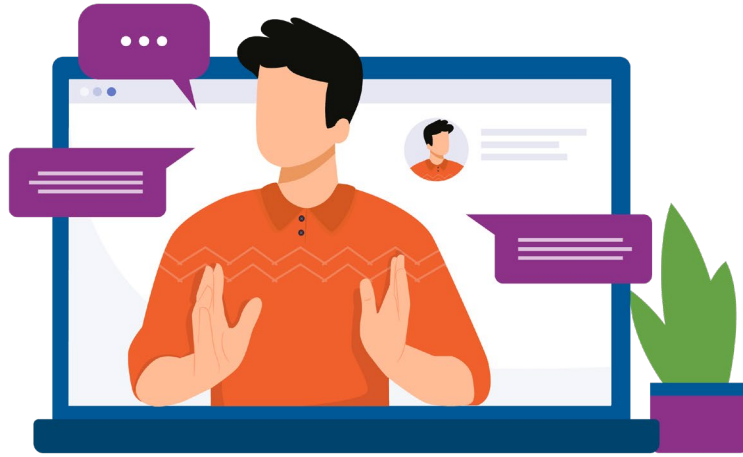
Monthly office hours for HRSN service providers

December 4, 2025

OREGON HEALTH AUTHORITY

Zoom Tips



Use the Q&A function to submit your questions.

This session is being recorded.

- It will be shared with participants after the presentation.

For closed captioning, please click on the “cc” button located at the bottom of your screen or click the link provided for Spanish captioning.

For live interpretation, please click on the “Interpretation” button and choose either English or Spanish.

Today's Agenda

1 | **Welcome and introductions**

2 | **Updates and follow-up**
Hear reminders about the HRSN program and updates from OHA on community capacity building funds.

3 | **Office hours session**
Get questions answered by OHA subject matter experts.

4 | **Upcoming opportunities**
Learn about upcoming trainings.

HRSN Updates

2025 HRSN CCBF Summary

Community Capacity Building Funds (1/2)

What are Community Capacity Building Funds (CCBF)?

Oregon was authorized to spend up to **$119 million*** on Community Capacity Building Funds to support the development and implementation of the Health-Related Social Needs (HRSN) program.

- The amount per CCO was based on member enrollment forecasts and a funding minimum floor to ensure all CCOs have enough capital to make meaningful investments in HRSN provider capacity.
- Coordinated Care Organizations (CCOs) administered these funds to eligible community partners.
- CCOs were required to use a standardized application and budget request template.
- Eligible Community Partners such as Community Based Organizations (CBOs) and others applied for these funds to support the HRSN program.
- 2025 was the final year of the two-year CCBF program.

*$11.9 M in CCBF was designated as Tribal set aside, administered through a different process.

Community Capacity Building Funds (2/2)

Key changes to 2025 program to better support critical needs of HRSN partners:

- In June, an “Expedited Funding Opportunity for Housing Providers” was launched. CCOs were allowed to award up to 20% of their 2025 allocation in an expedited funding opportunity to rapidly increase housing provider capacity (6.3M across all CCOs).

- Permitted CCOs to access limited CCBF (20% of allocation) to support HRSN housing benefit delivery. Applications needed to include specific, measurable outcomes that CCOs would use to demonstrate how CCBF addressed challenges with housing service administration (6.9 M across all CCOs).

- All CCOs, aside from PS Lane, were notify grantees by 10/15/25.

- This is the final year of the two-year CCBF program.

Allowable Uses of Community Capacity Building Funds

The Centers for Medicare & Medicaid Services (CMS) has shared specific allowable uses of CCBF.

Technology

(e.g., new billing systems)

Development of business or operational practices

(e.g., designing new workflows)

Workforce development

(e.g., support for recruiting)

Outreach, education, and convening

(e.g., launching a new learning collaborative)

CCBF Grant Application and Funding Summary

Across Oregon via the 2025 CCBF Grant program:

- Over $45.6 million was awarded to 120 CBOs (82%)
  - ~$3.5 million not included (6%)
- About $6.9 million awarded to CCO CCBF (12%)
- 40 CBOs received awards from multiple CCOs
- 25 CBOs plan to serve as conveners
- 12 CBOs plan to serve as network managers or hubs
- CCOs awarded more funding to organizations that provide housing benefits
- Most of the funding went to support workforce

CCBF data sources

- CCBF analysis relies on three data sources
  - 2025 full applications from all community-based organizations (CBOs) that applied to CCOs (in a variety of formats, from pdfs to portal output)
  - 2025 CCO reporting on proposed organizations to award
  - 2024 CCO reporting on proposed organizations to award

