

Social Needs Assistance Guidelines

Last Revised: October 31, 2024



CareOregon®

Table of Contents

CareOregon Social Needs Assistance Guidelines	1
Types of Social Needs Assistance	1
How the assistance is funded	1
Purpose of the Guidelines	1
How to use the Guidelines.....	2
Housing Support	2
Eligibility	2
Qualifying medical conditions and life situations	2
Available items and services	3
Climate devices.....	7
Eligibility	7
Available items and services.....	7
Other social supports.....	12
Eligibility	12
Available items and services.....	12
Exclusions	12

CareOregon Social Needs Assistance Guidelines

From a healthcare perspective, social needs include things like having enough food, transportation, a stable place to live, education, friends to support you, and access to water and electricity. When you don't have enough of these things, it can harm both your body and mind. For instance, if you can't go to your doctor, can't get fresh food, or your utilities are turned off, it can make life very stressful and hurt your health.

When you do have what you need, like food and a safe place to live, it can help you stay healthy and feel better overall. Meeting these social needs is really important for your mental and emotional health. It helps you build good relationships and be part of your community. These things make a big difference in how happy and connected you feel in society.

Types of Social Needs Assistance

CareOregon's Social Needs Assistance consists of:

- Housing support
- Climate devices
- Other social supports that are not covered under your Oregon Health Plan (OHP) benefits

In the future, we will expand to include Nutrition support and expanded benefits for housing support.

How the assistance is funded

CareOregon's Social Needs Assistance consists of both OHP benefits and our program that helps cover what the OHP does not.

Health Related Social Needs (HRSN) is a new Medicaid benefit for members on the Oregon Health Plan that will be introduced in waves, starting in 2024 and continuing into 2025. This benefit provides a specific set of climate, housing and nutrition items/services. Eligibility is determined by a qualifying health condition, life transition and/or criteria set by the Oregon Health Authority (OHA).

Health Related Service Fund (HRSF), or "Flex" is an existing Medicaid program that helps fulfill a need that standard benefits don't cover. HRSF provides a range of services or items. Eligibility is determined on an individual basis by a member's diagnosis and treatment plan, and if the service or item being requested will improve their health outcomes.

CareOregon will determine whether your request is eligible for either HRSN or HRSF based upon the information you provide when you apply.

Purpose of the Guidelines

This CareOregon Social Needs Assistance Guidelines document was created to inform members about the specific qualifications that are needed to access services and items that can help make life easier. These include any medical conditions, life situations/transitions and social risk factors that members may be experiencing. Knowing what qualifications are needed BEFORE you apply for any service or item will help when filling out your application.

How to use the Guidelines

This document is broken out into different categories based upon what your needs may be. Each section has information on qualifications and what is and isn't available. Although some of these qualifications can make a member eligible across several categories, it is best to focus on the one you want to choose for the most accurate information.

Housing Support

Eligibility

To be eligible for housing support, all of the following must apply:

- You must be a current member
- You are not able to get the item/service through any other benefit or means
- You must have a current medical condition or life situation such as those described below

Qualifying medical conditions and life situations

Below is a list of the medical and social risk factors, as well as the life transitions that qualify for getting housing support:

- **Adults age 65 and older** with two or more chronic health conditions, or risk for malnutrition, dehydration, abuse, neglect, etc.
- Behavioral health problems that are **serious mental health or substance use issues** that need help to manage. These are problems that can be long-lasting, get worse over time, or even be life-threatening. They require treatment and support to stay stable, avoid getting worse, or to stay healthy and they make it hard to afford a place to live
 - Examples include: Bipolar disorder, schizophrenia and major depressive disorder requiring inpatient care within the last 12 months
- **Physical and oral health acute and chronic conditions** that are persistent, disabling, progressive, or life-threatening, and require treatment for stabilization or prevention of an exacerbation that impacts the ability to pay for housing
 - Examples include ALS, Parkinson's, chronic kidney disease, chronic heart disease, Lupus, Multiple Sclerosis, insulin dependent diabetes, emphysema, meningitis, members receiving hospice care, dialysis, and members that are immunosuppressed or currently receiving treatment for cancer
- Members with a history of **involvement in child welfare**
- Members who are experiencing or **have experienced interpersonal violence (IPV)**, including domestic violence (DV), sexual violence (SV), or psychological violence
- Members that are **pregnant or within 12 months postpartum** and receiving treatment or risk for infection, High risk pregnancy, history of pregnancy complications, abuse, malnutrition, multiple pregnancy, mental health condition or significant life stress, adversity or trauma
- **Children under age 6** with current health risks, life or family stress, or a mental health condition
- Members with an **Intellectual Disability or Developmental Disability** that requires services or supports to achieve and maintain care goals and that impacts their ability to pay for housing

- Members who **need assistance with one or more activities of daily living** and/or are eligible for Medicaid funded Long Term Services and Supports due to their medical condition
 - Examples of qualifying medical conditions include vascular dementia, Huntington’s disease, Muscular Dystrophy, Alzheimer’s, cerebral palsy, blindness, wheelchair dependence, pervasive developmental disorders, etc.
- Members with two (2) or more **Emergency department visits** and/or crisis encounters in the past six (6) months
- **Young adults with special health care needs** associated with complex medical conditions, serious mental health issues, elevated service needs, etc.

Available items and services

Services and items	Limitations	Exclusions
<p><u>Rent</u> Payment to cover a member’s cost of recurring rent or past due rent, including:</p> <ul style="list-style-type: none"> • Rent payment • Renter’s insurance if required by the lease • Landlord paid utilities that are not duplicative of utility assistance support <p>Rent payments can be provided for the following housing types:</p> <ul style="list-style-type: none"> • Apartment units, single room occupancy units, single or multifamily homes • Mobile home communities • Accessory dwelling units (ADUs) • Co-housing communities • Middle housing types (e.g., duplex, triplex) • Trailers, manufactured homes or manufactured home lots • Permanent supportive housing or other housing with a lease or written agreement 	<ul style="list-style-type: none"> • Up to three (3) months (HRSF) and six (6) months (HRSN) of rent assistance for the household • Available once every three (3) years • Limited to current amount owed, including any back rent • The requesting member’s name must be on a lease agreement • Must provide documentation demonstrating ability to pay rent in the future* <p>*applies to HRSF funding only</p>	<ul style="list-style-type: none"> • Pet fees (including emotional support animals) • Parking fees • Amenity fees • Landlord-paid taxes • Any homeowner costs, including mortgages • Property insurance • Rent payments to roommates or other health plan members
<p><u>Hotels/motels</u> Payment to cover costs for hotel or motel stays.</p>	<p>Members are eligible to receive support in the following situations:</p> <ul style="list-style-type: none"> • Post hospitalization: <ul style="list-style-type: none"> ◦ Up to three (3) months of motel expenses paid with a clinical need that requires motel/hotel stay 	<ul style="list-style-type: none"> • Pet fees • Parking fees • Amenity fees

Services and items	Limitations	Exclusions
	<p>to stabilize after hospital discharge</p> <ul style="list-style-type: none"> ○ Required to have outpatient follow up treatment plan ○ Available once per eligible hospitalization <ul style="list-style-type: none"> ● Extreme weather events: <ul style="list-style-type: none"> ○ Members with a health condition that would be exacerbated by an extreme weather event ○ Up to seven (7) days of motel expenses during extreme weather ○ Available once per event ● Transitioning from homelessness with move-in date within three (3) months: <ul style="list-style-type: none"> ○ Members who are experiencing homelessness and have a move-in date to permanent or transitional housing ○ Up to three (3) months ○ Available once per move ● Inability to remain in home during approved home remediations/modifications 	
<p>Utilities Payment to cover set-up or restart costs, or past-due or future-due utilities:</p> <ul style="list-style-type: none"> ● Garbage ● Water ● Sewage ● Recycling ● Gas ● Electric ● Internet ● Phone 	<ul style="list-style-type: none"> ● Up to six (6) months of utility assistance for payments that are past- or forward-due ● Available once every three (3) years 	<ul style="list-style-type: none"> ● Utility bills not in the member's name (e.g., utility bill in roommate's name). Member must submit documentation to verify that the address for service completion is the member's primary address. ● Homeowner utility fees

