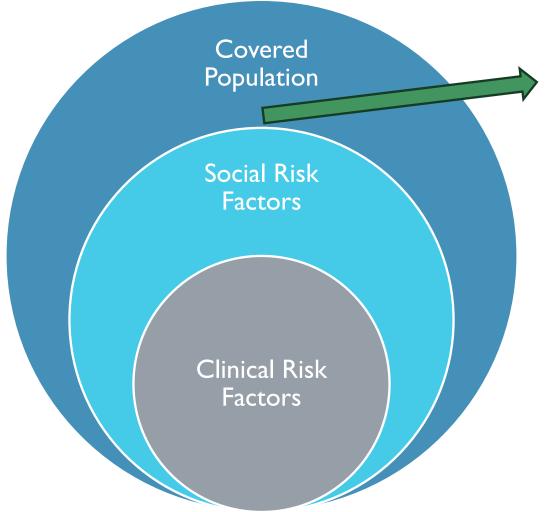
Utility Costs:

- Garbage
- Water
- Sewage
- Recycling
- Gas
- Electric
- Phone

LIMITS

- Up to 6 months (Rent, Utilities, Hotel/Motel Stays, Storage Fees)
- Utility assistance is only available for members receiving rental assistance
- Can include arrears and ongoing costs
- Once per household with eligible member/s over the lifetime of the demonstration (September 2022-August 2027)

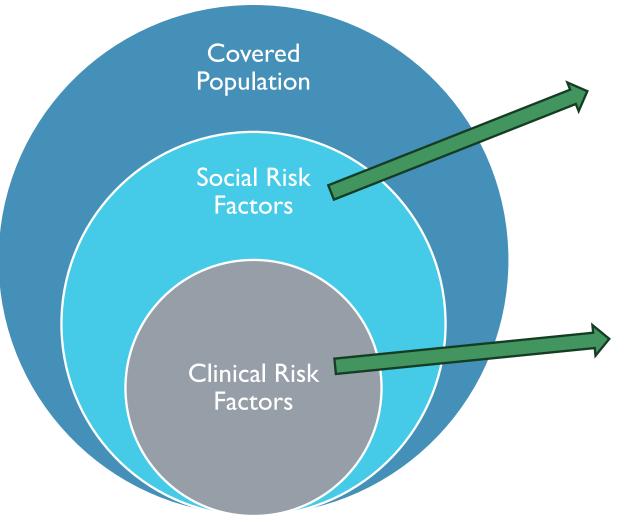
WHO CAN RECEIVE HRSN HOUSING SERVICES?



Covered Population

- Young Adults with Special Health Care Needs (YSCHN)
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- Adults and youths released from incarceration
- Individuals involved with child welfare
- Individuals transitioning to Dual Status
 - Individuals who are homeless or at risk of homeless *Definition*: "At Risk of Homelessness" means a Member who:
 1. Has an income that is 30% or less than the area median income where the individual resides according to the most recent available data from the U.S. Department of Housing and Urban Development;
 - 2. Lacks sufficient resources or support networks to prevent homelessness; and,
 - 3. Meets any HRSN Housing and Nutrition Clinical Risk Factor. Note: This definition has been updated for clarity from the definition included in the HRSN Services Protocol (Released February 1, 2024).

WHO CAN RECEIVE HRSN HOUSING SERVICES?



Social Risk Factors

- Individuals who are homeless or at risk of homelessness, or
- Have a housing related need for clinically appropriate home modification/remediation service

Clinical Risk Factors

- Complex Behavioral Health Need
- Developmental Disability Need
- Complex Physical Health Need
- Needs assistance with ADLs/IADLs or Eligible for Long-Term Service Supports (LTSS)
- Interpersonal Violence Experience
- Repeated Emergency Department Use and Crisis Encounters
- Pregnant/Postpartum
- Children Less than 6 Years of age with risk factors
- Adults over 65 with risk factors
- Young Adults with Special Healthcare Needs

HRSN HOUSING CRITERIA AND DOCUMENTATION

CRITERIA

- OHA & CCO Contract
- OAR 410-120-2005
- Approved HRSN Services Protocol
- HRSN CCO Guidance Document, September 7, 2024