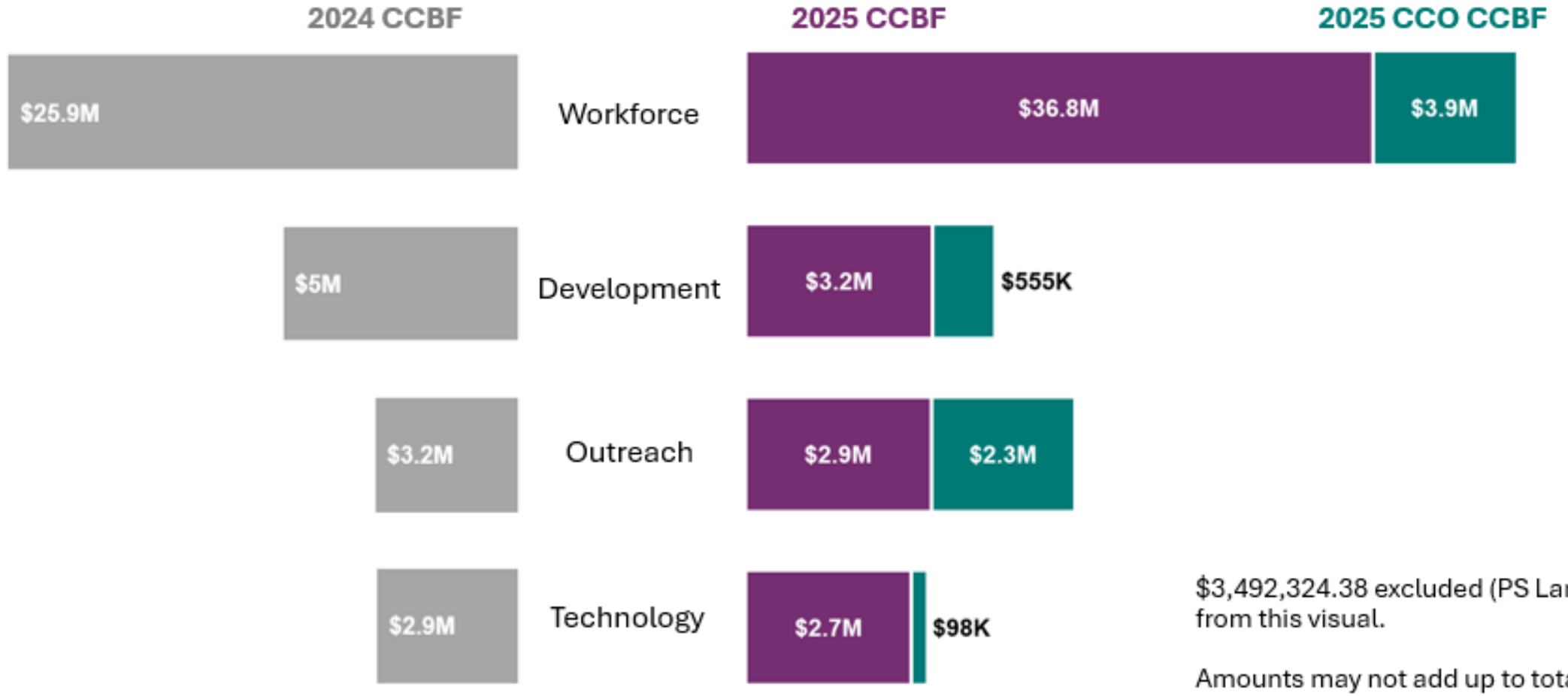
- Data includes quantitative and qualitative responses from CBOs
  - Examples: organization type, counties served, population served, language access, provider services, allowable funding use, budget explanation

CCBF data limitations

- Many CBOs provide more than one type of benefit and serve more than one population.
- The CCBF application did not ask how much funding CBOs would use for different populations or for different benefits.
- The following slides do not reflect hard numbers for some funding categories. Instead, we made some assumptions to get estimates of funding distribution.
- The resulting numbers are a starting point for understanding funding distribution, but some services or populations may have received more or less funding than shown.
- We note where numbers are estimates.

Workforce receives the largest share of funding for improving recipients' workforce capacity

Funding by allowable use



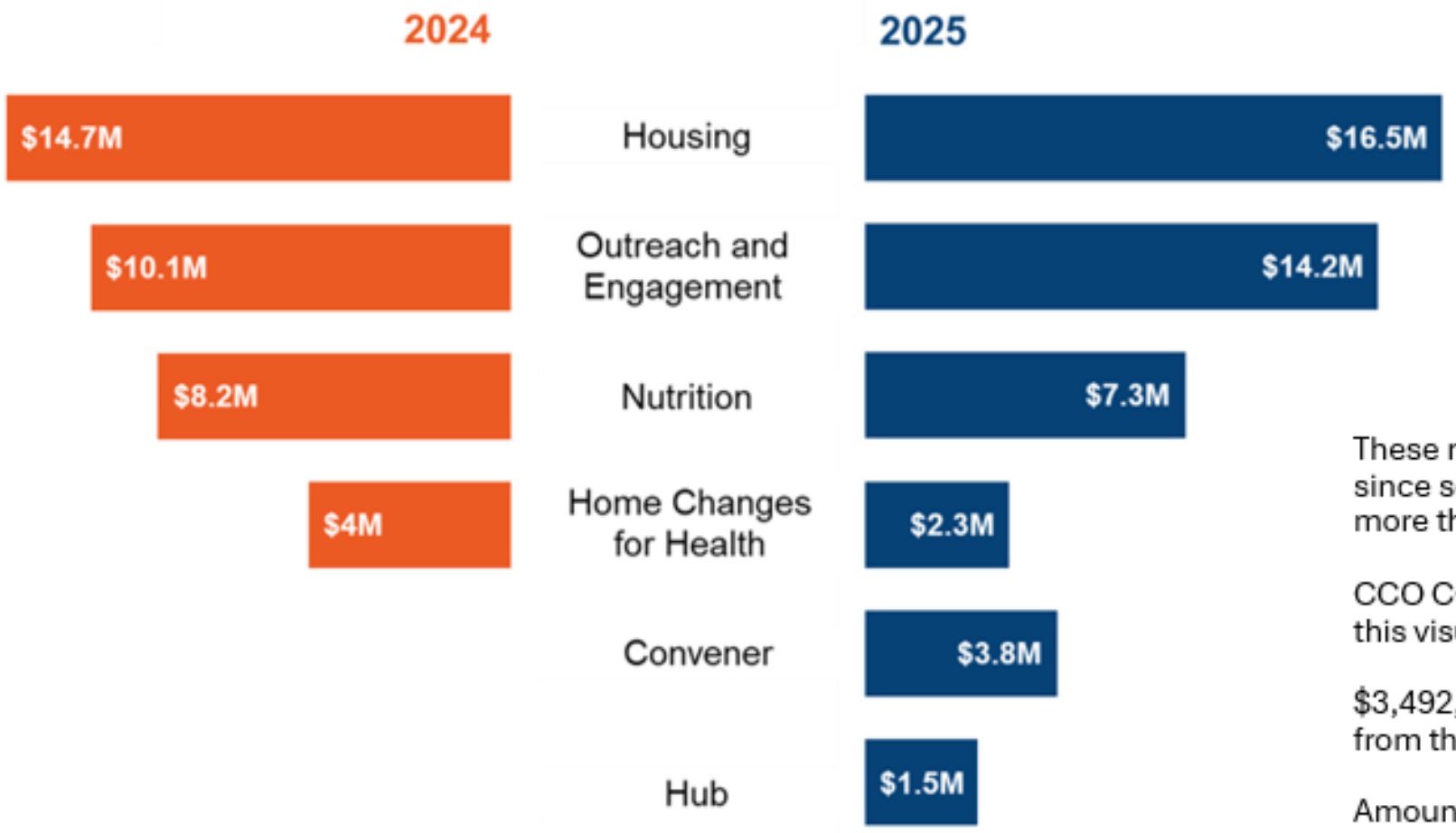
$3,492,324.38 excluded (PS Lane) from this visual.

