

Accessing Nutrition Support: Applying Through Oregon's Coordinated Care Organizations

Chenxi Liu



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*This guidebook was created by Chenxi Liu in partnership with the Oregon Health and Science University Graduate Programs in Human Nutrition and the Nourish program at Doernbecher Children's Hospital to serve as a resource for patients and their families.

For official information from Advanced Health, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from AllCare CCO, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from Cascade Health Alliance, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from EOCCO, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from IHN-CCO, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from Health Share of Oregon, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from CareOregon, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from CPCCO, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from Jackson Care Connect, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from Pacific Source, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from Trillium Community Health Plan, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from Umpqua Health Alliance, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

For official information from Yamhill Community Care, please visit their website at [HRSN](#), [HRS](#), and [NEMT](#).

What are HRS and HRSN?

Health related services (HRS)

Non- covered services under Oregon’s Medicaid State Plan that are not otherwise administrative requirements and are intended to improve care delivery and overall member and community health and well-being. The two types of HRS include **flexible services** and **community benefit initiatives (CBI)**.



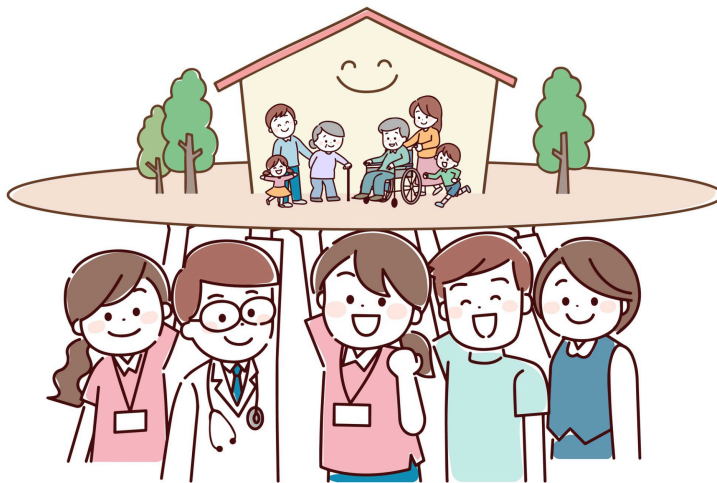
Flexible services (FS) are cost-effective services delivered to an individual OHP member to supplement covered benefits and improve their health and well-being. Members, primary care providers, behavioral health providers, care coordination staff members, and subcontractors within the CCO’s network can apply for flexible services for an OHP member by submitting an HRS-flexible services request.



Flexible services cover services such as

- Housing support
 - Phone/video appointments
 - Food support (vouchers, medically tailored meals, meal delivery, farmers market in a food desert, etc.)
-

Community benefits initiatives (CBI) are community-level interventions that include — but are not limited to — OHP members and are focused on improving population health and health care quality.



Health related social needs(HRSN)

HRSN provides social support to OHP members who are experiencing life transitions to promote better health outcomes. Currently, HRSN services include housing, climate, and nutrition. For nutrition services, CCOs have implemented **medically tailored meals (MTM)**, **assessments for MTM**, and **nutrition education**. This guidebook only provides HRSN services information regarding nutrition.



General Eligibility Requirements

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Release from incarceration in the past 12 months.

Discharge from an Institution for Mental Disease (IMD) in the past 12 months.

Current or past involvement in the Oregon child welfare system.

Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months.

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Being homeless or at risk of becoming homeless.

Medically tailored meals (MTM)

Available at the individual level only

Not allowed for those living in facilities that include meals.

OHP members who apply to MTM must be in a covered population, screened as having low food security per USDA 6-item screener and have clinical risk.

Members can receive up to 3 meals per day, 7 days per week, as appropriate.

OHP members need to be able to safely receive, store, and heat meals.

MTM menus/meal patterns should be developed/approved by a registered dietitian.

A member can receive up to three meals per day for up to six months.

Nutrition education

Can be offered to all waiver covered populations not receiving medically tailored meals

Not required to participate in nutrition education to receive other nutrition services.

Must be more than giving handouts, flyers, booklets, and recipes.

Evidence-based curriculum, appropriate for the focus population.

It needs to be trauma-informed.



HRS VS HRSN

Health related services (HRS)	Health related social needs (HRSN)
Non-covered services that improve member and community health *Complement to covered services	Covered services for certain transition populations that meet clinical and social risk criteria
Could include housing, nutrition, and climate services and supports	Include housing, nutrition, and climate services and supports
Provided to individual members and community partner organization	Provided to individual members
Available in Oregon since 2013	Available in 2024



Hospital Meal Reimbursement

Members may receive meal reimbursements for themselves and their caregivers through **Flexible Services** and **Non-Emergent Medical Transportation (NEMT)**. NEMT provides meal reimbursements when members travel between their home and medical appointments, but NEMT doesn't cover inpatient caregiver hospital meals. It is recommended that members keep their receipts in case their CCO requests them during the Flexible Services application process. Detailed information about Flexible Services and NEMT can be found under each CCO's section.



IMPORTANT: CCOs are not required to approve Flexible Services requests, so hospital meal reimbursements for caregivers and members are not guaranteed. However, members are strongly encouraged to apply.

Non-Emergent Medical Transportation (NEMT)

NEMT is a program that provides transportation to and from medical appointments that are covered by the Oregon Health Plan (OHP). Members **MUST** call their NEMT provider to check eligibility before scheduling a ride or requesting meal reimbursements.



NEMT:

Can travel to get health care services covered by OHP. Travel can be by taxi, bus or a local ride service.

Can also help pay for travel costs, such as gas, meals and lodging.

Is only for members with OHP Plus (BMM, BMH, BMD) benefits.

Official Sources

HRS:

<https://www.oregon.gov/oha/hpa/dsi-tc/pages/health-related-services.aspx>

HRSN:

<https://www.oregon.gov/oha/hsd/medicaid-policy/pages/hrsn.aspx>

NEMT:

<https://www.oregon.gov/oha/hsd/ohp/pages/nemt.aspx>

Advanced Health

HRS: Flexible services request

To Apply

- Click on the following link to fill out and submit the flexible services request form: <https://www.docshp.com/flexfund/>

Process Time

Emergent Requests	CCO Flex Fund Services are NOT available as emergency or crisis funding. Requests submitted within less than two business days of the date needed may not be considered for funding.
Urgent Requests	Urgent requests will have a turnaround of 2-3 business days, urgency is determined by the CCO.
Standard Requests	All standard requests under \$1,000 will be reviewed for a decision within 10 business days of submission. An extension of 5 business days may be necessary in certain cases.
Requests over \$1,000	Items over \$1,000 will require executive committee review and may require an extended review time and/or additional documentation requests.

Eligibility

The member must be enrolled in Advanced Health.

The member's coverage type must be consistent with the requested item or service.

The request must NOT be for an item that is a billable service or item (exceptions may be considered such as replacement dentures prior to eligibility for new ones, certain DME supplies or products after denial and appeal process)

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Advanced Health designated staff (ICC, CS Manager)
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

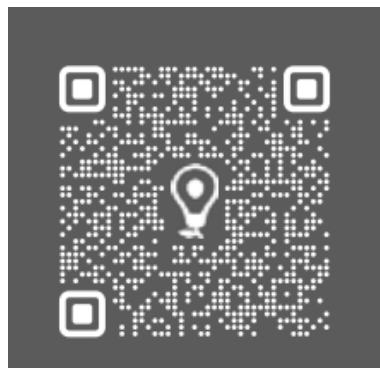
- ☐ Classes for weight loss, nutrition, cooking or exercise
- ☐ Educational books for diagnosis condition
- ☐ Grocery Store Vouchers
- ☐ Blender or nutritional drinks for members recovering from medical procedures
- ☐ Gym membership
- ☐ Home exercise equipment
- ☐ Diabetes education classes providing culturally and linguistically appropriate resources

HRS: Community benefits initiatives(CBI)

*Please call a care coordinator to learn about local community programs that provide nutrition support: 541-269-7400

Foodsmart

Apply: Scan this QR code with your phone to start.



Description:

- Get \$25 in Foodsmart Bucks grocery money for completing each phone call with a nutrition coach at no-cost. This is paid for by Advanced Health.
- How it works:
 - You will meet virtually with your personal nutrition coach to review your health history and goals.
 - Personalize your plan by selecting from thousands of delicious recipes with choices like 'low-sodium' or 'heart-healthy'.
 - Get daily support with the Foodsmart platform where you can save money on groceries and save time having food delivered.
 - See results, adapt your plan, and celebrate the journey with regular nutrition visits.

A1C-Ya Later! (Diabetes Empowerment program)

Apply: Call/text 541-772-8050 OR email servida.wellness@gmail.com

Description: Virtual diabetes education and physical training program that is free for Advanced Health members.

- Program include:
 - 14 online classes with local experts and health coaches
 - 8 weeks of physical training and one-on-one health coaching
 - Cash incentive at completion of 3 month program
 - Two 2025 programs: Starting April and September



HRSN: Health related social needs

To apply

- Login to Unite US using the following link <https://app.auth.uniteus.io/>
 - ◆ Following the instructions in [Sending HRSN Referrals to Advanced Health](#) to complete and submit the request form.
- OR, submit your request using this link:
<https://advancedhealth.com/members/health-related-social-needs/#tab-id-3>

Process time

14 days with an additional 14 days

General eligibility for receiving HRSN services

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Release from incarceration in the past 12 months.

Discharge from an Institution for Mental Disease (IMD) in the past 12 months.

Current or past involvement in the Oregon child welfare system.

Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months.

Being homeless or at risk of becoming homeless.

Eligibility: Medically Tailored Meals (MTM)

Medically tailored meals are for people with health conditions that need nutrition support to improve their health outcomes.

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Have a registered dietitian's assessment that shows they need MTMs

Meet with a registered dietitian on a regular basis to ensure that the MTMs meet care plan goals

Eligibility: Nutrition Education

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

To qualify a person must:

Be experiencing food insecurity

Qualifying life situations

- Left incarceration (jail, detention, etc.) in the past 12 months
- Left a mental health or substance use disorder treatment facility in the past 12 months
- In the Oregon child welfare system (foster care) now or in the past
- Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare
- Experiencing homelessness
- Have a household income that's 30% or less of the average yearly income where they live AND lack resources or support to prevent homelessness
- Being a young adult aged 19-20 who is living with an on-going childhood health condition

Qualifying health conditions

- Complex physical health condition
- Complex behavioral health condition
- Developmental or intellectual disability
- Difficulty with self-care and daily activities
- Experience of abuse or neglect
- 65 or older
- Under age 6
- Pregnant or gave birth in the past 12 months
- Repeated trips to emergency room or crisis services

Who can submit this request?

- You
- Parent or guardian
- A caregiver, friend, or a staff member from an organization may also help you complete this form.

Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

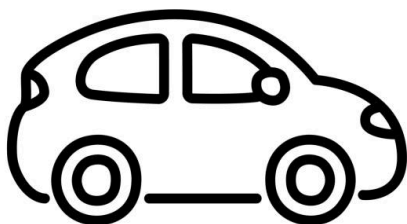
- Please call **1-877-324-8109** before going to your appointment.
 - You may need prior approval or provider confirmation of visit for reimbursement requests for meals and lodging to covered health services to qualify for reimbursement. Prior to receiving reimbursement, you must return all required documents to your CCO or BCB.

Things to know

- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.
- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.
- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.
 - The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Call toll free **1-877-324-8109 or 541-266-4323** to schedule a ride.
- Your rides need to be scheduled **two business days ahead**.
- The pick-up time can be changed to make sure the member arrives on time.

Please have the following information ready when scheduling with BCB:

- ☐ Name
- ☐ Address
- ☐ OHP number
- ☐ Phone number
- ☐ Doctor or office's name and phone number
- ☐ Date and time of your appointment
- ☐ Return pick up time after appointment
- ☐ Reason for the appointment (to check if it is a covered service)
- ☐ Special care for physical or behavioral health needs, current level of mobility and functional independence

Please have the following information ready when scheduling with BCB:

- ☐ Any special mobility needs (a wheelchair, a wheelchair lift, or you will have your service animal)
- ☐ Directions to get to your home or appointment

Eligibility

- Prior to scheduling your ride, BCB will verify your eligibility.
- Any active Advanced Health member can schedule rides through BCB.
- These rides are available for members who need help getting to and from a covered service. This is free of charge.
 - For example, you can also use this service to go to the pharmacy to pick up your medicines.
- Full Benefit Dual Eligible (FBDE) members are also able to receive rides through BCB. We will confirm that you are able to get a ride and that the service is covered through your Medicare plan or Medicaid plan.

Work hours:

- BCB's call center is open Monday through Friday 8:00 am to 5:00 pm.
- If calling after hours, there is a 24-hour hotline available. Members also have the option to leave a message. The answering service message is available in both English and Spanish. If the member leaves a clear message with a phone number, BCB will return all phone calls within the next business day.
 - If unable to reach the member, BCB will continue efforts until the member is reached.
- Medical trips are covered and provided 24 hours a day, 365 days a year.

- After hours, weekends, or holidays may be more difficult to arrange. If you have an appointment during that time, please make sure to call BCB ahead of time. They will need to arrange a ride for you.
- BCB will close the call center on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day
 - Thanksgiving
 - Labor Day
 - Christmas



AllCare CCO

HRS: Flexible services request

To Apply

- Please fill out AllCare CCO Pre-Service or Post Service Authorization Request Form using the link below
 - ◆ <https://www.allcarehealth.com/media/qo2la0mc/2023accco-pre-servicepostservice-web.pdf>
 - ◆ This form allows you to submit for an authorization or flexible service request to obtain a medical service or to request reimbursement for a covered service you paid for out-of-pocket.
 - ◆ Mail, fax or hand deliver this form, along with any pertinent medical documentation and receipts to us.
 - Mail to: AllCare Health, Attn: AllCare CCO 1701 NE 7th Street, Grants Pass, OR 97526
 - Fax to: (541) 471-4128
- OR, you can call your Care Coordinator. You can call them at (541) 471-4106 or TTY at 711. For help in a language other than English, call (888) 260-4297.

Process Time

It depends on the amount of funding requested and the total number of requests currently being processed by CCO.

Eligibility

The member must be enrolled in AllCare CCO.

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits.

The item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ AllCare CCO designated staff (ICC, CS Manager)
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ Classes for weight loss, nutrition, cooking or exercise
- ☐ Educational books for diagnosis condition
- ☐ Cookware
- ☐ Nutrition education
- ☐ Gym membership

Members can apply for, but are not limited to:

☐ Home exercise equipment

HRS: Community benefits initiatives(CBI)

*Please call a care coordinator to learn about local community programs that provide nutrition support: (541) 471-4106



HRSN: Health related social needs

To apply

- Call the Customer Care department at (541) 471-4106 and request a referral to Care Coordination. Care Coordination will assist in gathering the necessary information for your nutrition support request.

Process time

Application processing time depends on the number of HRSN requests.

General eligibility for receiving HRSN services

OHP members must be in at least one of these life transitions:

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Current or past involvement in the Oregon child welfare system.

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Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

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Meet with a registered dietitian on a regular basis to ensure that the MTMs meet care plan goals

Eligibility: Nutrition Education

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Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Qualifying life situations

- Left incarceration (jail, detention, etc.) in the past 12 months
- Left a mental health or substance use disorder treatment facility in the past 12 months
- In the Oregon child welfare system (foster care) now or in the past
- Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare
- Experiencing homelessness
- Have a household income that's 30% or less of the average yearly income where they live AND lack resources or support to prevent homelessness
- Being a young adult aged 19-20 who is living with an on-going childhood health condition

Qualifying health conditions

- Complex physical health condition
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- Difficulty with self-care and daily activities
- Experience of abuse or neglect
- 65 or older
- Under age 6
- Pregnant or gave birth in the past 12 months
- Repeated trips to emergency room or crisis services

Who can submit this request?

- You
- Parent or guardian

- A caregiver, friend, or a staff member from an organization may also help you complete this form.

Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- You must let FreeRide know when you call in to request a ride or mileage reimbursement that you would like help with meal costs. If you are going to a facility that gives you meals or meal vouchers, you are not eligible for a meal stipend.
- Call ReadyRide **(800) 479-7920** before going to your appointment.
 - Trips should be scheduled at least 48 hours in advance for authorization. If urgent, same-day or next- day, payment will only be made if we are able to get authorization. Trips that are not prior scheduled, will not be paid. Trips will not be backdated, please call ahead to schedule your trips.
- You will receive a new member packet that includes appointment verification forms. The state requires ReadyRide to confirm that you went to a covered service before we can reimburse you for your trip. Please ask the provider's office staff to sign, stamp, and date the appointment verification form for each appointment you attend. If your provider does not have a stamp, we will need an after-visit summary. You can receive the verification forms in the packet and make copies, call ReadyRide to have us mail you more forms, or download from our website at: <https://www.readyrideservice.com/forms/>

Things to know

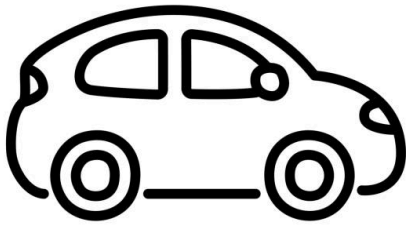
- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.

- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.
- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.

- The Member is or would be unable to return home without assistance after the treatment or service.



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Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Call ReadyRide at **(800) 479-7920** to get a ride. For the hearing impaired, call TTY 711.
- We ask that you call **at least two business days** before you need a ride.
- You may schedule a ride as early as three months or ninety (90) days before you need the ride.

- You can schedule more than one (1) ride at a time, including multiple rides for recurring appointments up to ninety (90) days in advance.
- You can schedule a same-day, or next-day ride. Members should, whenever possible, schedule rides in advance.

Please have the following information ready when scheduling with BCB:

- ☐ Your name.
- ☐ Your address.
- ☐ Your phone number.
- ☐ Your date of birth.
- ☐ Your AllCare CCO member ID number.
- ☐ If you have another way to get to your visit.
- ☐ Name of the doctor or clinic you need to visit.
- ☐ Address and directions for the doctor or clinic you need to visit.
- ☐ Date of appointment.
- ☐ Time of appointment.
- ☐ Pick-up time after appointment.
- ☐ Any special needs, such as a wheelchair or service animal.
- ☐ If you will have anyone traveling with you.
- ☐ Directions to your home.

Eligibility

- AllCare CCO provides all non-emergency medical transportation (NEMT) services for its members.
- AllCare CCO members who cannot get to an appointment on their own can use ReadyRide.

Work hours:

- You can schedule a ride Monday through Friday, 8:00 a.m. to 6:00 p.m.
- If you call Ready Ride when our call center is closed, you will hear a message in both English and Spanish. The message will explain our call center hours and how to contact emergency services. Our call center

staff will return your call no later than the next business day to work with you for your transportation needs.

- ReadyRide will close the call center on these Holidays as approved by

OHA:

- New Year's Day
- Independence Day
- Memorial Day
- Thanksgiving
- Labor Day
- Christmas

Cascade Health Alliance

HRS: Flexible services request

*Cascade Health Alliance uses 1 big form for both flexible service requests and HRSN service requests.

To Apply

- Please use the following link to apply for flexible services and HRSN services:
<https://healthyklamathconnect.com/cascade-health-alliance-%2528cha%2529--klamath-falls-or--sdoh-services/6315058346721280?postal=97601>
- OR, members can call Member Services at 541.883.2947 to make a request in any language or format that fits the needs of the member.

Process Time

Urgent Requests

Urgent requests will be processed in two to five (2-5) business days. Requests may be reclassified to standard if, upon review, the standard timeline would not seriously jeopardize the health and safety of the member.

Standard Requests

Standard requests will be processed in ten to fourteen (10-14) business days. Processing time does not include shipping and delivery timelines.

Eligibility

The member must be enrolled in CHA.

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits.

The item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

Who can request flexible services?

Members can make flexible service requests on their own. Professionals working with members as part of their care team can also make a request for the member, including:

- ☐ Providers (primary care, mental health, substance use, medical, dental)
- ☐ Case workers, case managers
- ☐ Care coordinators, care navigators
- ☐ Traditional Health Workers (community health workers, peer support or peer wellness specialists, personal health navigators, birth doulas)
- ☐ Other staff from community-based organizations (CBO) working directly with members
- ☐ Other subcontractors of CHA's network

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ Nutritional supplements
- ☐ Meal replacement shakes
- ☐ Bariatric nutritional meal enhancement products
- ☐ Dialysis supplement drinks

Members can apply for, but are not limited to:

- ☐ Nutritional supplements for medical weight gain
- ☐ Specialty baby formula
- ☐ Emergency food voucher

HRS: Community benefits initiatives(CBI)

*Please call 541.883.2947 to speak to a case manager about being connected to a local Traditional Health Worker. They will help you to find local community programs that provide nutrition support.

HRSN: Health related social need

To apply

- Complete an SDOH Services request via Healthy Klamath Connect using the following link:
<https://healthyklamathconnect.com/cascade-health-alliance-%2528cha%2529--klamath-falls-or--sdoh-services/6315058346721280?postal=97601?postal=97601?term=flexible+services&postal=97601&language=en>
- OR, Contact CHA
 - ◆ Email: flexibleservices@cascadecomp.com
 - ◆ Call: (541) 883-2947
 - ◆ Mail: 2909 Daggett Ave #225, Klamath Falls, OR 97601

Process time

- Urgent requests will be processed in two to five (2-5) business days. Requests may be reclassified to standard if, upon review, the standard timeline would not seriously jeopardize the health and safety of the member.
- Standard requests will be processed in ten to fourteen (10-14) business days. Processing time does not include shipping and delivery timelines.

General eligibility for receiving HRSN services

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Release from incarceration in the past 12 months.

Discharge from an Institution for Mental Disease (IMD) in the past 12 months.

Current or past involvement in the Oregon child welfare system.

Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months.

Being homeless or at risk of becoming homeless.

Eligibility: Medically Tailored Meals (MTM)

Medically tailored meals are for people with health conditions that need nutrition support to improve their health outcomes.

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Have a registered dietitian's assessment that shows they need MTMs

Meet with a registered dietitian on a regular basis to ensure that the MTMs meet care plan goals

Eligibility: Nutrition Education

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Qualifying life situations

- Left incarceration (jail, detention, etc.) in the past 12 months
- Left a mental health or substance use disorder treatment facility in the past 12 months
- In the Oregon child welfare system (foster care) now or in the past
- Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare
- Experiencing homelessness
- Have a household income that's 30% or less of the average yearly income where they live AND lack resources or support to prevent homelessness
- Being a young adult aged 19-20 who is living with an on-going childhood health condition

Qualifying health conditions

- Complex physical health condition
- Complex behavioral health condition
- Developmental or intellectual disability
- Difficulty with self-care and daily activities
- Experience of abuse or neglect
- 65 or older
- Under age 6
- Pregnant or gave birth in the past 12 months
- Repeated trips to emergency room or crisis services

Who can submit this request?

- You
- Parent or guardian

- A caregiver, friend, or a staff member from an organization may also help you complete this form.

Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- You must let TransLink know when you call in to request a ride or mileage reimbursement that you would like help with meal costs.
- Call TransLink 1.888.518.8160 before going to your appointment.
 - We will reimburse members within 14 days of receiving the reimbursement request. If a reimbursement request is denied for any reason, we will issue a Notice of Adverse Benefit Determination within 14 days. If a request is incomplete, Translink will take an additional 14 days to help the member complete the submission.
- Complete your section of the Healthcare Visit Verification form and take it with you to your appointment. You can find the Health Care Visit Verification form on the TransLink website at:
<https://rvtd.org/accessible-transportation/translink/>
- When you are at your appointment, have your healthcare provider complete their section of the form.
- Return the completed form to TransLink within 45 days of your healthcare appointment. TransLink will give the mileage funds within 14 days of receiving your completed form.

Things to know

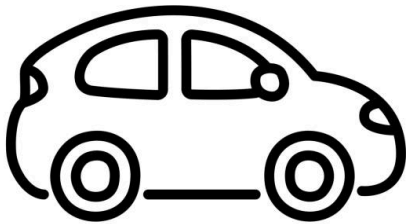
- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.

- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.
- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.

- The Member is mentally or physically unable to reach their medical appointment without assistance.
- The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- A member or authorized representative (somebody you approve to act for you; i.e. your Community Health Worker, foster parent, adoptive parent, or other Provider delegated with this authority) can call Cascade Health Alliance and/or TransLink to request a ride. Qualified multilingual

Call Center staff are available to help you and have verbal interpretation services available free of charge to all members.

- CHA toll free phone number: **1.800.989.7846**
- TransLink toll free phone number: **1.888.518.8160**
- Members can schedule:
 - Same day for NEMT Services
 - Up to 90 days before their appointment
 - More than one NEMT Service at a time for reoccurring appointments and up to 90 days before the appointment

Please have the following information ready when scheduling with TransLink:

- ☐ Your name, address, phone number and Medicaid ID number
- ☐ How and at what times you would like to be contacted (phone, email, fax)
- ☐ Doctor name, address, and phone number
- ☐ Referring doctor if appointment is outside of your local area
- ☐ Date and time of healthcare appointment
- ☐ Pick-up time after the healthcare appointment
- ☐ Reason for healthcare appointment
- ☐ If an attendant will be traveling with you
- ☐ Any mobility needs (such as a wheelchair or service animal)
- ☐ Your height and weight for all stretcher and wheelchair rides
- ☐ Clear directions to your home or the provider's office
- ☐ What special adjustments are needed and if you have history or circumstances to be considered
- ☐ Any special conditions or needs including physical or behavioral health disabilities

Eligibility

- You are covered by Cascade Health Alliance insurance through the Oregon Health Plan (Medicaid) in Klamath County Oregon and you are traveling to a covered doctor's appointment or other healthcare service.

- You can also get free rides from TransLink if you are a full benefit dual eligible member.
- Cascade Health Alliance or TransLink checks eligibility with Medicare Advantage or Dual Special Needs Plans. They also check eligibility with Medicare providers.
- If you are enrolled in the Compact of Free Association (COFA) Dental Program or the Veteran Dental Program, only rides to dental services are covered by Cascade Health Alliance.
- You need help getting there.

Work hours:

- You can set up a ride with TransLink 24 hours a day, 365 days a year. It may be hard to schedule a ride for nights, weekends, or holidays. For rides needed during these times, please call as far ahead as you can. You can ask for appointments up to 90 days ahead of time.
- TransLink is open to schedule rides Monday through Friday, 7:00 AM to 5:00 PM.
- TransLink will close the call center on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day
 - Thanksgiving
 - Labor Day
 - Christmas



EOCCO

HRS: Flexible services request

To Apply

- Please fill out the below form and fax [preferred]: 833-949-1886 or email: GovtRNLeads@modahealth.com
 - ◆ <https://www.eocco.com/-/media/EOCCO/PDFs/EOCCO-Flexible-Services-Request-form.pdf>

Process Time

The process time depends on the amount of funding requested, and the information required to complete a decision.

Eligibility

The member must be enrolled in EOCCO.

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits.

The item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ EOCCO designated staff (ICC, CS Manager)
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ A gym membership for recovery if your doctor recommends it
- ☐ Cooking supplies to help you make healthy meals at home
- ☐ Air purifiers to make sure the air you are breathing is clean if you have asthma or other similar conditions.
- ☐ Classes for cooking, weight loss, nutrition, etc.

HRS: Community benefits initiatives(CBI)

*Please call 888-788-9821 (TTY users: 711) to speak to a care coordinator. They will help you to find local community programs that provide nutrition support.

Diabetes Self-Management

Apply: Call Teladoc Health (formerly Livongo) 1-800-835-2362 (TTY: 855-636-1578)

Description:

- You can get a health coach and personalized program to help you manage your diabetes. Tools and services are included in the program to help you make healthy choices and take care of yourself. The program is offered at no cost to EOCCO members ages 18 years and older with type 1 or type 2 diabetes.



HRSN: Health related social needs

To apply

- Please fill out the HRSN request form using the following link:
<https://www.eocco.com/web-forms/health-related-social-needs/>

Process time

It depends on the total number of requests currently being processed by CCO.

General eligibility for receiving HRSN services

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Release from incarceration in the past 12 months.

Discharge from an Institution for Mental Disease (IMD) in the past 12 months.

Current or past involvement in the Oregon child welfare system.

Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months.

Being homeless or at risk of becoming homeless.

Eligibility: Medically Tailored Meals (MTM)

Medically tailored meals are for people with health conditions that need nutrition support to improve their health outcomes.

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

To qualify a person must:

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Have a registered dietitian's assessment that shows they need MTMs

Meet with a registered dietitian on a regular basis to ensure that the MTMs meet care plan goals

Eligibility: Nutrition Education

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Qualifying life situations

- Left incarceration (jail, detention, etc.) in the past 12 months
- Left a mental health or substance use disorder treatment facility in the past 12 months
- In the Oregon child welfare system (foster care) now or in the past

- Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare
- Experiencing homelessness
- Have a household income that's 30% or less of the average yearly income where they live AND lack resources or support to prevent homelessness
- Being a young adult aged 19-20 who is living with an on-going childhood health condition

Qualifying health conditions

- Complex physical health condition
- Complex behavioral health condition
- Developmental or intellectual disability
- Difficulty with self-care and daily activities
- Experience of abuse or neglect
- 65 or older
- Under age 6
- Pregnant or gave birth in the past 12 months
- Repeated trips to emergency room or crisis services

Who can submit this request?

- You
- Parent or guardian
- A caregiver, friend, or a staff member from an organization may also help you complete this form.

Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- You must let us know when you call in to request a ride or mileage reimbursement that you would like help with meal costs.
- Call **877-875-4657** or TTY/Oregon Relay 711 before going to your appointment.
- Please keep all receipts, as we will need them to repay you. You will need to fill out a repayments form and have the staff at the medical clinic you visit sign it.
 - Proof of Healthcare Visit Form:
<https://www.eocco.com/-/media/EOCCO/PDFs/Member/MRB-FORM-ENGLISH.pdf>
 - Reimbursement Payee Letter:
https://www.eocco.com/-/media/EOCCO/PDFs/Member/Resources/reimbursement_payee_letter.pdf
 - You have up to 45 days to give us the form and receipt
 - We will send you a check within 14 days once approved
 - We will contact you if your request needs more information
 - We have 14 extra days to help you finish an incomplete request.

Things to know

- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.
- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.

- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.
- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.
 - The Member is or would be unable to return home without assistance after the treatment or service.

Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- You may call 877-875-4657 to request a ride, you can also have someone else call for you.
- Members can schedule:
 - Same day for NEMT Services
 - Up to 90 days before their appointment
 - More than one NEMT Service at a time for reoccurring appointments and up to 90 days before the appointment
- If the ride is requested less than 2 days before the pick-up time, we will provide you with our phone number, and we may be able to tell you the name and phone number of your NEMT driver or NEMT provider.

Please have the following information ready when scheduling:

- ☐ Your name, address, phone number and Medicaid ID number
- ☐ How and at what times you would like to be contacted (phone, email, fax)

Please have the following information ready when scheduling:

- ☐ Doctor name, address, and phone number
- ☐ Referring doctor if appointment is outside of your local area
- ☐ Date and time of healthcare appointment
- ☐ Pick-up time after the healthcare appointment
- ☐ Reason for healthcare appointment
- ☐ If an attendant will be traveling with you

Eligibility

- You are covered by EOCCO through the Oregon Health Plan (Medicaid) in Eastern Oregon
- You are traveling to an approved appointment
- If you have both Medicaid and Medicare (dual member) we will check your coverage to see that you can get rides to or from a covered service or other health-related service
- You are traveling to a health-related service
- This could be inside or outside of our service area to travel to approved appointments. For example:
 - When EOCCO cannot give you a service inside our service area, we give rides outside the service area. This includes members with both Medicaid and Medicare. It also includes when EOCCO is responsible for cost-sharing.
- If you are covered by the Compact of Free Association (COFA) Dental Program or the Veteran Dental Program, we only give rides for your dental services.

Work hours:

- You can get a ride:

- 24 hours a day
 - 7 days a week
 - 365 days a year
- If our office is closed we have a recording to help you.
- NEMT providers may close on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day
 - Thanksgiving
 - Labor Day
 - Christmas



IHN-CCO

HRS: Flexible services request

To Apply

- Please fill out the below request form and send it to IHN-CCO via fax or email:
 - ◆ <https://samhealthplans.org/wp-content/uploads/sites/3/2023/06/flexible-services-request-form-ihn-cco.pdf>
 - ◆ Email: carecoordinationteam@samhealth.org
 - ◆ Fax: 541-768-9768

Process Time

Most requests are reviewed and answered in 10 business days from the date we get it. For some requests it may take 30 days or longer for us to review and answer.

Eligibility

You must be enrolled in the IHN-CCO through the Oregon Health Plan (OHP).

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits, and the item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

The item or service should be part of your overall treatment plan.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ IHN-CCO designated staff
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ A gym membership for recovery if your doctor recommends it
- ☐ Cooking supplies to help you make healthy meals at home
- ☐ Weighted blanket
- ☐ Adaptive clothing
- ☐ Wellness and prevention

HRS: Community benefits initiatives(CBI)

*Please call 541-768-7863 or 866-203-3435 to speak to a care coordinator. They will help you to find local community programs that provide nutrition support.

Foodsmart

Apply: Call 541-230-7919 (TTY 711) to sign up OR visit Foodsmart.com/members/IHN-CCO to sign up.

Description:

- Foodsmart is a free program that helps IHN-CCO members save money and feel their best. This is done through one-on-one virtual nutritional coaching, personalized meal plans and grocery savings tools. All IHN-CCO members are eligible for the Foodsmart program.
- Members get access to the following:
 - Free visits with a personal nutrition coach. This coach will help you create a custom plan to save time and money on food to help reach your health goals.
 - The Foodsmart app with thousands of yummy and affordable recipes.
 - Grocery deals and coupons to help you save an average of \$42 per week.
 - Tips on how to manage your weight, diabetes, high blood pressure and other health conditions to improve your quality of life.
 - Help finding community resources including applying for SNAP dollars.
 - Each member will get \$25 in Foodsmart Bucks to spend on groceries. It is grocery money that is sent after completing each visit with a Foodsmart nutrition coach.

HRSN: Health related social needs

To apply

- Please use the following form to complete and submit the HRSN services request:

<https://uniteus.com/networks/oregon/get-help/ihn-cco-hrsn/>

Process time

Application processing time depends on the number of HRSN requests, it may take more than 14 days for your application to be reviewed. After submitting the form, someone will follow up with you to complete your eligibility screening.

General eligibility for receiving HRSN services

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Release from incarceration in the past 12 months.

Discharge from an Institution for Mental Disease (IMD) in the past 12 months.

Current or past involvement in the Oregon child welfare system.

Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months.

Being homeless or at risk of becoming homeless.

Eligibility: Medically Tailored Meals (MTM)

Medically tailored meals are for people with health conditions that need nutrition support to improve their health outcomes.

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Have a registered dietitian's assessment that shows they need MTMs

Meet with a registered dietitian on a regular basis to ensure that the MTMs meet care plan goals

Eligibility: Nutrition Education

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

To qualify a person must:

Be experiencing food insecurity

Qualifying life situations

- Left incarceration (jail, detention, etc.) in the past 12 months
- Left a mental health or substance use disorder treatment facility in the past 12 months
- In the Oregon child welfare system (foster care) now or in the past
- Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare
- Experiencing homelessness
- Have a household income that's 30% or less of the average yearly income where they live AND lack resources or support to prevent homelessness
- Being a young adult aged 19-20 who is living with an on-going childhood health condition

Qualifying health conditions

- Complex physical health condition
- Complex behavioral health condition
- Developmental or intellectual disability
- Difficulty with self-care and daily activities
- Experience of abuse or neglect
- 65 or older
- Under age 6
- Pregnant or gave birth in the past 12 months
- Repeated trips to emergency room or crisis services

Who can submit this request?

- You
- Parent or guardian
- A caregiver, friend, or a staff member from an organization may also help you complete this form.

Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- Call NEMT provider before going to your appointment to ask for help to pay for meals.
 - **Voice (541) 924.8738**
 - **Toll Free (866) 724.2975**
 - **TTY 7-1-1**
- You may need to fill in an appointment verification form:
<https://www.ocwcog.org/wp-content/uploads/2024/12/4-2025-Appt-Verification-Form.pdf>
 - Instructions for completing the form:
<https://www.ocwcog.org/wp-content/uploads/2024/12/3-2025-Instructions-for-completing-the-Appointment-Verification-form.pdf>
- Forms must be received within 45 days of the oldest appointment date, any appointments over 45 days old no longer qualify for reimbursement.
- Ride Line has up to 30 days to process all mileage, lodging, and meal reimbursement forms turned in from the date of receipt and can take up to 30 days to receive funds in the form of a check or on your ReliaCard from the date of receipt.

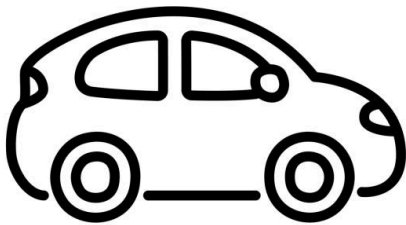
Things to know

- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.
- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.
- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.

- The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
- The Member is mentally or physically unable to reach their medical appointment without assistance.
- The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Please call Cascades West Ride Line to apply
 - **Voice (541) 924.8738**

- **Toll Free (866) 724.2975**
- **TTY 7-1-1**
- Members can schedule:
 - Same day for NEMT Services
 - Up to 90 days before their appointment
 - More than one NEMT Service at a time for reoccurring appointments and up to 90 days before the appointment

Please have the following information ready when scheduling with NEMT provider:

- ☐ Your name, address, phone number and Medicaid ID number
- ☐ How and at what times you would like to be contacted (phone, email, fax)
- ☐ Doctor name, address, and phone number
- ☐ Referring doctor if appointment is outside of your local area
- ☐ Date and time of healthcare appointment
- ☐ Pick-up time after the healthcare appointment
- ☐ Reason for healthcare appointment
- ☐ If an attendant will be traveling with you

Eligibility

- Intercommunity Health Network - Coordinated Care Organization (IHN-CCO) member
- Traveling to Oregon Health Plan (OHP) Medicaid Coverage services

Work hours:

- Monday - Friday 8:00 am - 5:00 pm
- If you need help outside these hours, please leave a message.
- NEMT providers may close on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day

- Memorial Day
- Thanksgiving
- Labor Day
- Christmas



Health Share of Oregon

*CareOregon, Kaiser Permanente, Legacy, OHSU Health, Providence are all under the umbrella of Health Share of Oregon, these organizations manage flexible services individually. This section does not include CareOregon. If you are a CareOregon member, you can find a separate, detailed section in this guidebook about HRS and HRSN services provided by CareOregon.

Kaiser- HRS: Flexible services request

To Apply

- Please call Kaiser Permanente: 503-721-6435 to request flexible services.
 - ◆ OR call Customer Service at 503-416-8090 or toll free at 888-519-3845 (TTY 711)

Process Time

Due to the high demand, all requests are processed in the order it was received.

Eligibility

The member must be enrolled in Health Share of Oregon.

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits.

The item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ A gym membership for recovery if your doctor recommends it
- ☐ Cooking supplies to help you make healthy meals at home
- ☐ Air purifiers to make sure the air you are breathing is clean if you have asthma or other similar conditions.
- ☐ Classes for cooking, weight loss, nutrition, etc.

Legacy- HRS: Flexible services request

To Apply

- Please call Legacy | PacificSource: 888-675-0350 to request flexible services.
 - ◆ Or call Customer Service at 503-416-8090 or toll free at 888-519-3845 (TTY 711)

Process Time

Due to the high demand, all requests are processed in the order it was received.

Eligibility

The member must be enrolled in Health Share of Oregon.

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits.

The item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons

All requests must come from the member's care team, which includes:

- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Community Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ A gym membership for recovery if your doctor recommends it
- ☐ Cooking supplies to help you make healthy meals at home
- ☐ Air purifiers to make sure the air you are breathing is clean if you have asthma or other similar conditions.
- ☐ Classes for cooking, weight loss, nutrition, etc.

OHSU Health- HRS: Flexible services request

To Apply

- Please fill in the following form and email it to ohsuhsrs@ohsu.edu
 - ◆ <https://www.ohsu.edu/sites/default/files/2024-07/OHSU-Health-Related-Services%20Health-Related-Services-Request-Form-20240702.pdf>
 - ◆ Or call OHSU Health: 844-827-6572 to request flexible services.
 - ◆ Or call Customer Service at 503-416-8090 or toll free at 888-519-3845 (TTY 711)

Process Time

Approximately 2 weeks (14 days) for nutrition support.

Eligibility

The member must be enrolled in Health Share of Oregon.

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits.

The item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists

All requests must come from the member's care team, which includes:

- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Community Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ A gym membership for recovery if your doctor recommends it
- ☐ Cooking supplies to help you make healthy meals at home
- ☐ Air purifiers to make sure the air you are breathing is clean if you have asthma or other similar conditions.
- ☐ Classes for cooking, weight loss, nutrition, etc.

Providence- HRS: Flexible services request

To Apply

- ➔ Please call Providence Health Assurance: 503-574-7247 to request flexible services.
 - ◆ Or call Customer Service at 503-416-8090 or toll free at 888-519-3845 (TTY 711)

Process Time

It may take 14 days or more.

Eligibility

The member must be enrolled in Health Share of Oregon.

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits.

The item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers

All requests must come from the member's care team, which includes:

- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Community Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ A gym membership for recovery if your doctor recommends it
- ☐ Cooking supplies to help you make healthy meals at home
- ☐ Air purifiers to make sure the air you are breathing is clean if you have asthma or other similar conditions.
- ☐ Classes for cooking, weight loss, nutrition, etc.

HRS: Community benefits initiatives(CBI)

*Please call 503-416-8090, or toll free at 888-519-3845 to speak to a care coordinator. They will help you to find local community programs that provide nutrition support.

HRSN: Health related social needs

To apply

→ Please use the following form to complete and submit the HRSN services request:

◆ <https://uniteus.com/networks/oregon/get-help/healthshare/>

Process time

Please allow 15-20 business days for an initial call back or before following up on your request.

General eligibility for receiving HRSN services

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Release from incarceration in the past 12 months.

Discharge from an Institution for Mental Disease (IMD) in the past 12 months.

Current or past involvement in the Oregon child welfare system.

Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months.

Being homeless or at risk of becoming homeless.

Eligibility: Medically Tailored Meals (MTM)

Medically tailored meals are for people with health conditions that need nutrition support to improve their health outcomes.

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Have a registered dietitian's assessment that shows they need MTMs

Meet with a registered dietitian on a regular basis to ensure that the MTMs meet care plan goals

Eligibility: Nutrition Education

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

To qualify a person must:

Be experiencing food insecurity

Qualifying life situations

- Left incarceration (jail, detention, etc.) in the past 12 months
- Left a mental health or substance use disorder treatment facility in the past 12 months
- In the Oregon child welfare system (foster care) now or in the past
- Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare
- Experiencing homelessness
- Have a household income that's 30% or less of the average yearly income where they live AND lack resources or support to prevent homelessness
- Being a young adult aged 19-20 who is living with an on-going childhood health condition

Qualifying health conditions

- Complex physical health condition
- Complex behavioral health condition
- Developmental or intellectual disability
- Difficulty with self-care and daily activities
- Experience of abuse or neglect
- 65 or older
- Under age 6
- Pregnant or gave birth in the past 12 months
- Repeated trips to emergency room or crisis services

Who can submit this request?

- You
- Parent or guardian
- A caregiver, friend, or a staff member from an organization may also help you complete this form.

Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- Call NEMT provider before going to your appointment to ask for help to pay for meals.
 - Phone: **503-416-3955**
 - Oregon Relay Service (TTY): **711**
 - Toll-free at **855-321-4899**
- The first time you request reimbursement, we will create your account for a Focus Card®. A U.S. Bank Focus Card® is a U.S. Bank pre-paid debit card. You can use it wherever Visa® is accepted. We will mail you your card. It could take 7 to 10 business days to arrive.
 - Keep your Focus Card safe. We will reload this same card for future reimbursements.
- We will load your reimbursement funds onto your issued U.S. Bank Focus Card®. We will do this within 14 calendar days after your appointment. We may send funds later if we need more information to verify your appointment. We will contact you if that is the case.

Things to know

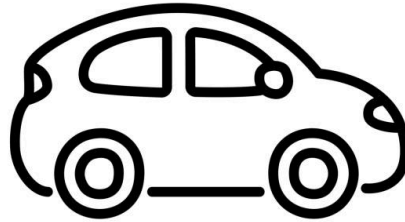
- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.

- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.
- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.

- The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Call Ride to Care to apply
 - Phone: 503-416-3955
 - Oregon Relay Service (TTY): 711
 - Toll-free at 855-321-4899
- Members can schedule:
 - Same day for NEMT Services
 - Up to 90 days before their appointment

- More than one NEMT Service at a time for reoccurring appointments and up to 90 days before the appointment
- Please call your ride service as far in advance as possible. We suggest calling no later than 24 hours before your appointment.

Please have the following information ready when scheduling with NEMT provider:

- ☐ Your first and last name.
- ☐ Your date of birth.
- ☐ Your Health Share of Oregon Medicaid ID number.
- ☐ Date and time of the appointment.
- ☐ Full starting and destination addresses.
- ☐ Facility name, doctor's name and doctor's phone number.
- ☐ Medical reason for the appointment.
- ☐ Whether it is a round trip or a one-way trip.

Eligibility

- Be a HSO OHP member
- NEMT provider will verify your eligibility before providing services.
Transportation services may be used when you have no other options available, such as public transportation, your own vehicle, or a friend or family member to drive you.

Work hours:

- Office hours are 8 a.m. to 5 p.m. Monday through Friday.
- If you need help outside these hours, please leave a message.
- NEMT providers may close on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day

- Thanksgiving
- Labor Day
- Christmas



CareOregon

*CareOregon is under the umbrella of Health Share of Oregon.

*Fill out only 1 form for both Health Related Social Needs (HRSN) or Health Related Service Fund (HRSF). When a request is submitted, CareOregon will review it to determine whether the request meets eligibility criteria for one of these two sources, based upon the information provided.

HRS&HRSN: Flexible services request and HRSN services request

To Apply

- Click this link to apply for HRSN or HRS:
<https://uniteus.com/networks/oregon/get-help/healthshare/>
- Or, download and fill out the form using the following link and submit it to 211 by email or fax:
https://www.careoregon.org/docs/default-source/members/hrs/hrsn/hrsn-nutrition-request-form.pdf?sfvrsn=118771f5_1
 - ◆ Fax number: 503-214-8909
 - ◆ Email: hrsn@211info.org

Process Time

CareOregon evaluates each request on a case-by-case basis and makes the final funding determination, including the amount(s) of funding rewarded if members meet eligibility criteria. While we attempt to process standard requests within 14 days of receipt from 211info, some requests may take 28 days or more to complete.

Nutrition Support Eligibility

You must be a current member

You are not able to get the item/service through any other benefit or means

You must be experiencing serious food shortages

You must have a qualifying medical condition and life situation such as those listed 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 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.

Who can request HRS and HRSN?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Community case managers

All requests must come from the member's care team, which includes:

- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ Food boxes
 - ☐ Specific foods from farms and other local groups
- ☐ Nutrition education
 - ☐ Any type of education that helps a member make healthy food choices and take care of their body.
- ☐ Gym memberships
- ☐ Baby equipment
- ☐ Sensory support items
 - ☐ Members struggling with autism, anxiety or depression

HRS: Community benefits initiatives(CBI)

*Please call 503-416-4100, toll-free 800-224-4840 or TTY 711 to speak to a care coordinator. They will help you to find local community programs that provide nutrition support.

→ OR, self-refer by filling out online form

<https://uniteus.com/networks/oregon/get-help/care-oregon/>

Foodsmart

Apply:

- Visit the website – Register at the
<https://foodsmart.com/members/health-share-oregon>
- By phone –Call Foodsmart at 971-293-2948
 - ◆ You also can call our Customer Service Team for help at
503-416-4100, toll-free 800-224-4840 or TTY 711

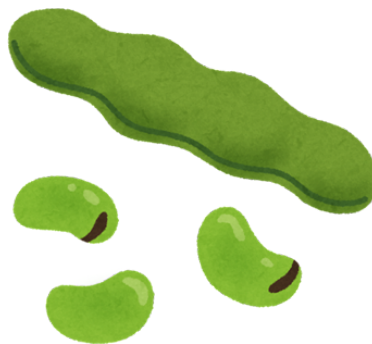
Description:

- Foodsmart is a nutrition program designed to make eating well easier and within your budget. It provides members with personalized guidance and access to affordable healthy food options. Their goal is to tackle the root causes of food and nutrition insecurity. Health Share/CareOregon has partnered with Foodsmart to help our eligible plan members get quality, affordable food and the education needed to maintain good health and well-being.
- This program include:
 - Unlimited phone calls or video visits with a Foodsmart nutrition coach, who can help you create a customized plan that reaches health goals and saves you money on food. Nutrition coaches are available in multiple languages upon request
 - \$25 Foodsmart Bucks grocery money, which can be earned after each visit with a nutrition coach
 - Access to thousands of budget-friendly recipes
 - Tips on how to manage your health conditions and improve your quality of life
 - Help finding discounts on healthy food at local grocery stores
 - Affordable meal planning information
- **Eligibility:** To be eligible for the Foodsmart nutrition program, a member must be receiving medical coverage from Health Share/CareOregon. The program is not available for members with behavioral health coverage only. Also, at least one of the following criteria should be met:

You are pregnant

You have one or more chronic health conditions that can be positively impacted by nutrition interventions and/or are at risk for chronic disease exacerbation.
Some examples of chronic conditions include:

- ☐ Diabetes
- ☐ Obesity
- ☐ Hypertension
- ☐ Congestive heart failure
- ☐ Renal disease
- ☐ Chronic liver disease
- ☐ Ischemic heart disease
- ☐ Cerebrovascular disease
- ☐ Cancer
- ☐ Acute myocardial infarction
- ☐ Degenerative joint disease
- ☐ Pre-diabetes
- ☐ Hyperlipidemia
- ☐ Dyslipidemia



Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

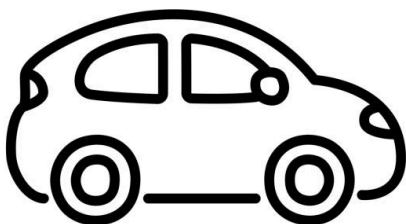
- Call NEMT provider before going to your appointment to ask for help to pay for meals.
 - Phone: **503-416-3955**
 - Oregon Relay Service (TTY): 711
 - Toll-free at **855-321-4899**
- The first time you request reimbursement, we will create your account for a Focus Card®. A U.S. Bank Focus Card® is a U.S. Bank pre-paid debit card. You can use it wherever Visa® is accepted. We will mail you your card. It could take 7 to 10 business days to arrive.
 - Keep your Focus Card safe. We will reload this same card for future reimbursements.
- We will load your reimbursement funds onto your issued U.S. Bank Focus Card®. We will do this within 14 calendar days after your appointment. We may send funds later if we need more information to verify your appointment. We will contact you if that is the case.

Things to know

- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.
- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.
- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.
 - The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Call Ride to Care to apply
 - Phone: **503-416-3955**
 - Oregon Relay Service (TTY): 711
 - Toll-free at **855-321-4899**
- Please call your ride service as far in advance as possible. We suggest calling no later than 24 hours before your appointment.
- Members can schedule:
 - Same day for NEMT Services
 - Up to 90 days before their appointment
 - More than one NEMT Service at a time for reoccurring appointments and up to 90 days before the appointment

Please have the following information ready when scheduling with NEMT provider:

- ☐ Your first and last name.
- ☐ Your date of birth.
- ☐ Your Health Share of Oregon Medicaid ID number.
- ☐ Date and time of the appointment.
- ☐ Full starting and destination addresses.
- ☐ Facility name, doctor's name and doctor's phone number.
- ☐ Medical reason for the appointment.
- ☐ Whether it is a round trip or a one-way trip.

Eligibility

- Be a HSO OHP member
- NEMT provider will verify your eligibility before providing services.
Transportation services may be used when you have no other options available, such as public transportation, your own vehicle, or a friend or family member to drive you.

Work hours:

- Office hours are 8 a.m. to 5 p.m. Monday through Friday.
- If you need help outside these hours, please leave a message.
- NEMT providers may close on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day
 - Thanksgiving
 - Labor Day
 - Christmas

CPCCO

*Fill out only 1 form for both Health Related Social Needs (HRSN) or Health Related Service Fund (HRSF). When a request is submitted, CareOregon will review it to determine whether the request meets eligibility criteria for one of these two sources, based upon the information provided.

HRS&HRSN: Flexible services request and HRSN services request

To Apply

- Click this link to apply for HRS or HRSN:
 - ◆ <https://uniteus.com/networks/oregon/get-help/columbiapacificcco>
- Or, you can download and fill in the form using the following link and submit it to 211 by email or fax:
https://www.colpachealth.org/docs/default-source/members/hrs/hrsn/hrsn-nutrition-request-form.pdf?sfvrsn=118771f5_1
 - ◆ Fax number: 503-214-8909
 - ◆ Email: hrsn@211info.org

Process Time

- Please allow 15-20 business days for an initial call back or before following up on your request.
- Not all requested items or services are granted/funded. CareOregon evaluates each request on a case-by-case basis and makes the final funding determination, including the amount(s) of funding rewarded if members meet eligibility criteria. While we attempt to process standard requests within 14 days of receipt from 211info, some requests may take 28 days or more to complete.

Nutrition Support Eligibility

You must be a current member

You are not able to get the item/service through any other benefit or means

You must be experiencing serious food shortages

You must have a qualifying medical condition and life situation such as those listed 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 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.

Who can request HRS and HRSN?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Community case managers
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ Food boxes
 - ☐ Specific foods from farms and other local groups
- ☐ Nutrition education
 - ☐ Any type of education that helps a member make healthy food choices and take care of their body.
- ☐ Gym memberships
- ☐ Baby equipment
- ☐ Sensory support items
 - ☐ Members struggling with autism, anxiety or depression

HRS: Community benefits initiatives(CBI)

*Please call 503-488-2822 or toll-free 855-722-8206, TTY 711 to speak to a care coordinator. They will help you to find local community programs that provide nutrition support.

→ OR, Self-refer by filling out our online Care Coordination Self-Referral Form:

<https://uniteus.com/networks/oregon/get-help/columbiapacificcco>

Foodsmart

Apply:

- Visit the website – Register at the <https://foodsmart.com/members/columbia-pacific-cco>
- By phone –Call Foodsmart at 971-293-2948
 - ◆ You also can call our Customer Service Team for help at 503-416-4100, toll-free 800-224-4840 or TTY 711

Description:

- Foodsmart is a nutrition program designed to make eating well easier and within your budget. It provides members with personalized guidance and access to affordable healthy food options. Their goal is to tackle the root causes of food and nutrition insecurity. Columbia Pacific CCO has partnered with Foodsmart to help our eligible plan members get quality, affordable food and the education needed to maintain good health and well-being.
- This program include:
 - Unlimited phone calls or video visits with a Foodsmart nutrition coach, who can help you create a customized plan that reaches health goals and saves you money on food. Nutrition coaches are available in multiple languages upon request
 - \$25 Foodsmart Bucks grocery money, which can be earned after each visit with a nutrition coach
 - Access to thousands of budget-friendly recipes

- Tips on how to manage your health conditions and improve your quality of life
- Help finding discounts on healthy food at local grocery stores
- Affordable meal planning information
- **Eligibility:** To be eligible for the Foodsmart nutrition program, a member must be receiving medical coverage from Columbia Pacific CCO. The program is not available for members with behavioral health coverage only. Also, at least one of the following criteria should be met:

You are pregnant

You have one or more chronic health conditions that can be positively impacted by nutrition interventions and/or are at risk for chronic disease exacerbation. Some examples of chronic conditions include:

- ☐ Diabetes
- ☐ Obesity
- ☐ Hypertension
- ☐ Congestive heart failure
- ☐ Renal disease
- ☐ Chronic liver disease
- ☐ Ischemic heart disease
- ☐ Cerebrovascular disease
- ☐ Cancer
- ☐ Acute myocardial infarction
- ☐ Degenerative joint disease
- ☐ Pre-diabetes
- ☐ Hyperlipidemia
- ☐ Dyslipidemia



Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- Call NEMT provider before going to your appointment to ask for help to pay for meals.
 - **Phone: 503-861-0657**
 - **Toll-free: 888-793-0439**
 - **TTY: 711**
- You may need to take verification form with you to your appointment and you can get a verification form in four ways:
 - Print it from the NW Rides website at nwconnector.org/nw-rides
 - Call us toll-free at 888-793-0439 and ask us to mail you a form.
 - Ask us to fax the form to your provider's office.
 - Ask us to email you the form.
- We must receive your verification form and any required receipts within 45 calendar days of your appointment. We will verify that you were seen and treated.
- We will send your reimbursement funds within 14 days of receiving your completed form. We may send funds later if we need more information to verify your appointment.

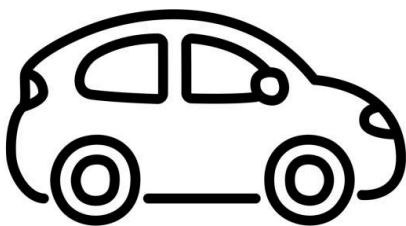
Things to know

- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.
- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.

- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.
 - The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Call NW Rides to apply
 - **Phone: 503-861-0657**
 - **Toll-free: 888-793-0439**
 - **TTY: 711**
- Please call your ride service as far in advance as possible. We suggest calling no later than 24 hours before your appointment.
- Members can schedule:
 - Same day for NEMT Services
 - Up to 90 days before their appointment
 - More than one NEMT Service at a time for reoccurring appointments and up to 90 days before the appointment

Please have the following information ready when scheduling with NEMT provider:

- ☐ Your name, address, phone number and Medicaid ID number
- ☐ How and at what times you would like to be contacted (phone, email, fax)
- ☐ Doctor name, address, and phone number
- ☐ Referring doctor if appointment is outside of your local area
- ☐ Date and time of healthcare appointment
- ☐ Pick-up time after the healthcare appointment
- ☐ Reason for healthcare appointment
- ☐ If an attendant will be traveling with you

Eligibility

- Be a CPCCO OHP member
- NW Rides will verify your eligibility before providing services.

Transportation services may be used when you have no other options available, such as public transportation, your own vehicle, or a friend or family member to drive you.

Work hours:

- Office hours are 8 a.m. to 5 p.m. Monday through Friday.
- If you need help outside these hours, please leave a message.
- NEMT providers may close on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day
 - Thanksgiving
 - Labor Day
 - Christmas

Jackson Care Connect

*Fill out only 1 form for both Health Related Social Needs (HRSN) or Health Related Service Fund (HRSF). When a request is submitted, CareOregon will review it to determine whether the request meets eligibility criteria for one of these two sources, based upon the information provided.

HRS&HRSN: Flexible services request and HRSN services request

To Apply

- Use the following link to complete and submit the form electronically:
<https://uniteus.com/networks/oregon/get-help/jacksoncareconnect>
- OR, you can download and fill in the form using the following link and submit it to 211 by email or fax:
https://www.jacksoncareconnect.org/docs/default-source/members/hrs/hrs/hrs-nutrition-request-form.pdf?sfvrsn=118771f5_1
 - ◆ Fax number: 503-214-8909
 - ◆ Email: hrs@211info.org

Process Time

- Please allow 15-20 business days for an initial call back or before following up on your request.
- Not all requested items or services are granted/funded. CareOregon evaluates each request on a case-by-case basis and makes the final funding determination, including the amount(s) of funding rewarded if members meet eligibility criteria. While we attempt to process standard requests within 14 days of receipt from 211info, some requests may take 28 days or more to complete.

Nutrition Support Eligibility

You must be a current member

You are not able to get the item/service through any other benefit or means

You must be experiencing serious food shortages

You must have a qualifying medical condition and life situation such as those listed 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 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.

Who can request HRS and HRSN?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists

All requests must come from the member's care team, which includes:

- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Community case managers
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ Food boxes
 - ☐ Specific foods from farms and other local groups
- ☐ Nutrition education
 - ☐ Any type of education that helps a member make healthy food choices and take care of their body.
- ☐ Gym memberships
- ☐ Baby equipment
- ☐ Sensory support items
 - ☐ Members struggling with autism, anxiety or depression

HRS: Community benefits initiatives(CBI)

*Please call 541-500-0567 or toll-free 855-722-8208, TTY 711 to speak to a care coordinator. They will help you to find local community programs that provide nutrition support.

→ OR, Self-refer by filling out our online Care Coordination Self-Referral Form:

<https://uniteus.com/networks/oregon/get-help/jackson-care-connect/>

Foodsmart

Apply:

- Visit the website – Register at the <https://foodsmart.com/members/jackson-care-connect>
- By phone –Call Foodsmart at 541-845-3903
 - ◆ You also can call our Customer Service Team for help at 541-500-0567, toll-free 855-722-8208 or TTY 711

Description:

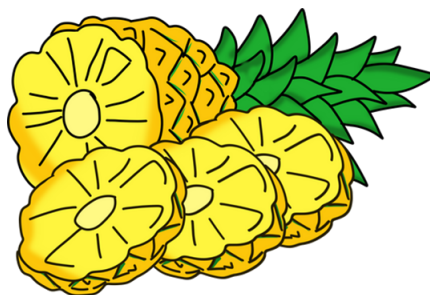
- Foodsmart is a nutrition program designed to make eating well easier and within your budget. It provides members with personalized guidance and access to affordable healthy food options. Their goal is to tackle the root causes of food and nutrition insecurity. Jackson Care Connect has partnered with Foodsmart to help our eligible plan members get quality, affordable food and the education needed to maintain good health and well-being.
- This program include:
 - Unlimited phone calls or video visits with a Foodsmart nutrition coach, who can help you create a customized plan that reaches health goals and saves you money on food. Nutrition coaches are available in multiple languages upon request
 - \$25 Foodsmart Bucks grocery money, which can be earned after each visit with a nutrition coach
 - Access to thousands of budget-friendly recipes

- Tips on how to manage your health conditions and improve your quality of life
- Help finding discounts on healthy food at local grocery stores
- Affordable meal planning information
- **Eligibility:** To be eligible for the Foodsmart nutrition program, a member must be receiving medical coverage from Jackson Care Connect. The program is not available for members with behavioral health coverage only. Also, at least one of the following criteria should be met:

You are pregnant

You have one or more chronic health conditions that can be positively impacted by nutrition interventions and/or are at risk for chronic disease exacerbation. Some examples of chronic conditions include:

- ☐ Diabetes
- ☐ Obesity
- ☐ Hypertension
- ☐ Congestive heart failure
- ☐ Renal disease
- ☐ Chronic liver disease
- ☐ Ischemic heart disease
- ☐ Cerebrovascular disease
- ☐ Cancer
- ☐ Acute myocardial infarction
- ☐ Degenerative joint disease
- ☐ Pre-diabetes
- ☐ Hyperlipidemia
- ☐ Dyslipidemia



Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- Call NEMT provider before going to your appointment to ask for help to pay for meals.
 - **Phone: 541-842-2060**
 - **Toll-free: 888-518-8160**
 - **TTY: 711**
- You may need to take verification form with you to your appointment and you can get a verification form in three ways:
 - Print it from the TransLink website at rvtd.org/translink
 - Call us toll-free at 888-518-8160 and ask us to mail you a form.
 - Ask us to fax the form to your provider's office.
- We must receive your verification form and any required receipts within 45 calendar days of your appointment. We will verify that you were seen and treated.
- We will send your reimbursement funds within 14 days of receiving your completed form. We may send funds later if we need more information to verify your appointment.

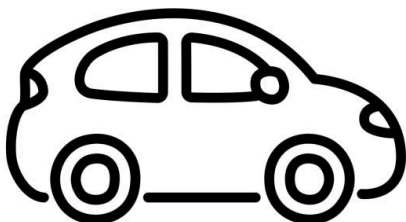
Things to know

- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.
- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.

- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.
 - The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Call TransLink to apply
 - **Phone: 541-842-2060**
 - **Toll-free: 888-518-8160**
 - **TTY: 711**
- Please call your ride service as far in advance as possible. We suggest calling no later than 24 hours before your appointment.
- Members can schedule:
 - Same day for NEMT Services
 - Up to 90 days before their appointment
 - More than one NEMT Service at a time for reoccurring appointments and up to 90 days before the appointment

Please have the following information ready when scheduling with NEMT provider:

- ☐ Your name, address, phone number and Medicaid ID number
- ☐ How and at what times you would like to be contacted (phone, email, fax)
- ☐ Doctor name, address, and phone number
- ☐ Referring doctor if appointment is outside of your local area
- ☐ Date and time of healthcare appointment
- ☐ Pick-up time after the healthcare appointment
- ☐ Reason for healthcare appointment
- ☐ If an attendant will be traveling with you

Eligibility

- Be a Jackson Care Connect OHP member
- TransLink will verify your eligibility before providing services.

Transportation services may be used when you have no other options available, such as public transportation, your own vehicle, or a friend or family member to drive you.

Work hours:

- 7 a.m. to 5 p.m. Monday through Friday, except holidays.
- If you need help outside these hours, please leave a message.
- NEMT providers may close on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day
 - Thanksgiving
 - Labor Day
 - Christmas

Pacific Source

HRS: Flexible services request

To Apply

- Use the following link to download and complete the flexible services request form:

https://pacificsource.com/sites/default/files/2024-03/MCD198_0224_OHA_Aproved03052024_FlexServicesCompletePacket_508.pdf

- ◆ You may send a completed request form to Flexible Services Requests via fax to: (541) 322-6435 OR Email to: healthrelatedservices@pacificsource.com

Process Time

Most decisions will be made in 1-3 weeks, but in some situations, a decision may take up to 60 days. Urgent requests will be decided within 1-3 business days.

Eligibility

Any member currently enrolled with a PacificSource Community Solutions CCO Plan is eligible for Flexible Services:

- ☐ PacificSource Community Solutions – Central Oregon
- ☐ PacificSource Community Solutions – Columbia Gorge
- ☐ PacificSource Community Solutions – Lane
- ☐ PacificSource Community Solutions – Marion-Polk
- ☐ PacificSource Community Solutions – Portland Legacy Health PS (Health Share of Oregon [HSO])

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits.

The item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

The item or service should be part of your overall treatment plan.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Community Case Manager
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ Item/service that is intended to improve health delivery, member health, or lower overall costs of care.

Members can apply for, but are not limited to:

- ☐ Weighted blankets
- ☐ Exercise classes
- ☐ Cooking supplies to help you make healthy meals at home
- ☐ Air purifiers to make sure the air you are breathing is clean if you have asthma or other similar conditions.
- ☐ Classes for cooking, weight loss, nutrition, etc.

HRS: Community benefits initiatives(CBI)

Central Oregon

*Please call 541-640-8742 or toll-free 800-431-4135, TTY: 711 to speak to a Traditional Health Worker. They will help you to find local community programs that provide nutrition support.

Community Kitchen – Grab and Go Meals

Time: Every Tuesday 6:00pm - 8:00pm

Location: Madras United Methodist Church (49 NE 12th St, Madras, OR 97741)

Description: Every Tuesday evening at the Madras United Methodist Church a community dinner is sponsored by different neighborhood organizations. Everyone is welcome. There is always plenty of good healthy food for all.

Craig's Compassionate Cafe

Time: Open Monday-Friday 11:30am- 12:30pm

Location: 780 E 1st Street Prineville, OR 97754

Description: Redemption House Ministries (RHM) is proud to operate Craig's Compassionate Cafe, which is the only hot meal service available five days a week at no cost to homeless and low-income residents of Crook County. Most important, during meal service times our case manager/housing navigator will be available to meet with our guests and link them to other community resources available to assist them in their self-sufficiency goals and reduce food insecurity.

Fresh Harvest Kits

Time: Kits will be available from June – October 2025 throughout Deschutes, Crook and Jefferson counties.

Location: 2025 location information coming soon! (You can visit <https://hdffa.org/portfolio-posts/freshharvestkits/> to find out if there are any location updates!)

Description: Fresh Harvest Kits are free ready-to-make meal kits containing farm fresh vegetables, pantry staple items (such as pasta, tuna, or beans), a seasoning packet from Savory Spice, and a recipe card in English and Spanish to create a nutritious and delicious meal on a budget.

Seed to Table's Feeding Families: Community Table Project

Pickup time: Wednesdays, 3pm - 5:45pm (30 total weeks of fresh produce)

- o First Week: May 7th, 2025
- o Last Week: November 19th, 2025

Location: Seed to table farm: At the corner of E Black Butte Ave & N Dee Wright St, Sisters, OR 97759

Description: From our four acre, organic, education farm, we strive to increase the health and wellness of the Central Oregon community through providing equitable access to locally grown, farm fresh produce and offering opportunities in farm based education.

- Sign up link: <https://www.seedtortableoregon.org/produce-share-sign-up>
- Scroll down to choose portion size and payment methods. You can choose one-time payment, paid monthly, or pay with SNAP/EBT monthly.
- If transportation is a barrier, they can deliver your produce to locations within 5 miles of Sisters city limits.
- Click here for more details:
<https://www.seedtortableoregon.org/how-it-works>

Jefferson County Food Bank - Drive Up

Time: Every Tuesday from 1:30pm to 5pm

Location: 556 SE 7th St, Madras, OR 97741

Description: Adventist Community Services hosts the Jefferson County Food Bank each Tuesday from 1:30pm to 5pm. Call 541-475-3344 for further assistance.

Jefferson County Food Bank – Port Townsend

Time: Saturday 11:30am - 2PM (Age 65+)

Saturday 3:00pm - 5PM (Age 64 and under)

Wednesday 8:30am - 3pm (Quick Pick)

Wednesday 10:00am - 3:00pm

Location: 1925 Blaine Street Port Townsend, WA 98368

Description: Free foods!

Jefferson County Food Bank- Brinnon

Time: Wednesday 10:00am - 1:00pm

Location: Booster Club Building - 151 Corey Street Brinnon, WA 98320

Description: Free foods!

Jefferson County Food Bank- Quilcene

Time: Wednesday 11:00am - 2:00pm

Location: 294952 US Highway 101, Quilcene, WA 98376

Description: Free foods!

Jefferson County Food Bank- Tri-Area

Time: Wednesday 10:00am - 1:00pm

Location: 760 Chimacum Road Chimacum, WA 98325

Description: Free foods!

Jefferson County Food Bank- Coyle/Laurel B. Johnson Community Center

Time: Every Wednesday from 10- 11 am except holidays

Location: 923 Hazel Point Road - Quilcene 98376

Description: Free foods!

Columbia Gorge

*Please call 541-640-8742 or toll-free 800-431-4135, TTY: 711 to speak to a Traditional Health Worker. They will help you to find local community programs that provide nutrition support.

Hood River Farmers Market (SNAP eligible)

Winter Season

Time: Dec 2024 – April 2025, Open 1st & 3rd Saturdays 10am – 12pm

Location: 403 Portway Avenue

Regular Season

Time: May 3 – Nov 22, 2025 Open Every Saturday 9am – 1pm

Location: 501 Columbia Street

Description: We accept SNAP EBT and Summer EBT from any state.

1. Come to the market information booth (orange tent), swipe your EBT card
2. Purchase at least \$20 in SNAP tokens
3. We'll give you an extra \$20 in SNAP Match tokens AND \$20 in Double Up Food Bucks
4. SNAP Tokens can be used to purchase produce, meat, eggs, cheese, bread and more! Double Up Food Bucks can purchase fresh produce, mushrooms, herbs and plant starts.
5. *Plus, customers using SNAP get up to \$40 free when you spend \$20! We TRIPLE SNAP purchases dollar for dollar up to \$20— meaning you could get \$60 worth of food for only \$20 from your SNAP account.*

6. All produce vendors at our market accept WIC & Senior Farm Direct Nutrition Program benefits. This program provides eligible families and seniors an additional source of nutritious food and education on selecting and preparing fresh produce.
7. The first 20 kids to visit the market information booth (orange tent) will receive a free \$2 token to purchase fresh fruits or vegetables from a local farmer.

Mercado del Valle Farmers Market

Time: 2025 Season Dates: June 26th, July 3rd & 17th, August 7th & 21st, September 4th

5:00 pm – 7:00 pm

Location: Downtown Odell: Atkinson Drive

Description: Mercado del Valle was designed by and for the Latinx community in 2013. It is more than a farmers market — imagine the mariachi band, children dancing traditional Baile Folklórico, hand-made tamales, elote, (corn on the cob, Mexican style), a bike-powered smoothie maker, and bins of colorful peppers and tomatillos. Stop by and see what this market is all about!

White Salmon Farmers Market

Time: Open every Tuesday | 4pm – 7pm | June – September

Location: 282 N Main Ave.

Description: Gorge Grown Food Network offers a \$25 SNAP Market Match in partnership with WA Department of Health. This program provides an extra \$25 to customers using SNAP to purchase fresh produce from the market. The market also accepts WIC and Senior Farmers Market checks.

Hood River County Library of things

Use the following link to apply:

https://hood.sage.eou.edu/eg/opac/results?query=&qtype=keyword&fg%3Aformat=23&locg=208&detail_record_view=1

Description:

Besides our usual fare of books & movies, we offer a growing collection of tech devices, cookware, learning kits, entertainment and more for you to enjoy at home.

Often it can be hard to justify the expense and storage space for things you only use a few times a year – instead, check them out for free only when you need them! Be part of a sharing community that helps reduce cost, waste, and overcrowded cupboards.

Lane, Marion and Polk

*Please call 541-640-8742 or toll-free 800-431-4135, TTY: 711 to speak to a Traditional Health Worker. They will help you to find local community programs that provide nutrition support.



HRSN: Health related social needs

To apply

→ Please use the following form to complete and submit the HRSN services request:

<https://uniteus.com/networks/oregon/get-help/pacificsource/>

Process time

Due to a high volume of HRSN requests, application processing time may be extensive. Please still apply, as your application will be reviewed in the order it was received. You'll receive an email or text message when your application is under review. Thanks for your patience.

General eligibility for receiving HRSN services

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Release from incarceration in the past 12 months.

Discharge from an Institution for Mental Disease (IMD) in the past 12 months.

Current or past involvement in the Oregon child welfare system.

Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months.

Being homeless or at risk of becoming homeless.

Eligibility: Medically Tailored Meals (MTM)

Medically tailored meals are for people with health conditions that need nutrition support to improve their health outcomes.

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Have a registered dietitian's assessment that shows they need MTMs

Meet with a registered dietitian on a regular basis to ensure that the MTMs meet care plan goals

Eligibility: Nutrition Education

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

To qualify a person must:

Be experiencing food insecurity

Qualifying life situations

- Left incarceration (jail, detention, etc.) in the past 12 months
- Left a mental health or substance use disorder treatment facility in the past 12 months
- In the Oregon child welfare system (foster care) now or in the past
- Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare
- Experiencing homelessness
- Have a household income that's 30% or less of the average yearly income where they live AND lack resources or support to prevent homelessness
- Being a young adult aged 19-20 who is living with an on-going childhood health condition

Qualifying health conditions

- Complex physical health condition
- Complex behavioral health condition
- Developmental or intellectual disability
- Difficulty with self-care and daily activities
- Experience of abuse or neglect
- 65 or older
- Under age 6
- Pregnant or gave birth in the past 12 months
- Repeated trips to emergency room or crisis services

Who can submit this request?

- You
- Parent or guardian
- A caregiver, friend, or a staff member from an organization may also help you complete this form.

Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- Call NEMT provider before going to your appointment to ask for help to pay for meals, they will provide a form you need to take with you on your trip.
- Call ModivCare if you live in:
 - Crook, Deschutes, Jefferson, or Klamath Counties:
 - 855-397-3619, TTY: 711
 - Hood River or Wasco Counties:
 - 855-397-3617, TTY: 711
 - Marion or Polk Counties:
 - 844-544-1397, TTY: 711
- Call RideSource if you live in:
 - Lane County:
 - 877-800-9899, TTY: 711
- You may have to send your receipts to the ride provider, if you are asked. You need to take this form with you to your appointment. Your healthcare provider must complete and sign the form.
- You must return your completed form to your ride provider within 45 days after your appointment.
- Your reimbursement will be processed within 14 days after receiving the reimbursement request.

Things to know

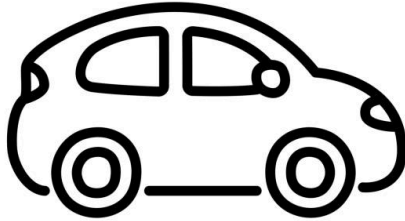
- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.

- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.
- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.

- The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Call ModivCare if you live in:
 - Crook, Deschutes, Jefferson, or Klamath Counties:
 - 855-397-3619, TTY: 711
 - Hood River or Wasco Counties:
 - 855-397-3617, TTY: 711
 - Marion or Polk Counties:
 - 844-544-1397, TTY: 711

- Call RideSource if you live in:
 - Lane County:
 - 877-800-9899, TTY: 711
- Members can schedule:
 - Same day for NEMT Services
 - Up to 90 days before their appointment
 - More than one NEMT Service at a time for reoccurring appointments and up to 90 days before the appointment
- If the ride is requested less than 2 days before the pick-up time, we will provide you with our phone number, and we may be able to tell you the name and phone number of your NEMT driver or NEMT provider.

Please have the following information ready when scheduling with NEMT provider:

- ☐ Your name, address, phone number and Medicaid ID number
- ☐ How and at what times you would like to be contacted (phone, email, fax)
- ☐ Doctor name, address, and phone number
- ☐ Referring doctor if appointment is outside of your local area
- ☐ Date and time of healthcare appointment
- ☐ Pick-up time after the healthcare appointment
- ☐ Reason for healthcare appointment
- ☐ If an attendant will be traveling with you

Eligibility

- You are a member covered by PacificSource Community Solutions in:
 - Central Oregon
 - Columbia Gorge
 - Lane County
 - Marion County or Polk County

- You are going to a covered healthcare appointment. This includes travel outside of the CCO's service area for covered healthcare.
- You are enrolled in the Compact of Free Association Dental Program or the Veteran Dental Program. The CCO is responsible only for NEMT services related to the member's dental services.
- You need help getting to a governed appointment.

Work hours:

- You can get a ride:
 - 24 hours a day
 - 7 days a week
 - 365 days a year
- NEMT providers may close on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day
 - Thanksgiving
 - Labor Day
 - Christmas

Trillium Community Health Plan

HRS: Flexible services request

To Apply

- Please use the following link to find the flexible services request form:
<https://www.trilliumohp.com/members/oregon-health-plan/Benefits-and-Services/Flexible-Services.html>
 - ◆ Please fill out and submit this form via email or fax
 - ◆ Email: CHW@TrilliumCHP.com
 - ◆ Fax: 1-866-703-0958
- OR, you can call Trillium at 1-877-600-5472 (TTY: 711) and ask to talk with a community health worker. They can complete a Flexible Services Request Form (PDF) for you and get it reviewed.

Process Time

If the item/service qualifies as a Flexible Service, it will be processed within 60 days.

Eligibility

You must be a Trillium member.

- The item/service must:
 - ◆ Improve your health
 - ◆ Give you a better chance to meet health goals through your identified treatment plan
 - ◆ Be for you

→ The item/service must be supported by:

- ◆ Best practices used by many doctors, or
- ◆ Information and guidelines from medical, quality or government groups

→ The item/service must help you with at least one of the following:

- ◆ Improve health outcomes, or
- ◆ Keep you from having to go to the hospital again, or
- ◆ Improve your safety, or
- ◆ Increase your wellness and health activities
- ◆ It is important to be sure that the item or service will support your health in a positive way and is not part of another benefit available to you. This item or service cannot replace a benefit that you have with another agency or in the community.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Community Case Manager
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ Item/service that is intended to improve health delivery, member health, or lower overall costs of care.
- ☐ Weighted blankets
- ☐ Exercise classes
- ☐ Cooking supplies to help you make healthy meals at home
- ☐ Air purifiers to make sure the air you are breathing is clean if you have asthma or other similar conditions.
- ☐ Classes for cooking, weight loss, nutrition, etc.

HRS: Community benefits initiatives(CBI)

*Please call 1-877-600-5472 (TTY: 711) to speak to a Community Health Worker. They will help you to find local community programs that provide nutrition support.



HRSN: Health related social needs

To apply

- Please use the following form to complete and submit the HRSN services request:
<https://uniteus.com/networks/oregon/get-help/trilliumchphrsn>
- OR, call Trillium Member Services at 1-877-600-5472 to apply.

Process time

Depending on the total number of requests CCO is currently processing, requests will be handled in the order they were received. It may take 14 days or more to process your request.

General eligibility for receiving HRSN services

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Release from incarceration in the past 12 months.

Discharge from an Institution for Mental Disease (IMD) in the past 12 months.

Current or past involvement in the Oregon child welfare system.

Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months.

Being homeless or at risk of becoming homeless.

Eligibility: Medically Tailored Meals (MTM)

Medically tailored meals are for people with health conditions that need nutrition support to improve their health outcomes.

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Have a registered dietitian's assessment that shows they need MTMs

Meet with a registered dietitian on a regular basis to ensure that the MTMs meet care plan goals

Eligibility: Nutrition Education

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

To qualify a person must:

Be experiencing food insecurity

Qualifying life situations

- Left incarceration (jail, detention, etc.) in the past 12 months
- Left a mental health or substance use disorder treatment facility in the past 12 months
- In the Oregon child welfare system (foster care) now or in the past
- Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare
- Experiencing homelessness
- Have a household income that's 30% or less of the average yearly income where they live AND lack resources or support to prevent homelessness
- Being a young adult aged 19-20 who is living with an on-going childhood health condition

Qualifying health conditions

- Complex physical health condition
- Complex behavioral health condition
- Developmental or intellectual disability
- Difficulty with self-care and daily activities
- Experience of abuse or neglect
- 65 or older
- Under age 6
- Pregnant or gave birth in the past 12 months
- Repeated trips to emergency room or crisis services

Who can submit this request?

- You
- Parent or guardian
- A caregiver, friend, or a staff member from an organization may also help you complete this form.

Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- Call NEMT provider before going to your appointment to ask for help to pay for meals.
 - Lane-Western Douglas-Western Linn Counties Members call Lane Transit District
 - (541) 682-5566 Or (877) 800-9899 (TTY: 711)
 - Clackamas-Multnomah-Washington Counties Members call MTM
 - (877) 583-1552 (TTY: 711)
- You may need forms to take with you to your appointment. The ride service will provide these to you. Your doctor's office must complete and sign the forms.
- Return completed forms to the ride service within 45 days after your appointment. You will not be paid for mileage, meals, or lodging if you submit your forms late.

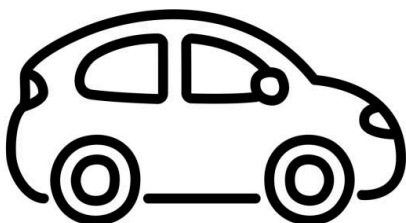
Things to know

- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.
- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.

- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.
 - A family member or friend can take you to an out of area medical appointment.
 - You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.
 - The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Lane-Western Douglas-Western Linn Counties Members call Lane Transit District
 - **(541) 682-5566 Or (877) 800-9899 (TTY: 711)**
- Clackamas-Multnomah-Washington Counties Members call MTM
 - **(877) 583-1552 (TTY: 711)**
- Please call your ride service as far in advance as possible. We suggest calling no later than 24 hours before your appointment.
- Members can schedule:
 - Same day for NEMT Services
 - Up to 90 days before their appointment
 - More than one NEMT Service at a time for reoccurring appointments and up to 90 days before the appointment

Please have the following information ready when scheduling with NEMT provider:

- ☐ Your name
- ☐ Your address
- ☐ Your phone number
- ☐ Where you need to be picked up
- ☐ Your OHP or Trillium ID number
- ☐ Doctor or Facility name
- ☐ Doctor or Facility address and phone number
- ☐ Referring doctor if appointment is outside of your local area
- ☐ Date and time of your appointment
- ☐ Time when you need to be picked up after your appointment

Eligibility

- Be a Trillium OHP member
- Need a ride to a medical appointment covered by the OHP or to a health-related service approved by Trillium. For members who have Medicaid and Medicare insurance, the ride can be provided to OHP or Medicare covered visits.

Work hours:

- Monday through Friday 8:00 am – 5:00 pm
- If you need help outside these hours, please leave a message.
- NEMT providers may close on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day
 - Thanksgiving
 - Labor Day
 - Christmas

Umpqua Health Alliance

HRS: Flexible services request

To Apply

→ Please use the following link to download and complete the form (flexible service request form is on **page 11**):

<https://www.umpquahealth.com/?wpdmdl=16081>

- ◆ You can submit the form via mail or fax
 - Mail: 3031 NE Stephens St., Roseburg, OR 97470
 - Fax: 541-677-5881
 - You can also make phone call if you need help: 541-229-4842

Process Time

All requests will be reviewed within 30 days. This is only if the form is completely filled out and the supporting documentation has been sent to UHA. Urgent requests will only be allowed for inpatient discharges. Care coordination will determine if the need meets the criteria for urgent review.

Eligibility

You must be enrolled in the UHA through the Oregon Health Plan (OHP).

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits.

The item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

The item or service should be part of your overall treatment plan.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Community Case Manager
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ A gym membership for recovery if your doctor recommends it
- ☐ Cooking supplies to help you make healthy meals at home
- ☐ Weighted blanket
- ☐ Adaptive clothing
- ☐ Wellness and prevention

HRS: Community benefits initiatives(CBI)

*Please call (541) 229-4842 and ask for Care Coordination to speak with a care coordinator. They will help you to find local community programs that provide nutrition support.

HRSN: Health related social needs

To apply

- Please use the following form to complete and submit the HRSN services request: <https://www.umpquahealth.com/?wpdmdl=16357>
- ◆ Once you've completed your form, return it to UHA via one of the following:
 - Email: HRSN@umpquahealth.com
 - Fax: 541-677-5881
 - Mail or in-person: 3031 NE Stephens Street, Roseburg, OR 97470

Process time

Your request may take up to 14 days or more to be reviewed. Delays in receiving needed information will delay review up to 28 days. We will let you know in writing if you do not qualify. If your request is approved, delivery may take up to 4 more weeks.

General eligibility for receiving HRSN services

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Release from incarceration in the past 12 months.

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Discharge from an Institution for Mental Disease (IMD) in the past 12 months.

Current or past involvement in the Oregon child welfare system.

Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months.

Being homeless or at risk of becoming homeless.

Eligibility: Medically Tailored Meals (MTM)

Medically tailored meals are for people with health conditions that need nutrition support to improve their health outcomes.

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

To qualify a person must:

Have a registered dietitian's assessment that shows they need MTMs

Meet with a registered dietitian on a regular basis to ensure that the MTMs meet care plan goals

Eligibility: Nutrition Education

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Qualifying life situations

- Left incarceration (jail, detention, etc.) in the past 12 months
- Left a mental health or substance use disorder treatment facility in the past 12 months
- In the Oregon child welfare system (foster care) now or in the past
- Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare

- Experiencing homelessness
- Have a household income that's 30% or less of the average yearly income where they live AND lack resources or support to prevent homelessness
- Being a young adult aged 19-20 who is living with an on-going childhood health condition

Qualifying health conditions

- Complex physical health condition
- Complex behavioral health condition
- Developmental or intellectual disability
- Difficulty with self-care and daily activities
- Experience of abuse or neglect
- 65 or older
- Under age 6
- Pregnant or gave birth in the past 12 months
- Repeated trips to emergency room or crisis service

Who can submit this request?

- You
- Parent or guardian
- A caregiver, friend, or a staff member from an organization may also help you complete this form.

Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- Please call **1-877-324-8109** before going to your appointment.
 - You may need prior approval or provider confirmation of visit for reimbursement requests for meals and lodging to covered health services to qualify for reimbursement. Prior to receiving reimbursement, you must return all required documents to your CCO or BCB.

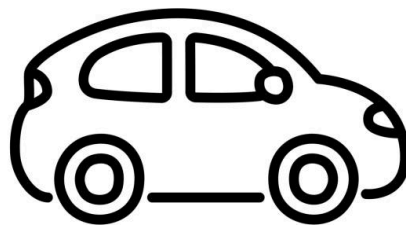
Things to know

- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.
- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.
- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:
 - When you are able to transport yourself to an out of area medical appointment.

- A family member or friend can take you to an out of area medical appointment.
- You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.
 - The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.

The refund rates are calculated as follows:

☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Call toll free **1-877-324-8109 or 541-266-4323** to schedule a ride.
- Your rides need to be scheduled **two business days ahead**.
- If you are going out of your county for services, you must schedule two business days ahead.

Please have the following information ready when scheduling with BCB:

- ☐ Name
- ☐ Address
- ☐ OHP number
- ☐ Phone number
- ☐ Doctor or office's name and phone number
- ☐ Date and time of your appointment
- ☐ Return pick up time after appointment
- ☐ Reason for the appointment (to check if it is a covered service)
- ☐ Special care for physical or behavioral health needs, current level of mobility and functional independence
- ☐ Any special mobility needs (a wheelchair, a wheelchair lift, or you will have your service animal)
- ☐ Directions to get to your home or appointment

Eligibility

- Prior to scheduling your ride, BCB will verify your eligibility.
- Any active UHA member can schedule rides through BCB.
- These rides are available for members who need help getting to and from a covered service. This is free of charge.
- For example, you can also use this service to go to the pharmacy to pick up your medicines.
- Full Benefit Dual Eligible (FBDE) members are also able to receive rides through BCB. We will confirm that you are able to get a ride and that the service is covered through your Medicare plan or Medicaid plan.

Work hours:

- BCB's call center is open Monday through Friday 8:00 am to 5:00 pm.
- If calling after hours, there is a 24-hour hotline available. Members also have the option to leave a message. The answering service message is available in both English and Spanish. If the member leaves a clear message with a phone number, BCB will return all phone calls within the next business day.
 - If unable to reach the member, BCB will continue efforts until the member is reached.
- Medical trips are covered and provided 24 hours a day, 365 days a year.
- BCB will close the call center on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day
 - Thanksgiving
 - Labor Day
 - Christmas

Yamhill Community Care

HRS: Flexible services request

To Apply

- Please fill in the following form and email it to
CareManagement@yamhillcco.org OR fax it to 503-607-8336
 - ◆ <https://yamhillcco.org/wp-content/uploads/YCCO-Flex-Funds-Request-10.2.24.pdf>
 - ◆ If the above link doesn't work, please visit this page to find the Flexible services request form:
<https://yamhillcco.org/providers/policies-and-forms/>

Process Time

Once the form is submitted, you will be notified within 3 business days whether it is approved or denied.

Eligibility

Any member currently enrolled with a Yamhill CCO health plan through the Oregon Health Plan (Medicaid) may request flexible services.

The item or service must address a specific health need or circumstance that is not covered under standard OHP benefits.

The item or service must demonstrably improve your health outcomes or help you manage a chronic condition.

The item or service should be part of your overall treatment plan.

Who can request flexible services?

All requests must come from the member's care team, which includes:

- ☐ Primary Care Providers and Clinics
- ☐ Specialists
- ☐ Surgeons
- ☐ Behavioral Health Providers
- ☐ Dental Providers
- ☐ Hospital Discharge Planners or Case Managers
- ☐ Ancillary providers (PT/OT/Speech)
- ☐ Community Case Manager
- ☐ Members

Examples of items that can be covered by flexible services

Members can apply for, but are not limited to:

- ☐ A gym membership for recovery if your doctor recommends it
- ☐ Cooking supplies to help you make healthy meals at home
- ☐ Weighted blanket
- ☐ Adaptive clothing
- ☐ Wellness and prevention

HRS: Community benefits initiatives(CBI)

*Please call 503-472-0457 to ask for a Community Health Worker for yourself or a family member. They will help you to find local community programs that provide nutrition support.

Food resources

Baker Creek Community Church

Location: 325 NW Baker Creek Rd. McMinnville, OR 97128

Phone #: 503-434-5541

Hours: Wed 10am-12pm

Description: Food Box and Bread Items (bakercreekcommunity.org)

- Limit one box per month per family

Community of Christ

Location: 4570 Center St NE. Salem, OR 97301

Phone #: 503-378-0633

Hours: Thurs 4:30pm-6pm

Description: Emergency Food Boxes Twice a Month. Other Items Available.

- Income based, proof of income is required

Cove Orchard Food Pantry

Location: 22125 Highway 47 Yamhill, OR 97148

Phone #: 503-804-0333

Hours: Call for Appointment

Description: Food Box

- Income based Areas

Dayton Food Pantry

Location: 300 Flower Lane Dayton, OR 97114

Phone #: 503-569-8788

Hours: 2nd and 4th Tues 4pm-6pm

Description: Non-Perishables

- Open to all residents of Dayton

Department of Human Services - Yamhill

Location: 368 NE Norton Ln. McMinnville, OR 97128

Phone #: 503-472-0311

Hours: Mon-Fri 7am-5pm

Description: Food Stamps (SNAP) (oregon.gov/ODHS)

- Income based, call for appointment

Good Samaritan Pantry

Location: 4570 Center St. NE Salem, OR 97301

Phone #: 503-581-3855

Hours: Tuesdays, distribution begins at 2:30 pm; must be in line by 3:30 pm to receive food

Description: Emergency Food Box

- Income based

Grand Sherimina Food Pantry

Location: 120 N Bridge St. Sheridan, OR 97378

Phone #: 503-843-3133

Hours: Tues 2pm-4pm

Description: Food Box (gsmafoodpantry.com)

- Income based, limit one visit per month

Hope on the Hill

Location: 500 NW Hill Rd. McMinnville, OR 97128 (lower floor of building 2)

Phone #: 503-472-8476 ext. 4070

Hours: Tues 11am-1pm, Thurs 6pm-8pm

Description: Shopping style food distribution (hopeonthehill.org)

- Income based, limit one visit per month

Isaiah 58 Food Bank

Location: 118 Maddox Ave. Amity, OR 97101

Phone #: 503-835-3271

Hours: Thursday 12pm-3pm

Description: Food Box, Bread, Produce

- Income based, limit one visit per month.
- Proof of address is required.

Iskam MəkhMəkh-Haws

Location: 9675 Grand Ronde Rd. Grand Ronde, OR 97347

Phone #: 503-879-3663

Hours: Wednesdays and Fridays 10am-2pm

Description: Food Boxes

- All are welcome

Lafayette Community Church

Location: 365 3rd Street (99w) Lafayette, OR 97127

Phone #: 503-864-8409

Hours: 2nd & 4th Tues 4pm-5pm

Description: Food Box (lafayettecommunitychurch.org)

- Income Based

Love, Inc. - Newberg

Location: 200 S College St, Newberg, OR 97132

Phone #: 503-537-3999

Hours: Mon-Thurs 10am-1pm

Description: Non-Perishables and Frozen Meals

- Yamhill County residents (except McMinnville), ID and proof of address required

New Life Community Church

Location: 410 14th St. SE Salem, OR 97301

Phone #: 503-399-2120

Hours: 4th Sat of the month 10:30am-12:30pm

Description: Emergency Food Box

- Income based with limit of one visit per month

Newberg Northwest Christian Church

Location: 2315 Villa Rd. Newberg, OR 97132

Phone #: 503-538-3104 \

Hours: Sun 11:30am to 12pm, Tue 9am to 10am, Thu 4pm-6pm.

- Hot Meal Hours: Thu 4:30pm-5:45pm

Description: Hot Meals, Bread, and Non-perishable (newbergcc.org)

- Open to all in need

Newberg Fish Emergency Services

Location: 125-A Elliott Rd. Newberg, OR 97132

Phone #: 503-538-4444

Hours: Mon/Thurs 10 am-1 pm, Tues 10 am-1 pm & 5 pm-7 pm

Description: Food Box (newbergfish.org)

- Income based, limit one visit per month
- Proof of address required

Promise Pantry

Location: 33331 Full Quartz Landing Dundee, OR 97115

Phone #: 503-307-0730

Hours: Sun 1pm-3pm

Description: Food Bank (promisecenter.org)

- Income based with limit of one visit per month

Salvation Army - McMinnville

Location: 1950 SW 2nd St McMinnville, OR 97128

Phone #: 503-434-7292

Hours: Tues-Thurs 1pm-4pm

Description: Emergency Food Box (mcminnville.salvationarmy.org)

- Income based, or be SNAP, TANF, or SSI eligible.
- Proof of income required.

Share and Care

Location: 445 N Maple St Yamhill, OR 97148

Phone #: 503-662-4489

Hours: Hours vary. Please call for appointment.

Description: Food Bank

- Income based

St. Vincent De Paul - McMinnville

Location: 435 SE Baker St McMinnville, OR 97128

Phone #: 503-472-2003

Hours: Mon-Fri 10am-1pm

Description: Food Box

- Intake appointment required.

Yamhill Gleaners

Location: 4155 NE Three Mile Ln McMinnville, OR 97128

Phone #: 503-472-7171

Hours: Call for appointment

Description: Fresh Local Produce

- Call for membership

Meal Sites

2nd Street Community Church

Location: 504 E 1st Newberg, OR 97132

Phone #: 503-554-9383

Hours: Mon-Fri 10am-12pm

Description: Breakfast, lunch, and light food to go

- Welcome to all

County Gospel Rescue Mission- Yamhill

Location: 1340 NE Logan Rd McMinnville, OR 97128

Phone #: 503-472-9766

Hours: 24 hrs

Description: Breakfast and Dinner

- All are welcome

Dundee Community Center

Location: 1026 Hwy 99W Dundee, OR 97115

Phone #: 503-550-0862

Hours: Last Wednesday of the month, 5:15pm-7pm

Description: Community Dinner

- All are welcome

First Presbyterian

Location: 390 NE 2nd St McMinnville, OR 97128

Phone #: 503-472-6256

Hours: Sat 5pm-6pm

Description: Community Dinner (fpc-mac.org)

- All are welcome

McMinnville Covenant

Location: 2155 NW 2nd St McMinnville, OR 97128

Phone #: 503-472-9021

Hours: Sun 4pm-6pm

Description: Dinner

- All are welcome

Newberg Christian

Location: 2315 Villa Rd Newberg OR, 97132

Phone #: 503-538-3104

Hours: Thurs 4:30pm(drive thru)

Description: Food Box

- Open to anyone needing a hot meal

River Street Church of God

Location: 715 River St Newberg, OR 97132

Phone #: 503-538-4117

Hours: Wed 5:30pm

Description: Community Dinner (rscog.com)

- All are welcome

McMinnville Cooperative Ministries

Location: 544 NE 2nd St. McMinnville, OR 97128

Phone #: 503-472-5622

Hours: Sat 8am-10am

Description: Breakfast

- All are welcome

River Street Church of God

Location: 715 River St Newberg, OR 97132

Phone #: 503-538-4117

Hours: Wed 5:30pm

Description: Community Dinner (rscog.com)

- All are welcome

St. Barnabas Soup Kitchen

Location: 822 W 2nd St McMinnville, OR 97128

Phone #: 503-472-3711

Hours: Mon-Fri 4pm-6pm

Description: Complete meal. Often times produce, bread, and other items are available.

- All are welcome

St. Peter Catholic Church

Location: 2315 N Main St Newberg, OR 97132

Phone #: 503-538-4312

Hours: Fri 5:30pm-6pm

Description: To-Go Community Dinner

- All are welcome

HRSN: Health related social needs

To apply

→ Please use the following form to complete and submit the HRSN services request:

https://yamhillcco.org/wp-content/uploads/YCCO-HRSN-PA-Form-Nutrition-Benefits-January-2025_Fillable-Form-12.31.24-2.pdf

- If the above link doesn't work, please use this link to find the form: <https://yamhillcco.org/members/hrsn/>

◆ Please fax the completed form to 503.850.9398

Process time

Your request may take up to 14 days or more to be reviewed.

General eligibility for receiving HRSN services

OHP members must be in at least one of these life transitions:

*Additional criteria also apply for each type of HRSN service.

Release from incarceration in the past 12 months.

Discharge from an Institution for Mental Disease (IMD) in the past 12 months.

Current or past involvement in the Oregon child welfare system.

Transitioning from Medicaid-only to dual eligibility (Medicaid and Medicare) status within the next three months or has transitioned in the past nine months.

Being homeless or at risk of becoming homeless.

Eligibility: Medically Tailored Meals (MTM)

Medically tailored meals are for people with health conditions that need nutrition support to improve their health outcomes.

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

To qualify a person must:

Be experiencing food insecurity

Have a registered dietitian's assessment that shows they need MTMs

Meet with a registered dietitian on a regular basis to ensure that the MTMs meet care plan goals

Eligibility: Nutrition Education

To qualify a person must:

Be an OHP member

Be in at least one qualifying life situation (see below section)

Have at least one qualifying health condition (see below section)

Be experiencing food insecurity

Qualifying life situations

- Left incarceration (jail, detention, etc.) in the past 12 months
- Left a mental health or substance use disorder treatment facility in the past 12 months
- In the Oregon child welfare system (foster care) now or in the past

- Going from Medicaid-only benefits to qualifying for Medicaid plus Medicare
- Experiencing homelessness
- Have a household income that's 30% or less of the average yearly income where they live AND lack resources or support to prevent homelessness
- Being a young adult aged 19-20 who is living with an on-going childhood health condition

Qualifying health conditions

- Complex physical health condition
- Complex behavioral health condition
- Developmental or intellectual disability
- Difficulty with self-care and daily activities
- Experience of abuse or neglect
- 65 or older
- Under age 6
- Pregnant or gave birth in the past 12 months
- Repeated trips to emergency room or crisis service

Who can submit this request?

- You
- Parent or guardian
- A caregiver, friend, or a staff member from an organization may also help you complete this form.

Non-Emergent Medical Transportation (NEMT)

Meals refunds

To apply

- Call NEMT provider before going to your appointment to ask for help to pay for meals.
 - Call WellRide at **844-256-5720**
- YCCO may disallow a client reimbursement request received more than 45 days after the travel.
- The member must return any papers a CCO requires before receiving reimbursement.

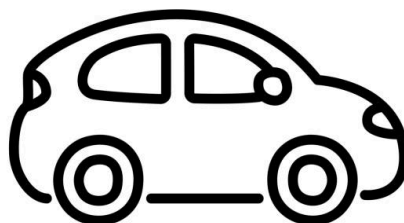
Things to know

- If you have an appointment that is outside of your County, you may be able to get a refund for meals and/or lodging reimbursement.
- All refunds will be paid to the member in either a check form or, if the Member has requested, a US Bank card that is at no cost to the member.
- A member must be reimbursed within 14 days of the CCO receiving the reimbursement request.
- A CCO may disallow a client reimbursement request received more than 45 days after the travel.

Eligibility

- Meal reimbursements are received if the travel time is a minimum of four (4) hours round trip outside of your local area (in urban areas, 30 miles or 30 minutes; in rural areas, 60 miles, or 60 minutes).
- Meals may be available in other cases such as:

- When you are able to transport yourself to an out of area medical appointment.
- A family member or friend can take you to an out of area medical appointment.
- You are receiving a vehicle-provided ride to an out of area medical appointment.
- Meal reimbursements for one attendant:
 - A CCO must refund for meals or lodging for one attendant, which may be a parent, to accompany the Member if medically necessary, if any of the following apply:
 - The Member is a minor child and unable to travel without an attendant.
 - The Member's attending physician provides a signed statement indicating the reason an attendant must travel with the Member.
 - The Member is mentally or physically unable to reach their medical appointment without assistance.
 - The Member is or would be unable to return home without assistance after the treatment or service.



Refund Rates

The refund rates are calculated as follows:

Client meals: \$34.00 per day

- ☐ Breakfast: \$9.00 - Travel begins before 6:00 AM.
- ☐ Lunch: \$10.00 - Travel must span the entire period from 11:30 AM through 1:30 PM.
- ☐ Dinner: \$15.00 - Travel ends after 6:30 PM.

Attendant Meals: \$34.00 per day (Breakfast \$9.00, Lunch \$10.00, Dinner \$15.00)

You do NOT need to submit receipts for your meals.

To Schedule a ride:

- Call WellRide at **844-256-5720**
- Members can schedule:
 - Same day for NEMT Services
 - Up to 90 days before their appointment
 - More than one NEMT Service at a time for reoccurring appointments and up to 90 days before the appointment

Please have the following information ready when scheduling with NEMT provider:

- ☐ Your name, address, phone number and Medicaid ID number
- ☐ How and at what times you would like to be contacted (phone, email, fax)
- ☐ Doctor name, address, and phone number
- ☐ Referring doctor if appointment is outside of your local area
- ☐ Date and time of healthcare appointment
- ☐ Pick-up time after the healthcare appointment
- ☐ Reason for healthcare appointment

Please have the following information ready when scheduling with NEMT provider:

- ☐ If an attendant will be traveling with you

Eligibility

- Prior to determining the appropriate mode of ride and scheduling the ride, Call Center staff verify eligibility with YCCO via Community Integration Manager (CIM) or the Medicaid Management Information System (MMIS). For Full Benefit Dual Eligible members, eligibility is verified for services with member's Medicare Advantage or Dual Eligible Special Needs Plan or directly with member's Medicare provider.
- Call Center will confirm that the ride requested for an eligible Member is a covered service or a health-related service. For FBDE Members, Call Center will verify that such Members require NEMT to travel to Medicaid or Medicare covered visit within YCCOs service area or outside the service area if NEMT rides are not available within contractor's service area and for which Contractor is responsible for cost sharing, including the NEMT rides.

Work hours:

- Available Monday through Friday 7:30 a.m. to 6 p.m. and has both English and Spanish language prompts. The welcome message also tells members that alternative languages are available upon request and that calls are recorded for quality assurance purposes.
- After hours call center coverage is provided through an after-hours service, with a message available in English and Spanish, explaining how to access alternative arrangements after hours.

- NEMT providers may close on these Holidays as approved by OHA:
 - New Year's Day
 - Independence Day
 - