

# Social Needs Assistance Guidelines

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# 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 example, 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 stress can hurt your mental and emotional health.

When you do have what you need, it can help you stay healthy and feel better overall. It helps you build good relationships and be part of your community. These things can 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
- Nutrition support
- Other social supports that are not covered under your Oregon Health Plan (OHP) benefits

## 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 Medicaid benefit for members on the Oregon Health Plan. This benefit provides climate, housing and nutrition items/services. It is funded by the Oregon Health Authority (OHA). They make the benefits for the Oregon Health Plan.

**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.

## Purpose of the Guidelines

This guide was created to help members understand what is needed to get services and items that can make life easier. These services may be based on medical conditions, life changes, or social challenges members might be facing. Knowing what you need before applying for anything will make filling out your application easier.

## How to use the Guidelines

This guide is divided into different sections based on your needs. Each section has information about qualifications and what is available or not. Some qualifications may make you eligible for several categories, but it's best to focus on the one you choose to get the most accurate information.

# Housing Support

## Eligibility

To be eligible for 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 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
- **Health problems with the body or mouth** that are serious, long-lasting, or life-threatening, and need treatment to keep them from getting worse. These problems can make it hard to afford 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 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 and pervasive developmental disorders, etc.
- Members with two or more **emergency department visits** and/or crisis encounters in the past six 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><b>Rent</b> Payment to cover a member's cost of recurring rent or past due rent, including:</p> <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> <p>Rent payments can be provided for the following housing types:</p> <ul style="list-style-type: none"> <li>Apartment units, single room occupancy units, single or multifamily homes</li> <li>Mobile home communities</li> <li>Accessory dwelling units (ADUs)</li> <li>Co-housing communities</li> <li>Middle housing types (e.g., duplex, triplex)</li> <li>Trailers, manufactured homes or manufactured home lots</li> <li>Permanent supportive housing or other housing with a lease or written agreement</li> </ul>	<ul style="list-style-type: none"> <li>Up to three months (Flexible Services) and six months (HRSN) of rent assistance for the household</li> <li>Available once every three years</li> <li>Limited to current amount owed, including any back rent</li> <li>The requesting member's name must be on a lease agreement</li> <li>Must show proof that you can 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>Any homeowner costs, including mortgages</li> <li>Property insurance</li> <li>Rent payments to roommates or other health plan members</li> </ul>
<p><b>Hotels/motels</b> 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"> <li>Post hospitalization: <ul style="list-style-type: none"> <li>Up to three months of motel expenses paid with a clinical need that requires motel/hotel stay to stabilize after hospital discharge</li> <li>Required to have outpatient follow up treatment plan</li> <li>Available once per eligible hospitalization</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Pet fees</li> <li>Parking fees</li> <li>Amenity fees</li> </ul>

Services and items	Limitations	Exclusions
	<ul style="list-style-type: none"> <li>• Extreme weather events: <ul style="list-style-type: none"> <li>◦ Members with a health condition that would get worse by an extreme weather event</li> <li>◦ Up to seven days of motel expenses during extreme weather</li> <li>◦ Available once per event</li> </ul> </li> <li>• Transitioning from homelessness with move-in date within three months: <ul style="list-style-type: none"> <li>◦ Members who are experiencing homelessness and have a move-in date to permanent or transitional housing</li> <li>◦ Up to three months</li> <li>◦ Available once per move</li> </ul> </li> <li>• Inability to remain in home during approved home remediations/modifications</li> </ul>	
<p><b>Utilities</b></p> <p>Payment to cover set-up or restart costs, or past-due or future-due utilities:</p> <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 payments that are past due or will be due in the future</li> <li>• Available once every three years</li> </ul>	<ul style="list-style-type: none"> <li>• Utility bills not in the member's name (e.g., utility bill in roommate's name). Member must show proof that the address for service completion is the member's primary address.</li> <li>• Homeowner utility fees</li> </ul>