Amounts may not add up to totals due to rounding.

Data Source: 2024 and 2025 Community Capacity Building Funds (CCBF).

CBOs providing housing benefits received the largest share of funding

Funding by type of benefit (estimated)



These numbers are approximate since some organizations provide more than one type of benefit.

CCO CCBF funds are not included in this visual.

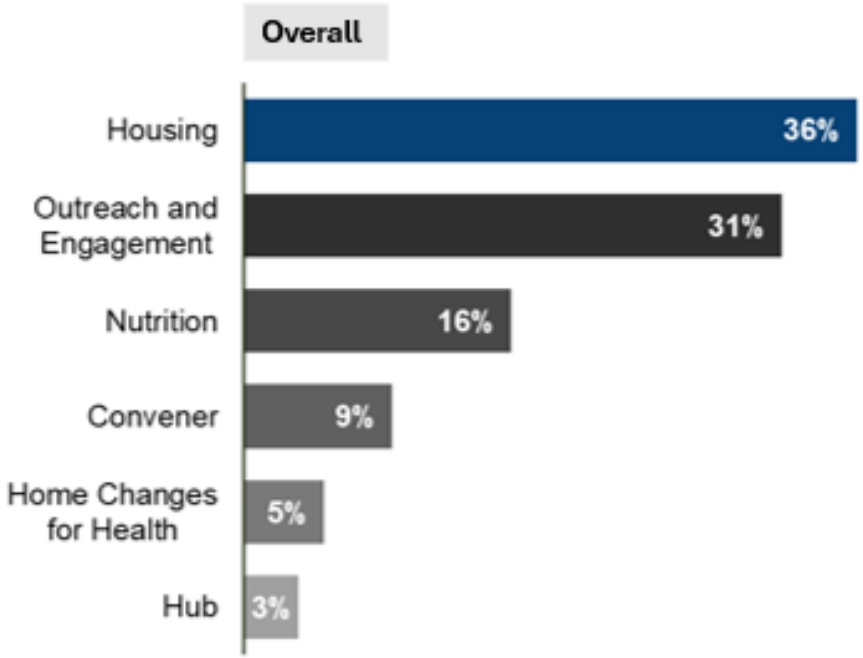
$3,492,324.38 excluded (PS Lane) from this visual.

Amounts may not add up to totals due to rounding.

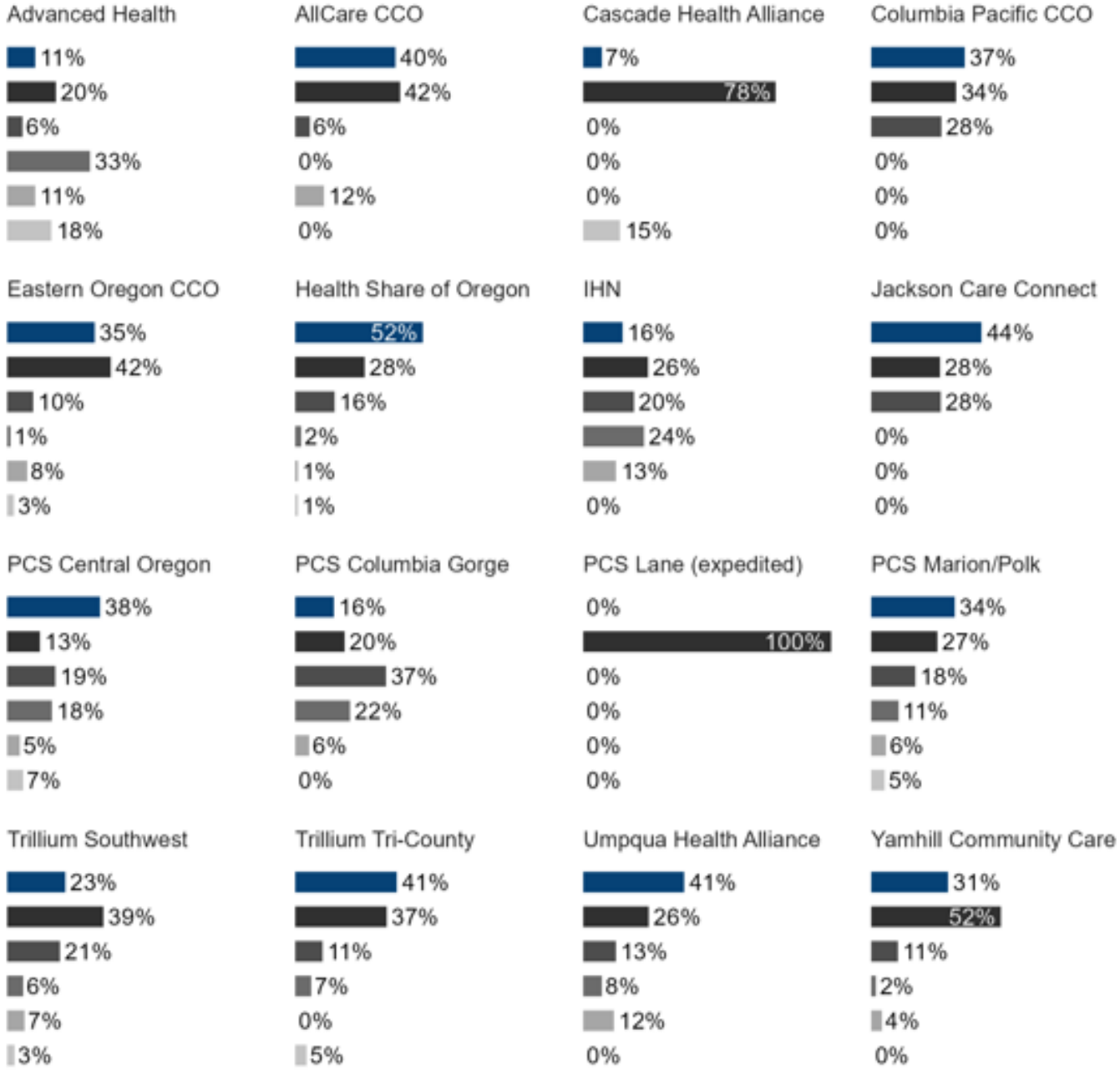
Data Source: 2024 and 2025 Community Capacity Building Funds (CCBF).

