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TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 79-2025

CHAPTER 410

OREGON HEALTH AUTHORITY

HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED

10/24/2025 11:28 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Requires lease and income verification be provided at time of request for HRSN rent assistance.

EFFECTIVE DATE: 11/01/2025 THROUGH 04/29/2026

AGENCY APPROVED DATE: 10/07/2025

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NEED FOR THE RULE(S):

In response to high volume and complex processes, the HRSN rules are to be adjusted to require the lease agreement and income verification at the time of HRSN request for HRSN rent and utility financial assistance. These verifications have been required since the launch of the HRSN Housing benefit. This change shifts the timing of the lease and income verification requirements to the HRSN request point rather than during the screening process.

JUSTIFICATION OF TEMPORARY FILING:

(1) Describe the specific consequences that result from the failure to immediately adopt, amend or suspend the rule(s). Describe why this filing needs to be filed now and not go through the Notice, comment period and the Permanent Filing process.

Once a complete HRSN Housing Request is received the health plan has 7-14 days to authorize or deny the request. Eligible members are potentially being denied HRSN rent and utility assistance due to the limited time to provide required documentation in the authorization timeline. Requiring the lease and income documentation before the request is considered complete will prevent denials based only on lack of those required verifications. Current verification timeline also places CCOs at risk of being out of compliance when authorizations are pending due to missing or delayed verifications.

(2) Who would suffer these consequences. List all the groups that would suffer if the rule(s) are not immediately filed as a Temporary Filing.

CCOs, Members

(3) Why or how failure to immediately take rulemaking action would cause these consequences; Describe what will happen if we are not in compliance or were to wait and go through the permanent process – what happens to the public, interested parties, partners, etc.

Waiting to go through the permanent process would result in continued authorization delays due to missing or delayed verifications and unnecessary denials, both of which increase members risk of becoming homeless.

(4) How the temporary action will avoid or mitigate those consequences. Indicate how the rule(s) specifically remedy or avoid having a problem.

The temporary action will result in an immediate change to the request process allowing health plans to reduce or avoid procedural denials due to documentation delays and will increase the likelihood that health plans will be in compliance with authorization timelines.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

None

AMEND: 410-120-2010

RULE TITLE: HRSN Service Requests

RULE SUMMARY: Added requirement for HRSN rent and utility financial assistance to include lease agreement and income verification at the time of HRSN request. This is required for a request to be considered complete.

RULE TEXT:

(1) MCEs and the Authority shall accept and document all requests for HRSN Services ("HRSN Request(s)") received through the pathways identified in OAR 410-120-2005. MCEs and the Authority shall accept, document, and receive all Self-Attestations for HRSN Services in the same manner as HRSN Requests.

(2) MCEs and the Authority shall accept HRSN Requests from HRSN Connectors, who are not HRSN Service Providers, in writing or via telephone (or both). With the exception of HRSN Medically Tailored Meals, HRSN home modifications and remediations, and HRSN rent and utility financial assistance, an HRSN Request made to the MCE or, as applicable, the Authority shall be effective when made:

(a) By telephone upon documenting all of the information in subsection (c) of this section (2). Documentation must be made during the telephone call or immediately thereafter; or

(b) In writing by the HRSN Connector and delivered to the MCE or, as applicable the Authority, provided that the writing includes all of the information described in subsection (c) of this section (2).

(c) An HRSN Request submitted by HRSN Connectors must be documented in writing as described in subsections (a) or (b) of this section (2) and include all of the following information:

(A) The name and contact information for the individual recommended; and

(B) The HRSN Service(s) the individual needs or may need; and

(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority, in accordance with OAR 410-120-2015.

(3) HRSN Requests made by HRSN Connectors who are not HRSN Service Providers for Medically Tailored Meals shall be effective when the MCE, or as applicable, the Authority, has collected the information in subsections (a) - (d) of this section (3). Information in sections (a) - (c) of this section (3) may be collected during a telephone call or immediately thereafter. Information in sections (d) and (e) must be provided to, or otherwise obtained by, the MCE or, as applicable, the Authority, in writing:

(a) The name and contact information for the individual recommended; and

(b) The HRSN Service(s) the individual needs or may need; and

(c) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority; and

(d) An assessment conducted by a Registered Dietitian Nutritionist licensed in the state of Oregon (RDN) indicating that Medically Tailored Meals are Medically Necessary and Medically Appropriate for the individual together with a

Nutrition Care Plan.

(e) In the event access to a RDN is limited or delayed, the assessment and Nutrition Care Plan described in subsection (d) of this Section (3) may be provided by a primary care physician or a physician specialist such as a cardiologist or oncologist.

(4) HRSN Requests made by HRSN Connectors that are not HRSN Service Providers of HRSN rent and utility assistance shall be effective when the MCE, or as applicable, the Authority, has collected the information in subsections (a) – (d) of this section (4). The information in sections (a) – (d) of this section (4) may be collected during a telephone call or immediately thereafter. The information in section (e) must be provided to, or otherwise obtained by, the MCE, or as applicable, the Authority, in writing:

(a) The name and contact information for the individual recommended; and

(b) The HRSN Service(s) the individual needs or may need; and

(c) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority; and

(d) Income verification to determine “At Risk of Homelessness” as described in OAR 410-120-0000. Income verification may be self-attested to as described in OAR 410-120-2015.

(e) A written lease or rental agreement as described in OAR 410-120-2005 Table 4.