Services and items	Limitations	Exclusions
<p><u>Home modifications</u> Provision of home modifications within the member’s current place of residence to eliminate known home-based health and safety risks and ensure the member’s living environment can accommodate their functional, health, or safety needs. Includes the following services:</p> <ul style="list-style-type: none"> • Ramps • Grip bars • Door and cabinet handles for members having difficulty due to dexterity issues <p>Landlords must provide written consent to the service. Any modifications requiring a permit must comply with local code.</p>	<p>Can occur as needed in member’s current place of residence</p>	<ul style="list-style-type: none"> • Home accessibility modifications that are the landlord’s responsibility to resolve (i.e., unsafe conditions, disrepair) • Home modifications made exclusively for preference, design, or style. • Any of the following modifications: <ul style="list-style-type: none"> ○ Roof repairs or updates ○ Appliance updates ○ Heating and cooling installation ○ Skylights and windows ○ Hot water tanks • Adaptations that add to the total square footage of the home • General repair or maintenance and upkeep required for the home • Material upgrades or supplemental payments to the provider by landlord or informal supports
<p><u>Storage fees</u> Payment for storage of personal property to facilitate moving or a transition period so that the member’s belongings may be safely and securely transferred or held. This may include storing the following types of personal belongings:</p> <ul style="list-style-type: none"> • Appliances • Furniture • Bedding • Clothing • Identification documentation 	<ul style="list-style-type: none"> • Up to six (6) months of storage fees • Members must either have an upcoming move or be entering a short-term residential treatment program and need a place to store items in the short-term • Available once every three (3) years 	<ul style="list-style-type: none"> • Storage fees for other types or items or non-commercial storage units

Services and items	Limitations	Exclusions
<p>Items must be stored at commercial storage units, including self-storage and portable moving and storage solutions (e.g., PODS, U-Box).</p>		
<p><u>Housing remediation</u> Medically necessary home remediation services to eliminate known home-based health and safety risks and ensure the member’s health and safety in the living environment. Includes the following services:</p> <ul style="list-style-type: none"> • Pest eradication • Installation of washable curtains or synthetic blinds to prevent allergens • Chore service, including the following: <ul style="list-style-type: none"> ○ Heavy housecleaning to ensure the member can safely navigate in the home ○ Removal of hazardous waste, debris, or dirt from the home ○ Removal of yard hazards to ensure the outside of the home is safe for entry and exit 	<ul style="list-style-type: none"> • Chore services accessed as a one-time event. No limit on other services • Available once every three (3) years 	<ul style="list-style-type: none"> • Remediation services that are contractually the landlord’s responsibility, such as mold and pest eradication • Remediation services not directly related to eliminating home-based health and safety risks • Remediations that add to the total square footage of the house • General repair or maintenance and upkeep of the home • Material upgrades or supplemental payments to the provider by landlords or informal supports • Chore services do not include <ul style="list-style-type: none"> ○ General housekeeping ○ Removal of debris that does not impede the member from safety traversing within the home, or entering or exiting ○ Removing items that do not present a potential fire hazard

Services and items	Limitations	Exclusions
<p><u>Moving Expenses</u> Includes assistance needed to prepare for or support a move.</p>	<ul style="list-style-type: none"> Once per move Maximum amount \$1,200 	<ul style="list-style-type: none"> Does not cover out of state moves

Climate devices

Eligibility

To be eligible for housing support, all of the following must apply:

- You must be a current member
- You are not able to get the item/service through any other benefit or means
- You must have a qualifying medical condition or life situation such as those listed below