Services and items	Limitations	Exclusions
<p><b>Home modifications</b></p> <p>Making changes to the member's home to remove health and safety risks and make sure the home fits their needs for health, safety, and daily activities.</p> <p>Includes the following services:</p> <ul style="list-style-type: none"> <li>• Ramps</li> <li>• Grip bars</li> <li>• Door and cabinet handles for members having problems with hand movement or control</li> </ul> <p>Landlords must provide written consent to the service.</p> <p>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"> <li>• Home accessibility modifications that are the landlord's responsibility to resolve (i.e., unsafe conditions, disrepair)</li> <li>• Home modifications made exclusively for preference, design, or style.</li> <li>• Any of the following modifications: <ul style="list-style-type: none"> <li>◦ Roof repairs or updates</li> <li>◦ Appliance updates</li> <li>◦ Heating and cooling installation</li> <li>◦ Skylights and windows</li> <li>◦ Hot water tanks</li> </ul> </li> <li>• Adaptations that add to the total square footage of the home</li> <li>• General repair or maintenance and upkeep required for the home</li> <li>• Material upgrades or supplemental payments to the provider by landlord or informal supports</li> </ul>
<p><b>Storage fees</b></p> <p>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.</p> <p>This may include storing the following types of personal belongings:</p> <ul style="list-style-type: none"> <li>• Appliances</li> <li>• Furniture</li> <li>• Bedding</li> <li>• Clothing</li> <li>• Identification documentation</li> </ul> <p>Items must be stored at commercial storage units, including self-storage and portable moving and storage solutions (e.g., PODS, U-Box).</p>	<ul style="list-style-type: none"> <li>• Up to six months of storage fees</li> <li>• 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</li> <li>• Available once every three years</li> </ul>	<ul style="list-style-type: none"> <li>• Storage fees for other types or items or non-commercial storage units</li> </ul>

Services and items	Limitations	Exclusions
<p><b>Housing remediation</b>            Health-related home repairs to fix safety problems and make sure the member's home is safe and healthy to live in.            Includes the following services:</p> <ul style="list-style-type: none"> <li>• Getting rid of pests</li> <li>• Putting up washable curtains or plastic blinds to keep out allergens</li> <li>• Chore service, including the following:               <ul style="list-style-type: none"> <li>◦ Heavy housecleaning so the member can get around the home safely</li> <li>◦ Removal of hazardous waste, debris, or dirt from the home</li> <li>◦ Removal of yard hazards so that the outside of the home is safe for entry and exit</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Chore services accessed as a one-time event. No limit on other services</li> <li>• Available once every three years</li> </ul>	<ul style="list-style-type: none"> <li>• Remediation services that are contractually the landlord's responsibility, such as mold and pest eradication</li> <li>• Remediation services not directly related to eliminating home-based health and safety risks</li> <li>• Remediations that add to the total square footage of the house</li> <li>• General repair or maintenance and upkeep of the home</li> <li>• Material upgrades or supplemental payments to the provider by landlords or informal supports</li> <li>• Chore services do not include               <ul style="list-style-type: none"> <li>◦ General housekeeping</li> <li>◦ Removal of debris that does not impede the member from safety traversing within the home, or entering or exiting</li> <li>◦ Removing items that do not present a potential fire hazard</li> </ul> </li> </ul>
<p><b>Moving Expenses</b>            Includes assistance needed to prepare for or support a move.</p>	<ul style="list-style-type: none"> <li>• Once per move</li> <li>• Maximum amount \$1,200</li> </ul>	<ul style="list-style-type: none"> <li>• Does not cover out of state moves</li> </ul>