Most CCOs awarded the largest share of funding to CBOs providing housing benefits

Funding by type of benefit (estimated)

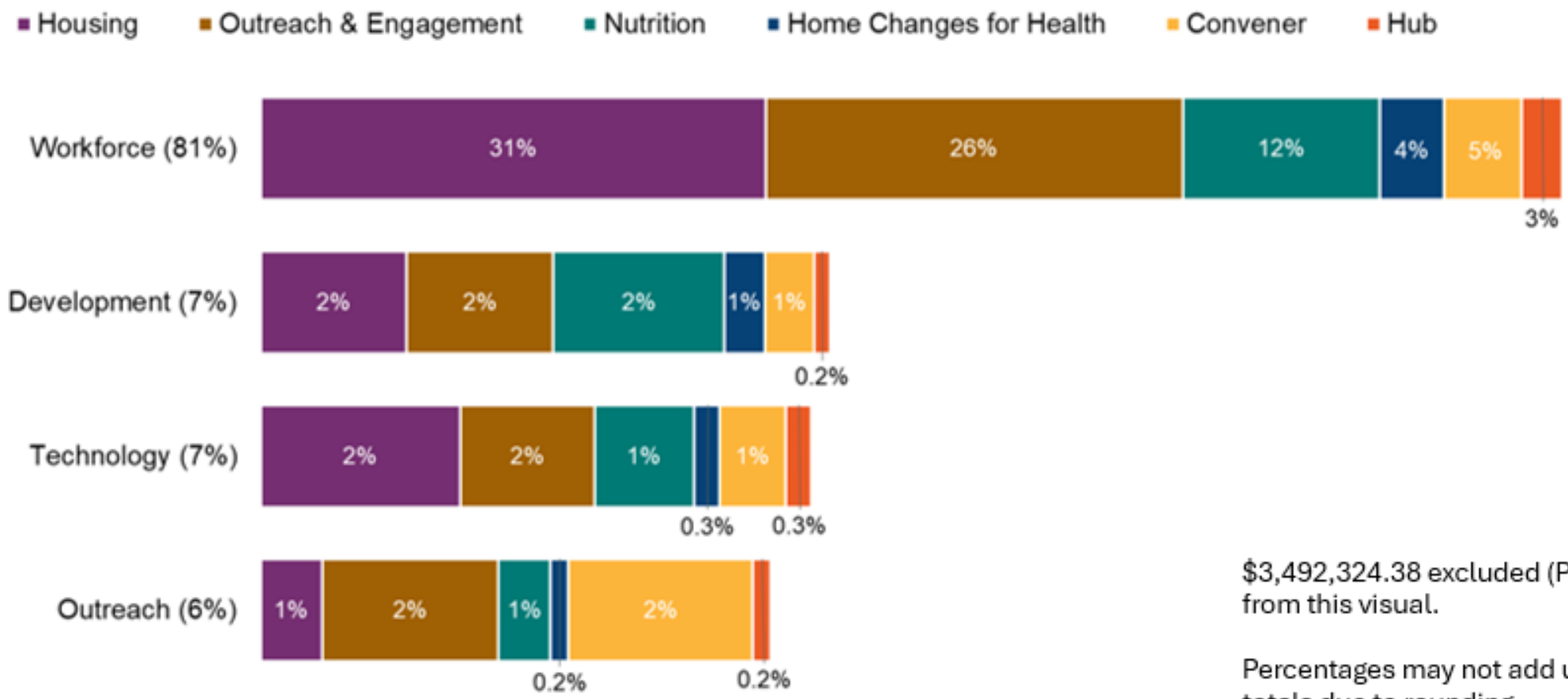


Data Source: 2025 Community Capacity Building Funds (CCBF).



Within each allowable use category, housing is the most-funded benefit

Funding by allowable use, broken out by type of HRSN benefit (estimated)



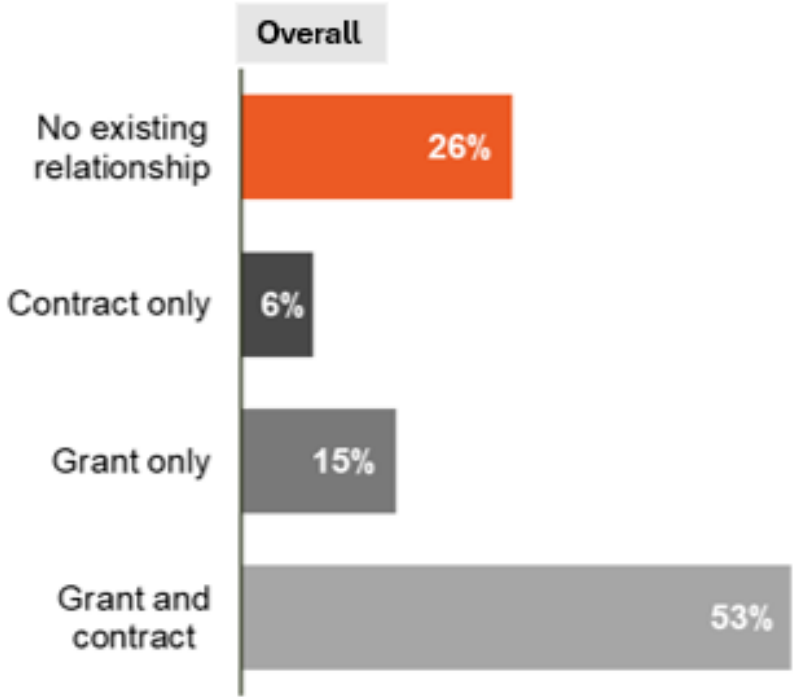
$3,492,324.38 excluded (PS Lane) from this visual.