DOCUMENTATION

- Written Housing Agreement
- Income for all adults in the household
 - Pay stubs
 - Benefit statements
 - Unemployment statements
 - Employer verification (written statement or oral report).
 - Signed and dated self-declaration from applicant, with documented attempts to obtain 3rd party verification
 - Utility Bills

HRSN NUTRITION SUPPORTS



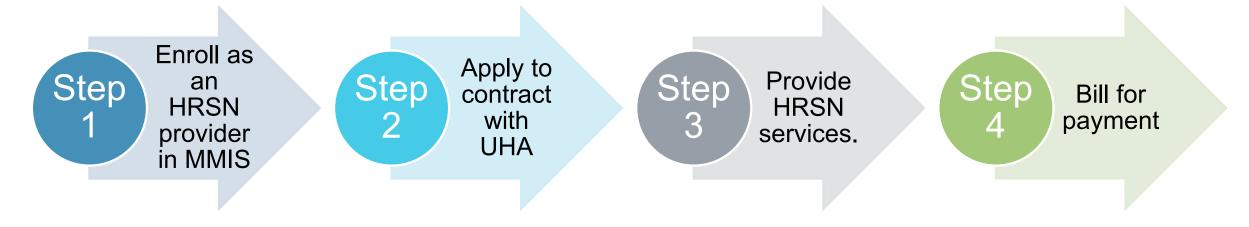
Criteria is still under review by OHA

HRSN SERVICE PROVIDERS

HRSN SERVICE PROVIDERS

HRSN providers are organizations that will provide HRSN services in a way that is culturally and linguistically appropriate, responsive and trauma-informed. All contracted HRSN Service Providers must meet certain provider qualifications.

HOW TO BECOME AN HRSN SERVICE PROVIDER



Read the HRSN Provider Journey for more details

HRSN CONNECTORS

HRSN CONNECTORS

Connectors are people and organizations that help people in their community find medical and nonmedical benefits—like these new climate, housing, and nutrition services, as well as other peer, social, educational, and legal services. Some connectors help people fill out forms and connect with care coordinators.

HRSN RESOURCES

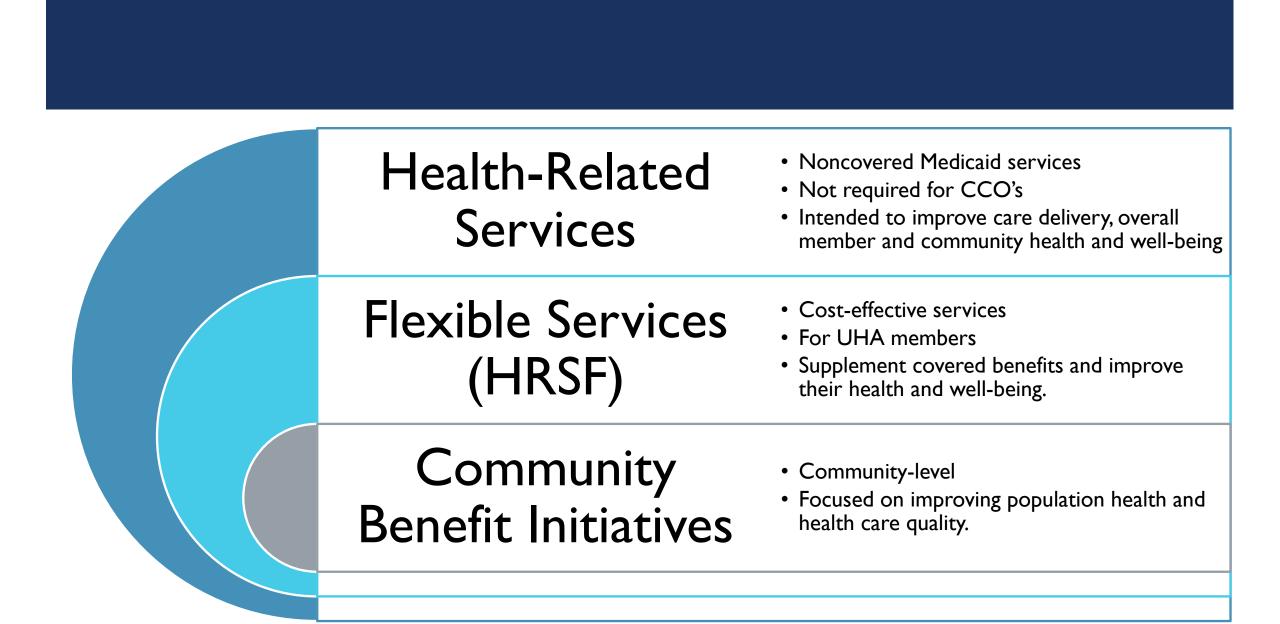
- Oregon Health Plan (OHP) Climate
 <u>Supports</u>
- HRSN Devices Fee Schedule
- Oregon Health Authority HRSN <u>Website</u>
- Outreach and Engagement Fact Sheet
- <u>Climate support FAQ</u>: English