## Climate devices

### Eligibility

To be eligible for 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 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
<u>Air conditioner</u>	<p>One or more must apply to the member applying for the climate device:</p> <ul style="list-style-type: none"> <li>• Currently pregnant or postpartum</li> <li>• Child - less than 6 years of age</li> <li>• Adult - 65 years and older</li> <li>• Chronic lower respiratory condition: <ul style="list-style-type: none"> <li>○ chronic obstructive pulmonary disease (COPD)</li> <li>○ asthma requiring regular use of asthma controlling medications</li> <li>○ restrictive lung disease</li> <li>○ fibrosis</li> <li>○ chronic bronchitis</li> <li>○ bronchiectasis</li> </ul> </li> <li>• Chronic cardiovascular disease, including cerebrovascular disease and heart disease</li> <li>• Spinal cord injury</li> <li>• Receiving in-home hospice</li> <li>• Previous heat-related or cold-related illness requiring urgent or acute care, e.g., emergency room and urgent care visits</li> <li>• Chronic kidney disease</li> <li>• Diabetes mellitus, requiring any medication, oral or insulin</li> <li>• Multiple Sclerosis</li> <li>• Parkinson's disease</li> <li>• Bipolar and related disorders</li> <li>• Major depressive disorder, with an acute care need in the past 12 months, including a suicide attempt, crisis services utilization (emergency</li> </ul>	<ul style="list-style-type: none"> <li>• One replacement device every three years</li> </ul>

<b>Services and items</b>	<b>Qualifying medical conditions and life situations</b>	<b>Limitations</b>
	<p>department, mobile crisis team, etc.), acute psychiatric hospitalization, or residential treatment</p> <ul style="list-style-type: none"> <li>• Schizophrenia spectrum and/or other psychotic disorders</li> <li>• One or more of the following substance use disorders: alcohol, hallucinogens, inhalants, opioids or stimulants</li> <li>• Major neurocognitive disorder</li> <li>• Any sensory, physical, intellectual, or developmental disability that increases health risks during extreme climate events</li> </ul>	
<u>Air filtration device</u>	<ul style="list-style-type: none"> <li>• Pregnant or postpartum</li> <li>• Child - less than 6 years of age</li> <li>• Adult - 65 years and older</li> <li>• Bipolar and related disorders</li> <li>• 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</li> <li>• Schizophrenia spectrum and other psychotic disorders</li> </ul>	<ul style="list-style-type: none"> <li>• One replacement device every three years</li> </ul>
<u>Heater</u>	<ul style="list-style-type: none"> <li>• Pregnant or postpartum</li> <li>• Child - less than 6 years of age</li> <li>• Adult - 65 years and older</li> <li>• Chronic lower respiratory condition: <ul style="list-style-type: none"> <li>◦ chronic obstructive pulmonary disease (COPD)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• One replacement device every three years</li> </ul>

<b>Services and items</b>	<b>Qualifying medical conditions and life situations</b>	<b>Limitations</b>
	<ul style="list-style-type: none"> <li>○ asthma requiring regular use of asthma controlling medications</li> <li>○ restrictive lung disease</li> <li>○ fibrosis</li> <li>○ chronic bronchitis</li> <li>○ bronchiectasis</li> <li>● Chronic cardiovascular disease, including cerebrovascular disease and heart disease</li> <li>● Spinal cord injury</li> <li>● Receiving in-home hospice</li> <li>● Previous heat-related or cold-related illness requiring urgent or acute care, e.g., emergency room and urgent care visits</li> <li>● Chronic kidney disease</li> <li>● Diabetes mellitus, requiring any medication, oral or insulin</li> <li>● Multiple Sclerosis</li> <li>● Parkinson's disease</li> <li>● Bipolar and related disorders</li> <li>● 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</li> <li>● Schizophrenia spectrum and other psychotic disorders</li> <li>● One or more of the following substance use disorders: alcohol, hallucinogens, inhalants, opioids or stimulants</li> <li>● Major neurocognitive disorder</li> <li>● Any sensory, physical, intellectual, or developmental disability that increases health</li> </ul>	