(5) HRSN Requests made by HRSN Connectors that are not HRSN Service Providers for HRSN home modifications and remediations shall be effective when the MCE, or as applicable, the Authority, has collected the information in subsections (a) and (b) of this section (5) as follows:

(a) The information identified in this subsection (a) may be collected in writing or during a telephone call. If the information is collected during a telephone call, the information must be documented by the MCE or, as applicable, the Authority during or immediately after the telephone call.

(A) The name and contact information for the individual recommended; and

(B) The HRSN Service(s) the individual needs or may need; and

(C) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority.

(b) The following information must be provided to, or collected by, the MCE or, as applicable, the Authority, in writing:

(A) A completed scope of work must be submitted to the MCE or the Authority as appropriate, as detailed in OAR 410-120-2005 Table 4; and

(B) If the Member rents their home, the landlord must provide written consent to the service, which shall also serve as verification that the individual lives at the residence; or

(C) If the Member owns their home, the Member must provide proof of homeownership (for example, Certificate of Title/Deed, Monthly mortgage bill).

(6) With the exception of HRSN Medically Tailored Meals, HRSN home modifications and remediations, and HRSN rent and utility financial assistance, HRSN Requests made by an HRSN Connector that is also an HRSN Service Provider must be in writing and at a minimum, must include the information in (a) - (c), and may include the information identified in (d) – (f) as follows:

(a) Name and contact information for the individual being recommended;

(b) The HRSN Service(s) the individual needs or may need;

(c) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority, which must be signed or orally attested to by the individual for whom the request is being made or the individual's Representative;

(d) Confirmation of individual's current OHP enrollment;

(e) Confirmation of current enrollment in the MCE or in FFS;

(f) Any other information regarding the individual's potential HRSN Eligibility.

(7) HRSN Requests for HRSN Medically Tailored Meals made by an HRSN Connector that is also an HRSN Service Provider must be in writing and at a minimum must include the information in (a) - (e), and may include the information

identified in (f) – (h) as follows:

- (a) Name and contact information for the individual being recommended;
 - (b) The HRSN Service(s) the individual needs or may need;
 - (c) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority, which must be signed or verbally attested to by the individual for whom the request is being made or the individual's Representative;
 - (d) Registered Dietitian Nutritionist (RDN) assessment (or Primary Care Provider (PCP) if RDN access is limited or delayed) indicating that Medically Tailored Meals are Medically Appropriate and Medically Necessary for the individual;
 - (e) Nutrition Care Plan;
 - (f) Confirmation of individual's current OHP enrollment;
 - (g) Confirmation of current enrollment in the MCE or in FFS;
 - (h) Any other information regarding the individual's potential HRSN Eligibility.
- (8) HRSN Requests made by HRSN Connectors that are also HRSN Service Providers of HRSN rent and utility financial assistance, must be in writing and at a minimum must include the information in subsections (a) – (d) of this section (8), and may include the information in (e) – (h) as follows:
- (a) The name and contact information for the individual recommended; and
 - (b) The HRSN Service(s) the individual needs or may need; and
 - (c) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority; and
 - (d) Income verification to determine "At Risk of Homelessness" as described in OAR 410-120-0000. Income verification may be self-attested to as described in OAR 410-120-2015.
 - (e) A lease or written rental agreement as described in OAR 410-120-2005 Table 5.
 - (f) Confirmation of individual's current OHP enrollment;
 - (g) Confirmation of current enrollment in the MCE or in FFS;
 - (h) Any other information regarding the individual's potential HRSN Eligibility.
- (9) HRSN Requests made for HRSN home modifications and remediations made by an HRSN Connector that is also an HRSN Service Provider must be in writing and at a minimum, must include the information in (a) - (e), and may include the information identified in (f) – (h) as follows:
- (a) The name and contact information for the individual recommended;
 - (b) The HRSN Service(s) the individual needs or may need;
 - (c) A statement that the individual desires to take part in an HRSN Eligibility Screening performed by the MCE, or as applicable, the Authority;
 - (d) If the Member rents their home, the landlord must provide written consent to the service, which shall also serve as verification that the individual lives at the residence. If the Member owns their home, the Member must provide proof of homeownership (for example, Certificate of Title/Deed);
 - (e) A completed scope of work must be submitted to the MCE or the Authority as appropriate, as detailed in OAR 410-120-2005 Table 4;
 - (f) Confirmation of individual's current OHP enrollment;
 - (g) Confirmation of current enrollment in the MCE or in FFS;
 - (h) Any other information regarding the individual's potential HRSN Eligibility.
- (10) HRSN Connectors must not be required to use a particular form or template to make the HRSN Request; instead, all MCEs and the Authority shall accept any HRSN Request used by an HRSN Connector (including the HRSN Request Form made available by the Authority) that complies with the requirements in this rule.
- (11) All MCEs and the Authority shall accept HRSN Requests by any delivery method used by HRSN Connectors, including, but not limited to email, fax, mail, personal delivery, CIE, or any other reliable delivery method. For HRSN Connectors who are not HRSN Service Providers, delivery method may also include telephone.

(12) A request for HRSN Services that does not comply with the requirements of this rule is not considered complete and is not subject to the service authorization timelines defined in OAR 410-120-2015, OAR 410-120-2020 and OAR 410-141-3835. However, MCEs or the Authority must make a good faith effort to work with the Member or HRSN Connector as applicable to obtain the minimum required information to achieve a complete HRSN Request. Good faith effort means, the Member is informed that their HRSN Request is incomplete and provided with the support they may need to complete the HRSN Request. MCEs and the Authority must, when contacting and communicating with a member, utilize the member's preferred contact method.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 414.572, 414.605, 414.665, 414.719, 414.632