Percentages may not add up to totals due to rounding.

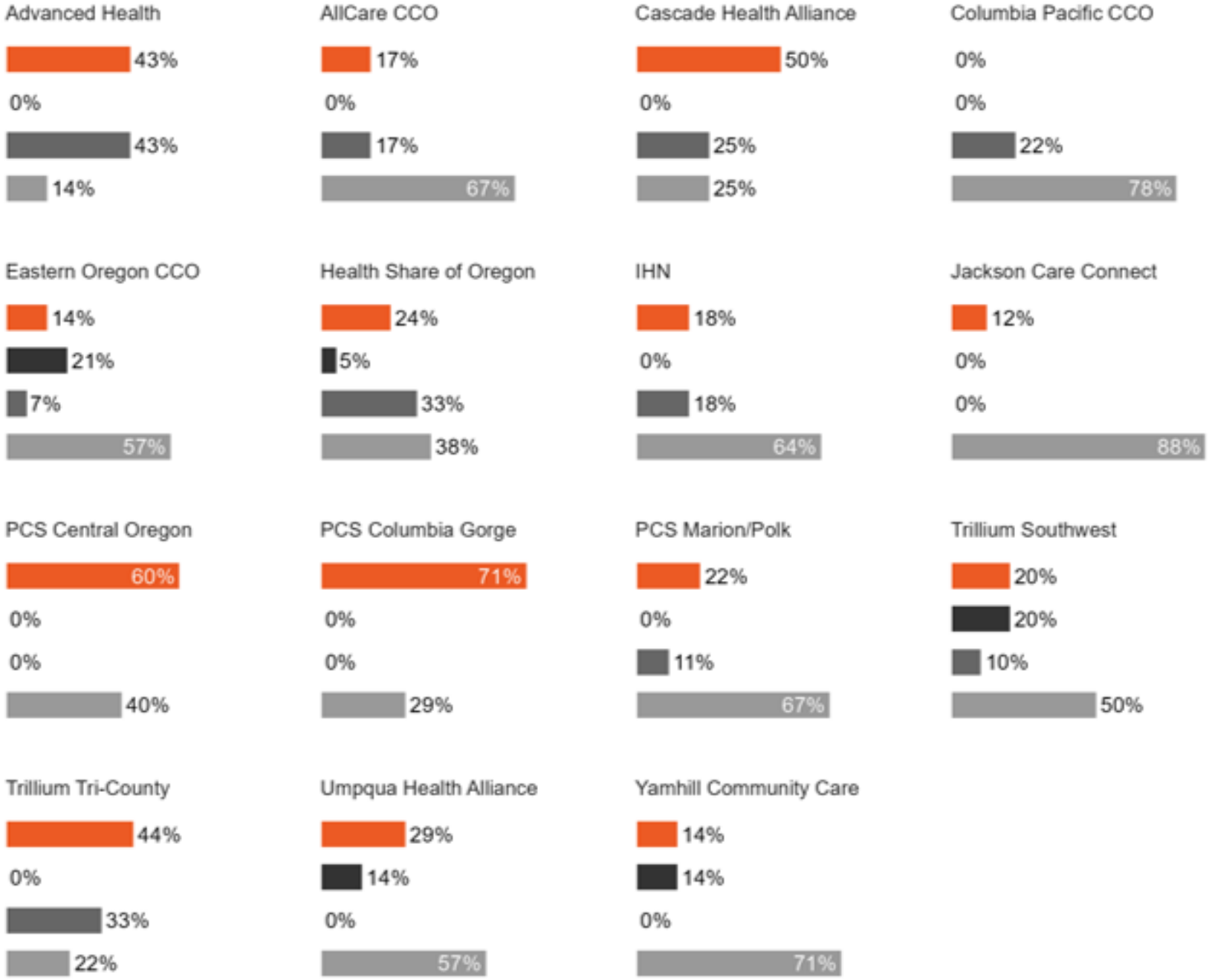
Data Source: 2025 Community Capacity Building Funds (CCBF).

CCOs awarded about 26% of funds to CBOs they had no existing relationship with

CCO/recipient relationship



Data Source: 2025 Community Capacity Building Funds (CCBF).



