

# Social Needs Assistance Guidelines

For Members

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# CareOregon Social Needs Assistance Guidelines

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. When you do have what you need, it can help you stay healthy and feel better overall. This guide was created to help you understand what is needed to get help.

## Health Related Social Needs (HRSN)

### HRSN Housing Support

#### Eligibility

To be eligible for HRSN housing support, all 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 and life situation such as those listed below

#### Qualifying medical conditions

- Adults aged 65 and older
- Children under age 6
- Complex behavioral health problems
- Complex physical health or dental health problems
- Going from Medicaid-only benefits to **qualifying for both Medicaid and Medicare**
- Members who are experiencing or **have experienced interpersonal violence (IPV)**. This includes domestic violence (DV), sexual violence (SV), or psychological violence
- Members that are **pregnant or within 12 months postpartum**
- Members with an **intellectual or developmental disability**
- Members who **need assistance with one or more activities of daily living**
- Members who have repeatedly used the **emergency department or crisis services**

#### Qualifying life situations

- **For rent/utility costs, utility arrears or set up, and storage fees:**
  - Members who:
    - Have a household income that is 30% or less of the average yearly income where they live AND lack supporting resources to prevent homelessness
    - Have rental housing
    - Need support staying housed
    - Have a lease or written rental agreement

- **For home changes:**
  - Members who:
    - Leave incarceration
    - Leave a mental health or substance use recovery facility
    - Have spent time in the Oregon child welfare system (foster care) now or in the past
    - Go from Medicaid-only benefits to qualifying for both Medicaid and Medicare
    - Have a household income that is 30% or less of the average yearly income where they live AND lack supporting resources to prevent homelessness
    - Are enrolled as a Young Adult with Special Healthcare Needs (YSHCN)
- **For hotel/motel stays:**
  - Members who:
    - Have a household income that is 30% or less of the average yearly income where they live AND lack supporting resources to prevent homelessness
    - Are receiving a home change
    - Need a place to stay during the work on the HRSN home change

### Available items and services

Services and items	Limitations	Exclusions
<b>Rent</b>		
Payment to cover a member’s cost of recurring rent or past due rent for up to six months. This includes: <ul style="list-style-type: none"> <li>• Rent payment</li> <li>• Renter’s insurance, if required by the lease</li> <li>• Utilities paid by the landlord that are not already covered by utility assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Available once</li> <li>• Limited to current amount owed, including any back rent</li> <li>• The requesting member’s name must be on the lease agreement</li> <li>• Member must be actively enrolled in OHP at the time help is given</li> </ul>	<ul style="list-style-type: none"> <li>• Pet fees (including emotional support animals)</li> <li>• Parking fees</li> <li>• Amenity fees</li> <li>• Landlord-paid taxes</li> <li>• Property insurance</li> <li>• Rent payments to roommates or other health plan members</li> </ul>
<b>Utilities</b>		
Payment to cover setup or restart costs, or past-due or future-due utilities, including: <ul style="list-style-type: none"> <li>• Garbage</li> <li>• Water</li> <li>• Sewage</li> <li>• Recycling</li> <li>• Gas</li> <li>• Electric</li> <li>• Internet</li> <li>• Phone</li> </ul>	<ul style="list-style-type: none"> <li>• Up to six months of utility assistance for past due or future-due payments</li> <li>• Member must be getting HRSN help with rent payments</li> </ul>	<ul style="list-style-type: none"> <li>• Utility bills not in the member’s name. Member must show proof that the address for service is their address</li> <li>• Homeowner utility fees</li> </ul>

Services and items	Limitations	Exclusions
<b>Hotels/motels</b>		
<p>Payment to cover costs for hotel or motel stays.</p>	<p>Members are eligible to receive support if they cannot remain in their home during approved HRSN home changes</p>	<ul style="list-style-type: none"> <li>• Pet fees</li> <li>• Parking fees</li> <li>• Amenity fees</li> </ul>
<b>Home changes</b>		
<p>Making changes to a member's home that remove health and safety risks. Also, ensuring their home fits their needs for health, safety and daily activities. Includes the following:</p> <ul style="list-style-type: none"> <li>• Ramps</li> <li>• Grip bars</li> <li>• Door and cabinet handles</li> <li>• Getting rid of pests</li> <li>• Deep cleaning</li> <li>• Installing washable curtains or synthetic window blinds to help with allergies</li> </ul>	<ul style="list-style-type: none"> <li>• Can occur as needed in member's current place of residence</li> </ul>	<ul style="list-style-type: none"> <li>• Home changes that are the landlord's responsibility to resolve</li> <li>• Home changes made for design or style</li> <li>• Changes that add to the size of the home</li> <li>• General repair and upkeep required for the home</li> </ul>
<b>Storage fees</b>		
<p>Payment for safe storage of personal items to help with moving or during a time of change.</p>	<ul style="list-style-type: none"> <li>• Up to six months of current storage fees</li> <li>• Member must be getting the HRSN help with rent payments benefit</li> <li>• Available once</li> </ul>	<ul style="list-style-type: none"> <li>• Storage fees for non-commercial storage units</li> </ul>