<b>Services and items</b>	<b>Qualifying medical conditions and life situations</b>	<b>Limitations</b>
	risks during extreme climate events	
<u>Mini-refrigeration unit</u>	<ul style="list-style-type: none"> <li>• 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"> <li>○ some insulin medications (Humulin, Novolin, Lantus)</li> <li>○ certain antibiotics (Amoxicillin/clavulanate suspension)</li> <li>○ biological products (monoclonal antibodies)</li> <li>○ Amphotericin B (ophthalmic)</li> <li>○ Interferon gamma-1b</li> <li>○ eye and ear drops (most can be kept at room temperature for 28 days after opening)</li> <li>○ reconstituted antibiotics (usually need to be discarded after 1 to 2 weeks)</li> <li>○ some tablets (e.g., Leukeran, Alkeran)</li> <li>○ injections (all insulin can be kept at room temperature for 1 month, interferons, etc.)</li> </ul> </li> <li>• Enteral or parenteral nutrition</li> </ul>	<ul style="list-style-type: none"> <li>• One replacement device every three years</li> </ul>
<u>Portable power supply</u>	<ul style="list-style-type: none"> <li>• Durable medical equipment (DME) requiring electricity for use. Examples include but are not limited to: <ul style="list-style-type: none"> <li>○ oxygen delivery systems (including concentrators, humidifiers, nebulizers, and ventilators)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• One replacement device every three years</li> </ul>

<b>Services and items</b>	<b>Qualifying medical conditions and life situations</b>	<b>Limitations</b>
	<ul style="list-style-type: none"> <li>○ intermittent positive pressure breathing machines</li> <li>○ cardiac devices</li> <li>○ in-home dialysis and automated peritoneal dialysis</li> <li>○ feeding pumps</li> <li>○ IV infusions</li> <li>○ suction pumps</li> <li>○ power wheelchair and scooter</li> <li>○ lift systems and electric beds</li> <li>○ breast pumps for first 6mo post-partum</li> <li>○ other DME medically required for sustaining life</li> <li>● Assistive technologies requiring electricity and necessary for communication or activities of daily living (ADL)</li> </ul>	

# Nutrition Support

## Eligibility

To be eligible for 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 must have a qualifying medical condition and life situation such as those listed below
- You must be experiencing serious food shortages

## 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 nutrition 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
- **Health problems with the body or mouth** that are serious, long-lasting, or life-threatening, and need treatment to keep them from getting worse. These problems can make it hard to afford 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 who are **homeless or at risk of homelessness**
- Members who are transitioning to **dual Medicaid and Medicare** status
- 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 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 help 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 or more emergency department visits** and/or crisis encounters in the past six 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><b><u>Assessment for medically tailored meals</u></b></p> <p>A first meeting with a licensed dietitian or a doctor, to create a healthy eating plan fit for the member</p>	<ul style="list-style-type: none"> <li>● Member must be eligible for the HRSN Medically Tailored Meals service</li> </ul>	
<p><b><u>Medically tailored meals</u></b></p> <p>Meals made to help improve an existing health condition. This includes the making and delivering of the meals</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> </ul>	<ul style="list-style-type: none"> <li>● If you live in a place that is required to serve you meals, you cannot get this service</li> </ul>
<p><b><u>Nutrition education</u></b></p> <p>Any type of education that helps a member make healthy food choices and take care of their body. This can include personal nutrition advice or group classes about healthy eating</p>		<ul style="list-style-type: none"> <li>● If a member can get a similar service through Medicaid benefits, this service cannot be used. An example is getting Medical Nutrition Therapy (MNT) through OHP</li> </ul>

# Other social supports

## Eligibility

To be eligible for 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
- 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. 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>
Vehicle repairs	<ul style="list-style-type: none"><li>• Members living in their vehicle needing minor vehicle repairs</li></ul>
Clothing	<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>• Pediatric members struggling with autism, anxiety, depression</li></ul>
Educational materials or books	<ul style="list-style-type: none"><li>• Diabetes</li></ul>
Exercise equipment and gym memberships	<ul style="list-style-type: none"><li>• Diabetes, weight management</li></ul>
Camp enrollment	<ul style="list-style-type: none"><li>• Pediatric members with autism or depression, etc.</li></ul>

## 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