HEALTH-RELATED FLEXIBLE SERVICES (HRSF)

PROGRAM OVERVIEW





WHAT IS COVERED UNDER HRSF?

Care coordination, navigation or case management activities not otherwise covered Education to members and the community for health (health improvement, early childhood education, language and literacy, high school graduation);

Food services and supports, (vouchers, meal delivery, farmers market in a food desert); Housing services and supports, (temporary housing or shelter, utilities, critical repairs, environmental remediation, including lead);

Items for the living environment, not otherwise covered (items to improve mobility, air conditioner, athletic shoes, other specialized clothing); Transportation services and supports not otherwise covered (transportation for groceries or non-medical appointments related to individual social needs) Trauma-informed services and supports (implementing traumainformed care across sectors, adverse childhood experiences training in schools)

Other non-covered medical services; (medical services which would otherwise be on above-the-line medical services).

UHA HRSF EXAMPLES

shelters enrichment furniture/home shelter tailored products home language hygiene classes prevention utility modifications/repairs foc houseless produce spiritual prepared events assistance/repairs expense clothing devices transportation tuition supplies legal assistance meals housing development goods wellness degrees/certifications emergency climate pantry medically caregiving toiletries/person

WHAT IS NOT COVERED UNDER HRSF?

Covered services for an OHP member	Administrative support the covered s	delivery of	Coordinated Care Organization (CCO) contractual requirements, suc as ensuring an adequate provider network or require care coordination for covere services	ed
Provider workforce or certification training	Building new I other capital activi	investment	Services that do not demonstrate they improve overall member health as determined by the requirements	
sustainable (i.e not have a	that aren't . member does way to pay er assistance is ived)	(including self improvemen	ns for funding pay) or health t without the vice	

UHA HRSF EXAMPLES OF NOT COVERED SERVICES

DME supplies	Credit Card debt	New cars	Car repairs when member is not employed	Additional fee's or not sustainable
Hoteling without a secured permanent housing	Personal gym equipment	Computers/Tablets	Formula	Pool ladder
Vacuum	GPS	Childcare	Court fees	Dishwasher







CLINICAL (PROVIDERS, PRIMARY CARE TEAMS, SPECIALISTS, AND OTHER HEALTH CARE PROVIDERS)

(I.E., CARE COORDINATORS, PATIENT NAVIGATORS, COMMUNITY HEALTH WORKERS, COMMUNITY PARTNERS, MEMBERS, OR REPRESENTATIVES)

NON-CLINICAL

HOW DOES UHA ACCEPT FLEXIBLE SERVICE REQUESTS?