## HRSN Climate Devices

### Eligibility

To be eligible for HRSN climate device support, all 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 and life situation such as those listed below

### Qualifying medical conditions

- Adults aged 65 and older
- Children under age 6
- Specific behavioral health problems
- Specific physical health or dental health problems
- Members that are **pregnant or within 12 months postpartum**
- Members with an **intellectual or developmental disability** where health need increases during climate event
- Members who **need assistance with one or more activities of daily living** where health need increases during climate event
- Members who have repeatedly used the **emergency department or crisis services** for a climate related health problem

### Qualifying life situations

- **Experiencing homelessness**
- Leaving **incarceration**
- Leaving a **mental health or substance use** recovery facility
- In the Oregon child welfare system (**foster care**) now or in the past
- Going from Medicaid-only benefits to qualifying for both **Medicaid and Medicare**
- Having a **household income that is 30% or less** of the average yearly income where you live AND lacking resources or support to prevent homelessness
- Enrolled as a **Young Adult with Special Healthcare Needs (YSHCN)**

## Available items

Item	Limitations
Air conditioner	<ul style="list-style-type: none"><li>• One replacement device every three years</li></ul>
Air filtration device	<ul style="list-style-type: none"><li>• One replacement device every three years</li></ul>
Heater	<ul style="list-style-type: none"><li>• One replacement device every three years</li></ul>
Mini-refrigeration unit	<ul style="list-style-type: none"><li>• Limited to medications or liquid nutrition that needs refrigeration</li><li>• One replacement device every three years</li></ul>
Portable power supply	<ul style="list-style-type: none"><li>• Limited to use with medical equipment or technology that requires electricity and necessary for communication or activities of daily living (ADL)</li><li>• One replacement device every three years</li></ul>

## HRSN Nutrition Support

### Eligibility

To be eligible for HRSN nutrition 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 have low or very low food security
- You must have a current clinical risk factor and life situation such as those listed below

### Qualifying clinical risk factors

- For medically tailored meals:
  - Members who have a condition that needs specific meals
- For nutrition education and fruit & vegetable:
  - Adults aged 65 and older
  - Children under age 6
  - Complex behavioral health problems
  - Complex physical health or dental health problems
  - Members who are transitioning to **dual Medicaid and Medicare** status
  - 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**
  - Members with an **intellectual or developmental disability**
  - Members who **need assistance with one or more activities of daily living**
  - Members who have repeatedly used the **emergency department or crisis services**
- For pantry stocking (members must meet one of the following criteria):
  - Members that are **pregnant or within 12 months postpartum**

- **Members under age 21**
- Members enrolled as a **Young Adult with Special Healthcare Needs (YSHCN)**

**Qualifying life situations**

- **Experiencing homelessness**
- Leaving **incarceration**
- Leaving a **mental health or substance use** recovery facility
- In the Oregon child welfare system (**foster care**) now or in the past
- Going from Medicaid-only benefits to qualifying for **Medicaid and Medicare**
- Having a **household income that is 30% or less** of the average yearly income where you live AND lacking resources or support to prevent homelessness
- Enrolled as a **Young Adult with Special Healthcare Needs (YSHCN)**