Available items and services

Services and items	Qualifying medical conditions and life situations	Limitations
<p><u>Air conditioner</u></p>	<p>One or more must apply to the member applying for the climate device:</p> <ul style="list-style-type: none"> Currently pregnant or postpartum Child - less than 6 years of age Adult - 65 years and older Chronic lower respiratory condition: <ul style="list-style-type: none"> chronic obstructive pulmonary disease (COPD) asthma requiring regular use of asthma controlling medications restrictive lung disease fibrosis chronic bronchitis bronchiectasis Chronic cardiovascular disease, including cerebrovascular disease and heart disease Spinal cord injury Receiving in-home hospice 	<ul style="list-style-type: none"> One replacement device every three (3) years

Services and items	Qualifying medical conditions and life situations	Limitations
	<ul style="list-style-type: none"> • Previous heat-related or cold-related illness requiring urgent or acute care, e.g., emergency room and urgent care visits • Chronic kidney disease • Diabetes mellitus, requiring any medication, oral or insulin • Multiple Sclerosis • Parkinson's disease • Bipolar and related disorders • Major depressive disorder, with an acute care need in the past 12 months, including a suicide attempt, crisis services utilization (emergency department, mobile crisis team, etc.), acute psychiatric hospitalization, or residential treatment • Schizophrenia spectrum and/or other psychotic disorders • One or more of the following substance use disorders: alcohol, hallucinogens, inhalants, opioids or stimulants • Major neurocognitive disorder • Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events 	
<p><u>Air filtration device</u></p>	<ul style="list-style-type: none"> • Pregnant or postpartum • Child - less than 6 years of age • Adult - 65 years and older • Bipolar and related disorders • Major depressive disorder, with an acute care need in the past 12 months including a suicide attempt, crisis services utilization (emergency 	<ul style="list-style-type: none"> • One replacement device every three (3) years

Services and items	Qualifying medical conditions and life situations	Limitations
	department, mobile crisis team, etc.), acute psychiatric hospitalization, or residential treatment <ul style="list-style-type: none"> • Schizophrenia spectrum and other psychotic disorders 	
<u>Heater</u>	<ul style="list-style-type: none"> • Pregnant or postpartum • Child - less than 6 years of age • Adult - 65 years and older • Chronic lower respiratory condition: <ul style="list-style-type: none"> ○ chronic obstructive pulmonary disease (COPD) ○ asthma requiring regular use of asthma controlling medications ○ restrictive lung disease ○ fibrosis ○ chronic bronchitis ○ bronchiectasis • Chronic cardiovascular disease, including cerebrovascular disease and heart disease • Spinal cord injury • Receiving in-home hospice • Previous heat-related or cold-related illness requiring urgent or acute care, e.g., emergency room and urgent care visits • Chronic kidney disease • Diabetes mellitus, requiring any medication, oral or insulin • Multiple Sclerosis • Parkinson's disease • Bipolar and related disorders • Major depressive disorder, with an acute care need in the past 12 months including a suicide attempt, crisis services utilization (emergency department, mobile crisis team, etc.), acute psychiatric 	<ul style="list-style-type: none"> • One replacement device every three (3) years

Services and items	Qualifying medical conditions and life situations	Limitations
	<p>hospitalization, or residential treatment</p> <ul style="list-style-type: none"> • Schizophrenia spectrum and other psychotic disorders • One or more of the following substance use disorders: alcohol, hallucinogens, inhalants, opioids or stimulants • Major neurocognitive disorder • Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events 	
<p><u>Mini-refrigeration unit</u></p>	<ul style="list-style-type: none"> • Medications requiring refrigeration. Examples include but are not limited to medications for diabetes mellitus, glaucoma, and asthma; TNF inhibitors. Medications requiring refrigeration (this list is not all inclusive): <ul style="list-style-type: none"> ○ some insulin medications (Humulin, Novolin, Lantus) ○ certain antibiotics (Amoxicillin/clavulanate suspension) ○ biological products (monoclonal antibodies) ○ Amphotericin B (ophthalmic) ○ Interferon gamma-1b ○ eye and ear drops (most can be kept at room temperature for 28 days after opening) ○ reconstituted antibiotics (usually need to be discarded after 1 to 2 weeks) ○ some tablets (e.g., Leukeran, Alkeran) 	<ul style="list-style-type: none"> • One replacement device every three (3) years

Services and items	Qualifying medical conditions and life situations	Limitations
	<ul style="list-style-type: none"> ○ injections (all insulin can be kept at room temperature for 1 month, interferons, etc.) ● Enteral or parenteral nutrition 	
<p><u>Portable power supply</u></p>	<ul style="list-style-type: none"> ● Durable medical equipment (DME) requiring electricity for use. Examples include but are not limited to: <ul style="list-style-type: none"> ○ oxygen delivery systems (including concentrators, humidifiers, nebulizers, and ventilators) ○ intermittent positive pressure breathing machines ○ cardiac devices ○ in-home dialysis and automated peritoneal dialysis ○ feeding pumps ○ IV infusions ○ suction pumps ○ power wheelchair and scooter ○ lift systems and electric beds ○ breast pumps for first 6mo post-partum ○ other DME medically required for sustaining life ● Assistive technologies requiring electricity and necessary for communication or activities of daily living (ADL) 	<ul style="list-style-type: none"> ● One replacement device every three (3) years

Other social supports

Eligibility

To be eligible for housing support, all of the following must apply:

- You must be a current member
- You are not able to get the item/service through any other benefit or means
- The item or service must help with your medical condition or life situation such as those listed below

Available items and services

Here are some examples of common support for social needs. This list isn't everything we can help with. If you need something for your health that isn't listed, just ask us and we'll consider your request.

Conditions appropriate for funding will vary depending on the item or service being requested. The list below only includes reference to a few commonly requested items or services.

Services and items	Qualifying medical conditions and life situations
Sensory support items (weighted blankets, sleep aids, vouchers for yoga classes, etc.)	<ul style="list-style-type: none">• Members struggling with autism, anxiety, depression
Vehicle repairs	<ul style="list-style-type: none">• Members living in their vehicle needing minor vehicle repairs
Clothing	<ul style="list-style-type: none">• Members leaving domestic violence
Baby equipment (car seat or stroller)	<ul style="list-style-type: none">• Pregnant or postpartum members
Electronic devices such as communication devices or tablets	<ul style="list-style-type: none">• Pediatric members struggling with autism, anxiety, depression
Educational materials or books	<ul style="list-style-type: none">• Diabetes
Exercise equipment and gym memberships	<ul style="list-style-type: none">• Diabetes, weight management
Food assistance (groceries, nutrition education, etc.)	<ul style="list-style-type: none">• Diabetes• Members under age 6• Members with special healthcare needs, etc.
Camp enrollment	<ul style="list-style-type: none">• Pediatric members with autism or depression, etc.

Exclusions

The following supports and services are NOT currently covered:

- Requests for reimbursement of non-covered items or services
- Items and services that are available under your health plan benefits. Includes, but not limited to:
 - copayments
 - out-of-network or private provider payments
 - partial payments for medical services
 - durable medical equipment (DME) (If you have received a bill for medical services, please contact Customer Service at 503-416-4100)

- Credit card bills or loans
- Mortgage payments
- Fees (pet fees, legal fees, collection, guardianship, etc.)
- Payment for caregivers or other hired long term supports
- Public transit passes or gas cards
- Payment for non-members, such as funding a friend or family member's utilities or providing a climate device such as an air conditioner when the member is not living at your residence
- Payment related to the construction of new physical structures
- General nutritional supplements
- Purchase of textbooks
- Purchase of a home or vehicle
- Car payments or major vehicle repairs
- Purchase of household decor
- Vacations or other travel
- Household appliances that are not covered under the climate devices benefit
- Any items/services that have unproven benefits