



Health-Related Services: Flexible Services Funding Request Instructions

Introduction

Thank you for your interest in health-related services funds. These instructions are to help you fill out the health related services flexible services request form. In order to complete your request, please make sure:

- The form is legible and all fields are filled out.
- You are submitting medical documentation with your form (e.g. chart notes, care plan, etc.).
- The form is signed.
- You are only making one request per form.

Following these steps ensures that your request can be processed as efficiently as possible. Thank you.

Health-Related Services Policy: Eligibility

To be considered for Health-Related Services Flex, the member must be enrolled in a CareOregon affiliated CCO's Oregon Health Plan for primary or secondary coverage.

Eligible Members by enrollment type:

- Health Share of Oregon - CareOregon physical health
- Health Share of Oregon - CareOregon behavioral health
- Health Share of Oregon - CareOregon dental health
- Jackson Care Connect
- Columbia Pacific CCO

Health Share of Oregon IDS members are not eligible for Health-Related Services through CareOregon, if the request is for a physical health diagnosis or condition.

Eligible Items/Services that are medical, billable, or considered DME are not eligible for Health-Related Services Flex options.

Timeline and Process

Emergent Requests: CCO Health-Related Services are not available as an emergency or crisis funding option. Any request submitted within less than one business day of the date needed will be processed on the urgent timeline described below.

Urgent Requests: All urgent requests must be submitted 2-5 business days prior to the date the requested item/service is needed. Any request submitted less than 2 business days prior, may not be reviewed by the date the item/service is needed. Our team will prioritize the following urgent requests: eviction prevention, shut off notices and hotels. Requests marked urgent could be re-classified if, upon review, using the standard timeline wouldn't jeopardize the health & safety of the member.

Non-Urgent Requests: All non-urgent requests will be processed within 10-14 business days. Processing time does not include shipping & delivery timelines.

Who Can Request Health-Related Services

Any individual on the member's care team that can help show that the requested item or service is aligned with the member's treatment plan may request health-related services on behalf of the member.

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Examples (but not limited to these):

- Primary Care Physicians and Clinics
- Specialists
- Surgeons
- Behavioral Health Providers
- Hospital Discharge Planners
- Case Managers that are directly working with providers, and/or embedded in clinics, with access to treatment

Members, member representatives, and community-based organizations must coordinate with the care team to submit a request.

Form Completion

The form must be completed by the care team that is responsible for treating the clinical need identified in this request. Requestor submits a completed request form with medical documentation attached. **Examples of medical documentation include a care plan, treatment plan or chart notes that address the diagnosis on the request.**

Process:

- Requestor submits a completed request form with medical documentation attached. Please note, an HRSF Budget worksheet may be requested at a later date. Please be prepared to complete it with your client and return to the review team. All documents can be found on the [CareOregon Provider Support page](#), under Health-related services.
- Requestor may suggest a vendor for use to fulfill the request, however please note that the vendor is not guaranteed. If there is a more appropriate or available vendor for the request, we reserve the right to select a different vendor.
- If the request is for a hotel, you will be asked to find an available hotel if the hotel initially identified is not available.
- CareOregon teams will review request for eligibility and prepare for a clinical review.
- Items will be sent to the delivery address listed on the form, so please make sure this is a safe place for delivery (this could be a member's home, provider's office or another safe place).
- If CareOregon has follow-up questions, we will contact the person or persons selected in the Requesting Party section of the form. Otherwise, CareOregon will purchase the item or arrange the service with the provided information.
- Members will receive written notification of the request decision, whether approved or not funded. While there is no appeals process, any not funded requests can be re-submitted with supporting documentation and new information.

Incomplete Forms

Our team will reach out to the follow-up contact(s) for the provider with any questions or to request any missing information. Some examples of incomplete forms are, but not limited to:

- Request form does not contain enough information
- Medical documentation is not included with request form
- Required values/fields in form are left blank
- Alternative and/or community resources have not been pursued first
- Request form is not signed by a member of the care team
- More information is needed about member's treatment plan
- Item/service requested was not adequately relevant to member's diagnosis and treatment plan
- There was not enough information provided about sustainability for member's immediate need
- Incomplete requests will be closed if requested information is not supplied within 5 business days. A new request with supporting documentation will need to be submitted to be accepted.

Handwritten form submissions must be legible and clear.

Fax completed forms to: **503-416-4728**

Health Related Services voicemail line: **503-488-2808**