

# Instructions for State of Emergency HRSF Support Request form



## How a State of Emergency Request differs from a regular Flex Request

- This document is intended for use in periods during which a State of Emergency has been declared and the member's residence is in an impacted area. Other emergencies may be authorized by CareOregon. Examples where CareOregon may authorize this form are natural disasters where people are temporarily or permanently displaced or public health emergencies where being houseless increases health risks
- This form is specifically for housing and not for other items or services. If you have another emergent need that's not related to housing please use a regular request form.
- Member or hotel reservation name information on State of Emergency Flex forms may be provided to FEMA and/or other government agencies for reporting and/or reimbursement purposes.
- For State of Emergency hotel requests, we require not only member information but ALL household/family information (under Member Information section) for eligibility status and reconciliation.
- CareOregon is currently waiving submission of medical records with the first flex request but does require providers to document it in member's care plan. CareOregon may request chart notes in the future or for extensions.
- Due to the State of Emergency, we are currently waiving the requirement for the code of conduct form (hotel liability). We do still ask providers to have a conversation with the member regarding expected hotel behavior. If you have questions about what to include in the conversation please refer to our code of conduct (hotel liability) form on our website.
- This form is meant as a short-term solution during an active State of Emergency. As we move into medium- and long-term solutions and more resources become available due to recovery efforts, CareOregon reserves the right to change this process.

## Policy

These services are provided instead of, or in addition to, CCO covered Oregon Health Plan benefits and are intended to:

- Improve health quality and member health outcome (physical, oral, or behavioral health conditions)
- Reduce health disparities among specific populations
- Prevent avoidable hospital readmissions, improve patient safety, lower infection and mortality rates
- Payor of last resort - all available community resources must be exhausted prior to requesting CCO funds

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## 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.

At least **one** member of the family needs to be enrolled in a CareOregon affiliated CCO's Oregon Health Plan.

Eligible members by enrollment type:

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

## Timeline

In emergencies, we will try to process these housing requests as quickly as possible but due to limited resources we can't guarantee a timeline. Hotel request processing time and/or completion time is subject to hotel availability.

All requests for extensions under a state of emergency (e.g. wildfires) must be submitted 2-5 business days prior to the date the requested service is needed to allow for high volume processing times. Thank you for your patience.

## Process

- Requestor (part of member's behavioral or physical health care team or a care coordinator) submits a completed\* request form and hotel checklist.
- Requestor may suggest a vendor for use to fulfill the request, however, note that the vendor is not guaranteed. We will follow up with the contact indicated on the form if a different vendor needs to be identified.
- CareOregon team will review the request for eligibility and will follow-up with requestor regarding hotel information such as check-in dates/times and other correspondence.

\*Incomplete requests will be denied if requested information is not supplied within 5 business days. A new request with supporting documentation will need to be submitted to be accepted.

**Fax completed forms to:** ATTN: HRSFlex at 503-416-4728

**Secure email to:** [social.determinants@careoregon.org](mailto:social.determinants@careoregon.org)

**Health Related Services Voicemail Line:** 503-488-2808