Hub Summary

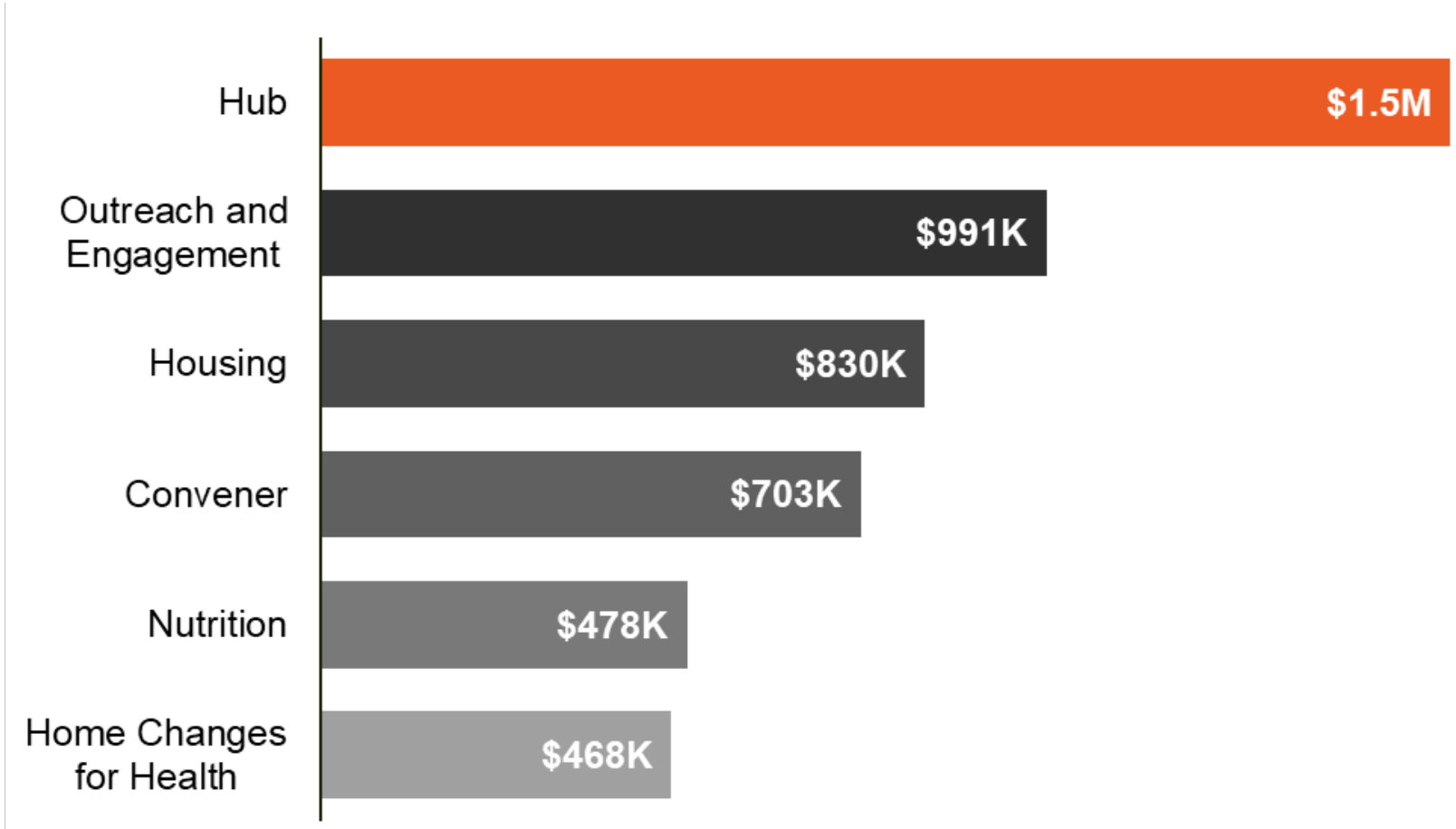
- For the 2025 CCBF grant program, OHA added 2 new roles; a convener and a hub organization.
  - A hub organization will serve as a 'network manager' to support, for example, HRSN contracting, implementation, invoicing and service delivery
  - A hub does not need to be enrolled as an HRSN service provider
- 12 organizations plan to serve as network managers or hubs
- Almost $5 million was awarded to organizations that plan to serve as network managers or hubs
- Many organizations provide more than one type of benefit and serve more than one population.

Most CBOs planning to be network managers or hubs also plan to provide housing benefits

CCO	Organization Name	Convener	Home Changes for Health	Housing	Hub	Nutrition	Outreach & Engagement
Advanced Health	Southern Oregon Coast Regional Housing	No	No	No	Yes	No	No
Advanced Health	Stronger Oregon	No	Yes	Yes	Yes	Yes	Yes
Cascade Health Alliance	Oregon Rural Practice-Based Network	No	No	No	Yes	No	Yes
Eastern Oregon CCO	Northeast Oregon Network	No	Yes	Yes	Yes	Yes	Yes
Health Share of Oregon	Latino Network	No	Yes	Yes	Yes	Yes	Yes
PCS Central Oregon	Oregon Wellness Network	Yes	No	No	Yes	Yes	Yes
PCS Central Oregon	NeighborImpact	Yes	Yes	Yes	Yes	Yes	Yes
PCS Marion/Polk	Oregon Wellness Network	Yes	No	No	Yes	Yes	Yes
PCS Marion/Polk	Mid-Willlamette Valley Community Action Agency	No	No	Yes	Yes	No	Yes
PCS Marion/Polk	Salem for Refugees	No	No	Yes	Yes	No	Yes
PCS Marion/Polk	Shangri-La	No	No	Yes	Yes	No	Yes
Trillium Southwest	Laurel Hill Center	No	Yes	Yes	Yes	No	Yes
Trillium Tri-County	Center for African Immigrants and Refugees	Yes	No	Yes	Yes	No	No

Funding of about $1.5M is allocated to support HRSN services in their role as network managers or hubs

Hubs: Funding by type of benefit (estimated)



Amounts may not add up to totals

Data Source: 2025 Community Capacity Building Funds (CCBF).

CCBF Next steps

- 2025 CCBF Provider survey results- feedback on the 2025 application and budget process overall
- Continued support of PS Lane CCBF transition to Trillium
- Visit OHA's CCBF webpage for more details on CCO funding levels each year as well as grantees

Lane County CCO Transition

- **OHA website with latest information and resources**: OHP.Oregon.gov/Lane

- **Provider Listening Session Today:** December 4, from noon to 1 p.m.
  - OHA will be hosting listening sessions for PacificSource providers about the CCO transition in Lane County. Register to attend this virtual session:

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Oregon Administrative Rules (OARs) Updates effective 1/1/26 (1/3)

HRSN Program Updates

- Clarified that Members who change health plans (change CCOs, go from Open Card to CCO or CCO to Open Card) must be supported getting the HRSN services for they were authorized for, as long as they are still eligible.
- Updated HRSN service authorization timeframe to align with new federal requirement (7 days from date of complete service request, with 14-day extension).
- The service delivery timeline doesn't have to be followed when it's impossible to do so, such as when landlords or utility companies won't cooperate or refuse to accept payments.
- Clarified that health plans must make a **good faith effort** to notify the Member of an incomplete request. The health plan must also help the Member get the missing information or refer to an HRSN Service Provider to help.

Oregon Administrative Rules (OARs) Updates effective 1/1/26 (2/3)

HRSN Program Updates

- Added Pantry Stocking and Fruit and Vegetable benefit descriptions and details in preparation to go live later in 2026.
- Changed name of “HRSN Climate” to “Home Changes for Health”.
- Defined home modifications/remediations as “Home Changes for Safety”.
- Removed the requirement for CCOs to accept OHA’s HRSN Request form or fax (Open Card will still accept the form).
- Added language letting CCOs require HRSN Service Providers to use technology (such as community information exchange) for HRSN Services referrals. Exception requests are possible if the provider does not have the ability or enough supports to use technology.

Oregon Administrative Rules (OARs) Updates effective 1/1/26 (3/3)

HRSN Housing-Specific Updates

- No longer requiring landlord permission for home remediations if not required by the Member's lease agreement.
- Added an exception to rule requiring rental address to match OHP address in circumstance where the Member has submitted the address change to the Authority.
- Updated rule to require lease agreement and income verification for a complete HRSN Rent and Utility Financial Assistance request.
- Modified clinical risk factor criteria for Rent and Utility Financial Assistance.

HRSN Housing Eligibility Update (1/1/2026)

High-level overview of the rent and utility financial assistance benefit eligibility

Oregon Health Plan (OHP) members may be eligible if all the following applies:

- ✓ Currently housed and renting
  - ➢ **Request must include the member's lease or rental agreement**
- ✓ At risk of houselessness, meaning:
  - ➢ The household income is 30% or less of the region's average median income (AMI)
    - **Verification at time of request is required, such as paycheck stubs or income taxes**
  - ➢ The member needs support and lacks resources to maintain current housing
- ✓ Qualifying health condition
  - ➢ See next slide for more details.

Each OHP member application will be reviewed by the health plan to make sure eligibility requirements are met. More information can be found on the HRSN Service Provider webpage and this Housing Eligibility Factsheet.

Updates to Clinical Risk Factor for Rent and Utility Financial Assistance, effective 1/1/26

2024-2025 Clinical Risk Factors

Clinical risk factors with no change

- Under 6 years old
- Pregnant/post-partum
- Young Adult with Special Health Care Needs (YSHCN)
- 65 years or older
- Developmental & Intellectual Disability

Clinical risk factors that were modified

- Interpersonal Violence Experience
- Complex health condition

Clinical risk factors that were removed

- Repeated emergency department and crisis encounters
- Needs assistance with Activities of Daily Living (ADLs)/iADLs or eligible for LTSS

2026 Clinical Risk Factors

Clinical risk factors that were maintained

- Under 6 years old
- Pregnant/post-partum
- Young Adult with Special Health Care Needs (YSHCN)
- 65 years or older
- Developmental & Intellectual Disability

Clinical risk factors that were modified

- Domestic violence
  - Experienced in past 365 days, or
  - Resulting in child welfare involvement in past 365 days
- Rent and utility specific complex health condition for which member is receiving qualifying treatments and supports:
  - New, acute or unstable health conditions that require engagement in healthcare services for worsening symptoms, including recent hospitalization or residential treatment, scheduled upcoming surgery, increased outpatient appointments

Eligibility for HRSN Rent and Utility Financial Assistance as of January 1, 2026

1 Is a Current OHP Member and has at least one Housing Clinical Risk Factor

- **Complex physical, oral, and mental health conditions, or substance abuse disorders that are new, acute or unstable**
  - **Requires Member healthcare service engagement in the past year regarding the worsening symptoms, including hospital, residential, or other outpatient care including Traditional Health Workers**
  - **Examples include surgery, worsening chronic illness with physician involvement**
- Developmental disability
- Currently pregnant or 12 months postpartum
- Less than six years of age
- More than 65 years of age
- **Child welfare involvement in the past year**
- **Domestic violence in the past year**

2 Belongs to the At-Risk of Homelessness HRSN Covered Population

Has an income that is 30% or less than the area median income in their area

Lacks sufficient resources or support networks to prevent homelessness

3 Additional Eligibility Requirements

Needs support staying in the Member's current housing

Has a lease or written agreement with their landlord (only available to renters)

- Area Median Income levels are set by HUD on an annual basis
- HRSN Utilities Assistance and HRSN Storage Fees are only available to OHP Members who receive Rent

HRSN = Health-Related Social Needs **OHP =** Oregon Health Plan

HRSN Billing

OHA is working on releasing updated billing guidance this month that provides more details and scenarios for:

- 7-day bundling option for O&E and Tenancy Services

We are still discussing options for guidance around:

- Landlord billed utilities and their dates of service
- Date of service for utilities billed by service providers

We hope to have more information on these topics early next year.

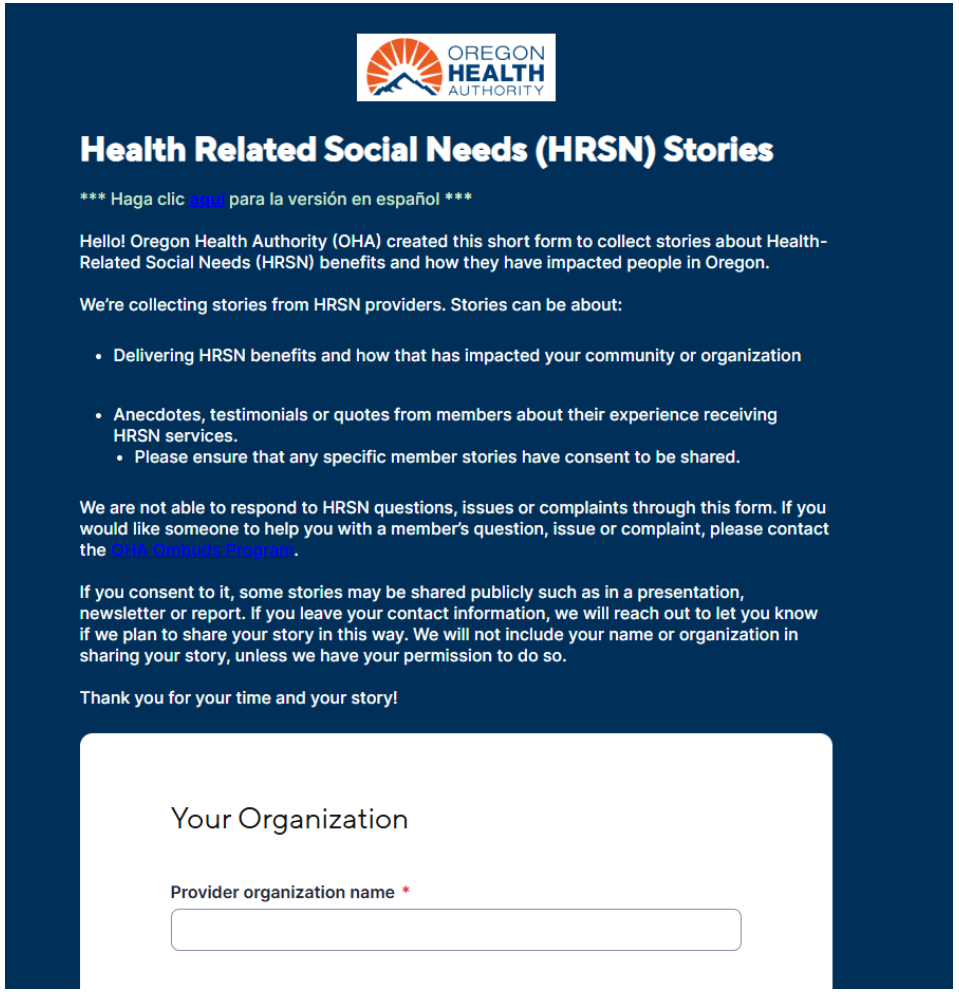
Collecting member and provider stories

Share your experience delivering HRSN services

We are gathering stories about HRSN services and we'd love to hear from you!

You can use this online form to share your experiences delivering HRSN services and any experiences members have shared with you and consented to share with OHA.

Haga clic **aquí** para la versión en español



OREGON HEALTH AUTHORITY

Health Related Social Needs (HRSN) Stories

*** Haga clic aquí para la versión en español ***

Hello! Oregon Health Authority (OHA) created this short form to collect stories about Health-Related Social Needs (HRSN) benefits and how they have impacted people in Oregon.

We're collecting stories from HRSN providers. Stories can be about:

- Delivering HRSN benefits and how that has impacted your community or organization
- Anecdotes, testimonials or quotes from members about their experience receiving HRSN services.
  - Please ensure that any specific member stories have consent to be shared.

We are not able to respond to HRSN questions, issues or complaints through this form. If you would like someone to help you with a member's question, issue or complaint, please contact the OHA Ombuds Program.

If you consent to it, some stories may be shared publicly such as in a presentation, newsletter or report. If you leave your contact information, we will reach out to let you know if we plan to share your story in this way. We will not include your name or organization in sharing your story, unless we have your permission to do so.

Thank you for your time and your story!

Your Organization

Provider organization name *

Office hours

Q&A Tips

- Share space, allow others to be heard (try to limit the number of questions you are asking).
- Do not share case specifics.
- Share suggestions and ideas.
- Focus on questions from providers and community partners.

Submitting questions:

- Please add your question to the Q&A box to ask your question.
- We will invite you to speak out loud if we have additional questions.
- If you are unable to use the Q&A function, you can raise your hand.

Upcoming Opportunities

2026 Office Hours Dates

Once a month on Wednesdays from 8:30–10 a.m.

- February 11 registration
- March 11 registration
- April 15 registration
- May 13 registration
- June 10 registration
- July 8 registration
- August 12 registration
- September 9 registration
- October 14 registration
- November 18 registration
- December 9 registration

Previous HRSN provider trainings, and all 2026 office hours dates, are available on the HRSN Provider Training webpage.

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We value your feedback

To help us improve our future trainings for HRSN service providers, please fill out this anonymous, five question survey.

English: https://www.surveymonkey.com/r/Y87W7LK

Español: https://es.surveymonkey.com/r/PN6JGL8

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Learn more

Enroll as an HRSN provider with a CCO, Open Card, or both:

- **Open Card**: Visit the Provider Enrollment webpage to get started. We recommend viewing the HRSN provider enrollment training materials.
- **CCO**: You can contact the CCO(s) in your area to learn how to apply to become a provider for each CCO.

Bookmark OHA's HRSN resources

These pages get updated frequently with new HRSN resources and materials:

- 1115 Waiver HRSN Webpage
- HRSN Service Provider Webpage
- HRSN Provider Training Webpage

OREGON HEALTH AUTHORITY

Appendix: OAR Changes Index

OAR Updates – Fall/Winter 2025/26

OAR	Description of Major Changes
All	• Changed name of "HRSN Climate" to "Home Changes for Health" • Defined home modifications/remediations as "Home Changes for Safety"
410-120-0000	• Added descriptions of Fruit & Vegetable and Pantry Stocking benefits • Changed name of benefit to home changes for health
410-120-2000	• Added clarification that Members changing health plans must continue receiving services, e.g., the prior auth is honored by the new health plan • Removed language on defining policy format for conflict of interest
410-120-2005	• Modified clinical risk factors for Rent and Utility Financial Assistance • Retained IDD as a clinical risk factor; clarified that any condition resulting in period of incapacity for more than three days • No longer requiring landlord permission for home remediations not required by lease agreement • Added service descriptions for Fruit & Vegetable and Pantry Stocking Benefits • Updated statement that OHP address does not need to match lease address if Member is currently in process of changing address with OHP

OAR	Description of Major Changes
410-120-2010	• Removed requirement for CCOs to accept fax as a delivery method for HRSN Service Requests • Added income verification and lease to definition of complete HRSN request for Rent and Utility Financial Assistance • Defined “good faith efforts” to obtain information for a complete HRSN request
410-120-2015	• Revised to require that CCOs make a good faith effort to obtain missing information for an HRSN request • Revised service authorization timelines to align with federal requirements (7 days with 14-day extension)
410-120-2020	• Revised service authorization timelines to align with federal requirements (7 days with 14-day extension) • Included requirement to provide written notice of approval for Rent and Utility Financial Assistance
410-120-2025	• Allows for PCSP to serve as nutrition care plan for HRSN Pantry Stocking Benefit
410-120-2030	• Added clarification/additional details to provider qualifications for Fruit & Vegetable Benefit • Added qualifications for Pantry Stocking Benefit • Allows CCOs to require the use of CIE for closed loop referrals • Modified requirement to only note if Members decline a service