**Available services**

Services	Limitations	Exclusions
<b>Fruit and vegetable</b>		
<p>The fruit and vegetable benefit provides qualifying OHP members with a portion of their recommended daily fruit and vegetables for up to six months.</p>	<ul style="list-style-type: none"> <li>● Provided to the member on a recurring weekly, bi-weekly or monthly basis dependent on the provider’s offering and member’s preference.</li> <li>● Administered through a fruit and vegetable box for delivery or pickup or a prepaid card to be used only at a food retailer for allowable purchases.</li> <li>● Unit limit is one per week for a total of 24 weeks, across six months total.</li> <li>● Once per eligible member until September 30, 2027.</li> <li>● Member may have the fruit and vegetable box delivered to their home or be picked up from designated pick-up areas.</li> <li>● For a prepaid card, each time a provider adds new funds to the member’s card (biweekly or monthly), any unspent funds will expire and may not be carried over from month to month.</li> </ul>	<ul style="list-style-type: none"> <li>● Does not cover meat, poultry, fish, dairy products, breads, cereals, seeds, potted plants, or other foods that are not considered fruits and vegetables. Fruit and vegetables that contain other types of foods such as fruit-nut mixtures or vegetable-grain mixtures are also not included.</li> <li>● Members that reside in an institutional setting or shelter that is obligated to provide its residents with meals are not eligible for this service.</li> </ul>

	<ul style="list-style-type: none"> <li>• Qualifying fruits and vegetables may be fresh, or frozen, dried, or canned without added sugars, oils, fats, salts. Fresh herbs and infant food are also included.</li> <li>• Members may not concurrently receive the fruit and vegetable benefit, pantry stocking and medically tailored meals.</li> </ul>	
<b>Pantry stocking</b>		
<p>The pantry stocking benefit provides qualifying OHP members with a portion of their recommended daily food for up to six months.</p>	<ul style="list-style-type: none"> <li>• Provided to the member on a recurring weekly, bi-weekly or monthly basis dependent on the provider’s offering and member’s preference.</li> <li>• Administered through a pantry box for delivery or pickup or a prepaid card to be used only at a food retailer for allowable purchases.</li> <li>• Unit limit is one per week for a total of 24 weeks, across six months total.</li> <li>• Once per eligible member until September 30, 2027.</li> <li>• Member may have the pantry stocking box delivered to their home or they can pick up from designated areas</li> <li>• For a prepaid card, each time a provider adds new funds to the member’s card (biweekly or monthly), any unspent funds will expire and may not be carried over month to month.</li> <li>• Foods available through this service may be fresh, frozen, dried, pureed, or canned.</li> <li>• Members must not concurrently receive fruit and vegetable benefit, pantry stocking and medically tailored meals.</li> </ul>	<ul style="list-style-type: none"> <li>• Service cannot be used to purchase the following items: <ul style="list-style-type: none"> <li>○ Beer, wine, liquor, cigarettes, or tobacco;</li> <li>○ Vitamins, medicines, and supplements. If an item has a Supplement Facts label, it is considered a supplement and is not eligible for HRSN purchase;</li> <li>○ Live animals (except shellfish, fish removed from water, and animals slaughtered prior to pick-up from the store);</li> <li>○ Foods that are hot at the point of sale;</li> <li>○ Non-food items such as pet foods, cleaning supplies, paper products, and other household supplies; and hygiene items or cosmetics.</li> </ul> </li> <li>• Members that reside in an institutional setting or shelter that is obligated to provide its residents with meals are not eligible for this service.</li> </ul>

Services	Limitations
<p><b>Assessment for medically tailored meals</b> Meeting with a dietitian who can check a member's health to see if they need special meals made for their condition.</p>	
<p><b>Medically tailored meals</b> Meals customized specifically for a member's health condition(s).</p>	<ul style="list-style-type: none"> <li>• Meals must be delivered to a member's home or wherever they live. This could include shelters that do not serve meals</li> <li>• A member can receive up to three meals per day for up to six months</li> <li>• If a member lives in a place that is required to serve them meals, they cannot get this service</li> <li>• Member must have a place to safely store and prepare meals</li> </ul>
<p><b>Nutrition education</b> Any type of education that helps a member make healthy food choices and take care of their body.</p>	<ul style="list-style-type: none"> <li>• This service cannot be used if a member can get a similar service through their medical benefit</li> </ul>

## Flexible Services

Flexible Services are cost-effective items or services offered to members to supplement covered benefits. They are things that can improve a member’s health but are not part of their health plan. Examples include some of the items in the following sections.

Oregon Health Plan (Medicaid) members enrolled with CareOregon may receive up to \$1,500 of Flexible Services per calendar year.