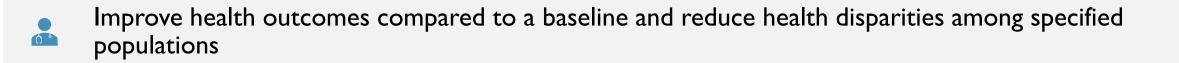


CONTRACTED PROVIDERS TO CONTACT DIRECTLY FOR SERVICES



REQUIREMENT SOURCES FOR HRSF

Health-related services must meet requirements for activities that improve health care quality (<u>45</u> <u>CFR 158.150</u>); Health-related services are defined by Oregon Administrative Rules (<u>OAR 410-141-</u> <u>3500</u> and <u>410-141-3845</u>), the <u>1115</u> <u>waiver special terms and</u> <u>conditions</u>, and federal regulations. CCOs are required to report annual HRS spending to OHA through their Exhibit L Financial Reports. OHA reviews the annual CCO Exhibit L HRS expenditures to ensure expenditures meet HRS criteria.



U[®]

Prevent avoidable hospital readmissions through a comprehensive program for hospital discharge



Improve patient safety, reduce medical errors, and lower infection and mortality rates



Implement, promote and increase wellness and health activities



Support expenditures related to health information technology and meaningful use requirements which promote clinic community linkage and/or referral processes.

OHA HRSF REQUIREMENTS: MUST MEET ALL BELOW



Be designed to improve health quality.



Increase the likelihood of desired health outcomes in ways that are capable of being objectively measured and produce verifiable results and achievements.



Be directed to the UHA member without additional costs.



Be grounded in evidence-based medicine, widely accepted best clinical practice or criteria issued by accreditation bodies, recognized professional medical associations, government agencies or other national health care quality organizations.

REQUEST FORM DOCUMENTATION OVERVIEW

The request should address the following:

- Alternative funding resources tried and the outcome.
- Improvement of outcomes, or prevention of deterioration.
- Sustainability (showing that the member can cover the cost in the future).

Consistent with the requirements above, UHA will review the request and any submitted documentation for:

- Ability to improve care;
- Validation that no cost sharing is required; and
- That no administrative burden is imposed on the member or community.

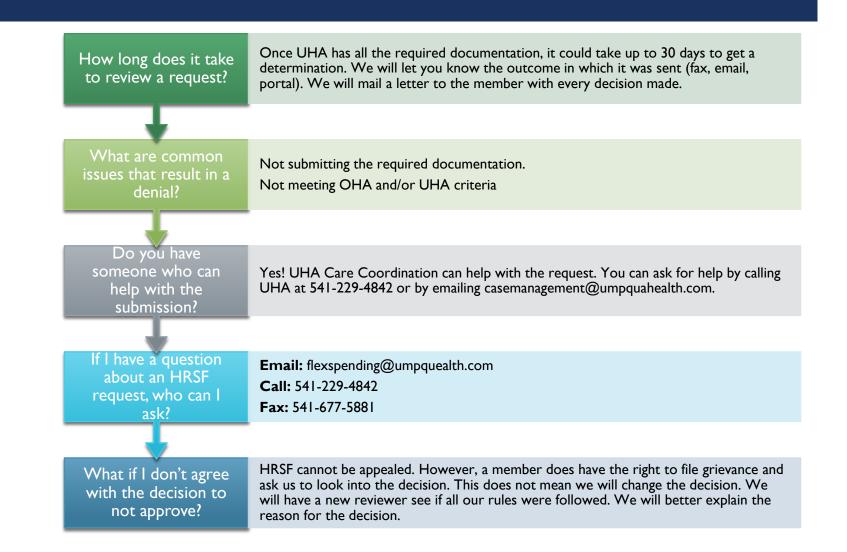
UHA will review the request to confirm the following are met:

- Are non-covered services.
- Health related.
- Consistent with the member's treatment plan
- Likely to improve health outcomes and prevent or delay health deterioration.
- Payer of last resort no other community resource can provide the service.

REQUIRED **SUPPORTING** DOCUMENTATION

ORTING CUMENTATION	A RECENT W9 FOR THE VENDOR RECEIVING PAYMENT	LEDGER IND MUCH IS DU	DICE AND/OR ICATING HOW E AND/OR PAST UE	PROOF OF INCOME (MOST RECENT 60 DAYS FOR ALL ADULTS LIVING IN THE HOUSEHOLD)
	THREE (3) BIDS OR ESTIMATED COST OF TH REPAIR (AS APPLICABLE)	PROOF OF C	REEMENT OR DWNERSHIP (AS CABLE)	CHART NOTES TO SUPPORT YOU HAVE A HEALTH CONDITION AS LISTED BELOW
<u>https://www.umpquahealth.com/hrsflex</u>		OR TREATMENT I FROM YOUR IDER OR CASE ANAGER	EVIDENCE-BASED CRITERIA, MEDICAL JUSTIFICATION, OR PROOF THAT THE SERVICE/ITEM WILL HELP YOUR HEALTH OUTCOMES	

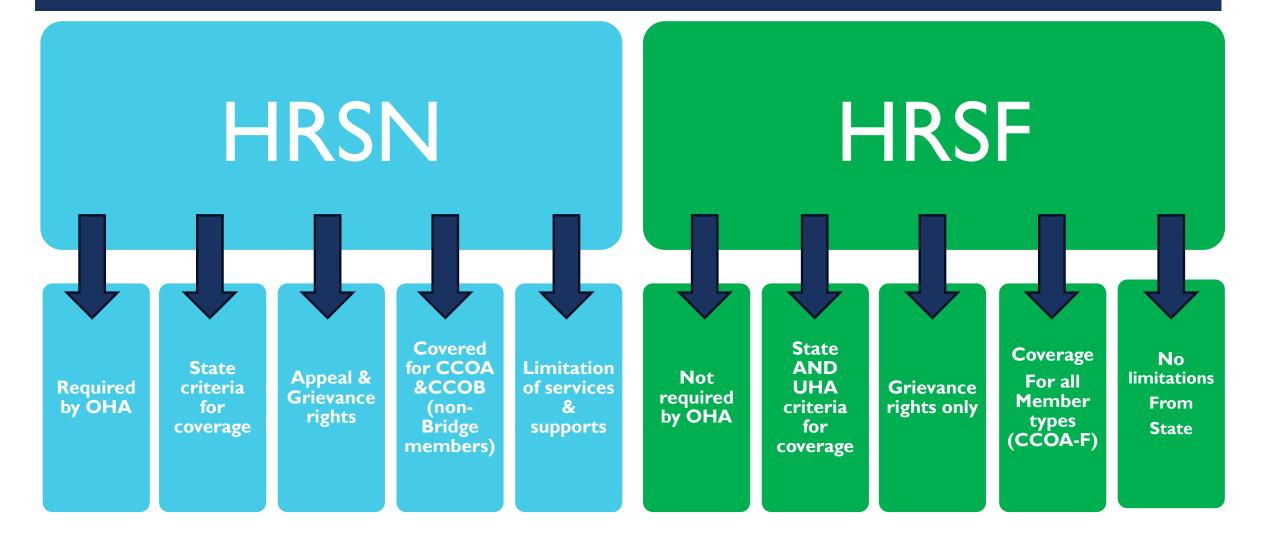
HRSF FREQUENTLY ASKED QUESTIONS (FAQ)



HRSF RESOURCES

- Health-Related Services Brief (updated November 2022) – Defines health-related services, describes examples of health-related services used among CCOs, and explains how OHA incorporates health-related services into CCO payments.
- Health-Related Services FAQ (updated December 2023) – Answers frequently asked questions (FAQ) about health-related services. This FAQ will be updated as additional questions are addressed.
- OHA Website for webinars, examples, supporting studies: <u>https://www.oregon.gov/oha/hpa/dsi-</u> <u>tc/pages/health-related-services.aspx</u>
- UHA HRSF Policy: <u>https://www.oregon.gov/oha/HPA/dsi-</u> tc/2020ccohrspp/UHA-HRS-Policy.pdf
- UHA website: www.umpquahealth.com/flex

DIFFERENCES BETWEEN HRSN AND HRSF



DIFFERENCES BETWEEN HRSN AND HRSF

WHAT COMES FIRST?

HRSN should be requested before HRSF for services that are covered by both programs (for CCOA/CCOB members)

 Climate devices that are submitted for HRSN are reviewed for HRSF simultaneously, if they do not meet HRSN population criteria. Members do not have to submit a request for both programs.