### Flexible Services Housing Support

#### Eligibility

To be eligible for Flexible Services housing support, all 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 such as those listed below

#### Qualifying medical conditions

- Adults aged 65 and older
- Children under age 6
- Complex behavioral health problems
- Complex physical health or dental health problems
- Members who are transitioning to **dual Medicaid and Medicare** status
- 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**
- Members with an **intellectual or developmental disability**
- Members who **need assistance with one or more activities of daily living**
- Members who have repeatedly used the **emergency department or crisis services**

#### Available items and services

Services and items	Limitations	Exclusions
<b>Rent</b>		
Payment to cover a member’s cost of recurring rent or past due rent. This includes: <ul style="list-style-type: none"> <li>• Rent payment</li> <li>• Renter’s insurance, if required by the lease</li> <li>• Utilities paid by the landlord that are not already covered by utility assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Available once every three years</li> <li>• Limited to current amount owed</li> <li>• The requesting member’s name must be on the lease agreement</li> <li>• Member must be actively enrolled in OHP at the time help is provided</li> <li>• Member must show ability to pay rent in the future</li> </ul>	<ul style="list-style-type: none"> <li>• Pet fees (including emotional support animals)</li> <li>• Parking fees</li> <li>• Amenity fees</li> <li>• Landlord-paid taxes</li> <li>• Property insurance</li> <li>• Rent payments to roommates or other health plan members</li> </ul>

Services and items	Limitations	Exclusions
<b>Utilities</b>		
Payment to cover set-up or restart costs, or past-due or future-due utilities: <ul style="list-style-type: none"> <li>• Garbage</li> <li>• Water</li> <li>• Sewage</li> <li>• Recycling</li> <li>• Gas</li> <li>• Electric</li> <li>• Internet</li> <li>• Phone</li> </ul>	<ul style="list-style-type: none"> <li>• Help with utility payments that are past due or will be due in the future</li> <li>• Available once every three years</li> <li>• Member must show ability to pay utilities in the future</li> </ul>	<ul style="list-style-type: none"> <li>• Utility bills not in the member's name. Member must show proof that the address for service is the member's address.</li> <li>• Homeowner utility fees</li> </ul>
<b>Hotels/motels</b>		
Payment to cover costs for hotel or motel stays.	Members are eligible to receive support in the following situations: <ul style="list-style-type: none"> <li>• Leaving the hospital with no place to live and a doctor's recommendation</li> <li>• Extreme weather event that can worsen a member's health condition</li> <li>• Inability to remain in home during home changes</li> </ul>	<ul style="list-style-type: none"> <li>• Pet fees</li> <li>• Parking fees</li> <li>• Amenity fees</li> </ul>
<b>Home changes</b>		
Making changes to the member's home to remove health and safety risks. Making sure the home fits their needs for health, safety, and daily activities. Includes the following services: <ul style="list-style-type: none"> <li>• Ramps</li> <li>• Grip bars</li> <li>• Door and cabinet handles</li> <li>• Getting rid of pests</li> <li>• Deep cleaning</li> <li>• Installing washable curtains or synthetic window blinds to help with allergies</li> </ul>	<ul style="list-style-type: none"> <li>• Can happen as needed in member's current place of residence</li> <li>• Request must include a detailed price estimate for the change needed</li> </ul>	<ul style="list-style-type: none"> <li>• Home changes that are the landlord's responsibility to resolve</li> <li>• Home changes made for design or style</li> <li>• Changes that add to the size of the home</li> <li>• General repair and upkeep required for the home</li> </ul>
<b>Storage fees</b>		
Payment for storing personal items to help with moving or during a time of change, so that a member's things can be safely kept or moved.	<ul style="list-style-type: none"> <li>• Current storage fees once every three years</li> </ul>	<ul style="list-style-type: none"> <li>• Storage fees for non-commercial storage units</li> </ul>
<b>Moving expenses</b>		
Help to prepare for or support a move	<ul style="list-style-type: none"> <li>• Available once per move</li> </ul>	<ul style="list-style-type: none"> <li>• No out of state moves</li> </ul>

## Flexible Services Climate Devices

### Eligibility

To be eligible for Flexible Services climate device support, all 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 such as those listed below

### Qualifying medical conditions

- Adults aged 65 and older
- Children under age 6
- Specific behavioral health problems
- Specific physical health or dental health problems
- Members that are pregnant or within 12 months postpartum
- Members with an intellectual or developmental disability where health need increases during climate event
- Members who need assistance with one or more activities of daily living where health need increases during climate event
- Members who have repeatedly used the emergency department or crisis services for a climate related health problem

### Available items

Item	Limitations
Air conditioner	<ul style="list-style-type: none"><li>• One replacement device every three years</li></ul>
Air filtration device	<ul style="list-style-type: none"><li>• One replacement device every three years</li></ul>
Heater	<ul style="list-style-type: none"><li>• One replacement device every three years</li></ul>
Mini-refrigeration unit	<ul style="list-style-type: none"><li>• Limited to medications or liquid nutrition that needs refrigeration</li><li>• One replacement device every three years</li></ul>
Portable power supply	<ul style="list-style-type: none"><li>• Limited to use with medical equipment or technology that requires electricity and necessary for communication or activities of daily living (ADL)</li><li>• One replacement device every three years</li></ul>

## Flexible Services Nutrition Support

### Eligibility

To be eligible for Flexible Services nutrition support, all 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 have food insecurity
- You must have a current medical condition and life situation such as those listed below

### Qualifying medical conditions

- Adults aged 65 and older
- Children under age 6
- Complex behavioral health problems
- Complex physical health or dental health problems
- Members who are transitioning to dual Medicaid and Medicare status
- 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**
- Members with an **intellectual or developmental disability**
- Members who **need assistance with one or more activities of daily living**
- Members who have repeatedly used the **emergency department or crisis services**

### Available services

Services	Limitations
<b>Food boxes</b> Specific foods from farms and other local groups	<ul style="list-style-type: none"><li>• Only for complex physical health or dental health problems</li></ul>
<b>Nutrition education</b> Any type of education that helps a member make healthy food choices and take care of their body.	

## Flexible Services Other Social Supports

As a reminder, Flexible Services are cost-effective items or services offered to members to supplement covered benefits. They are things that can improve a member's health but are not part of their health plan. Oregon Health Plan (Medicaid) members enrolled with CareOregon may receive up to \$1,500 of Flexible Services per calendar year.

## Eligibility

To be eligible for other social supports, all 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

## Available items and services

Here are some examples of common supports 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. The conditions for funding will be different depending on the item or service you're asking for.

Services and items	Qualifying medical conditions and life situations
<b>Sensory support items</b> (weighted blankets, sleep aids, vouchers for yoga classes, etc.)	<ul style="list-style-type: none"><li>• Members struggling with autism, anxiety or depression</li></ul>
<b>Vehicle repairs</b>	<ul style="list-style-type: none"><li>• Members living in their vehicle needing minor vehicle repairs</li></ul>
<b>Clothing</b>	<ul style="list-style-type: none"><li>• Members leaving domestic violence</li></ul>
<b>Baby equipment</b> (car seat or stroller)	<ul style="list-style-type: none"><li>• Pregnant or postpartum members</li></ul>
<b>Electronic devices such as communication devices or tablets</b>	<ul style="list-style-type: none"><li>• Children struggling with autism, anxiety, depression</li></ul>
<b>Educational materials or books</b>	<ul style="list-style-type: none"><li>• Complex physical health conditions</li></ul>
<b>Exercise equipment and gym memberships</b>	<ul style="list-style-type: none"><li>• Complex physical health conditions</li></ul>
<b>Camp enrollment</b>	<ul style="list-style-type: none"><li>• Children with autism or depression, etc.</li></ul>
<b>Oral hygiene products (toothbrushes)</b>	<ul style="list-style-type: none"><li>• Members with treatment goals to prevent oral health/dental issues</li></ul>

## Exclusions

The following supports and services are NOT currently covered:

- Requests to be paid back for items or services that are not covered
- Items and services that are available under your health plan benefits.
- Credit card bills or loan payments
- Mortgage payments
- Fees (pet fees, legal fees, etc.)
- Payment for caregivers or other hired long term supports
- Payment for non-members, such as funding a non-member's utilities or getting an air conditioner for someone that is not living at your residence
- Payment related to the building 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 or services that have unproven benefits
- Dental services performed by a dental provider (crowns, implants, etc.)

You can get this document in other languages, large print, braille or a format you prefer. You also have the right to an interpreter. You can get help from a certified or qualified health care interpreter. This help is free. Call 800-224-4840, TTY 711, or tell your provider. We accept relay calls.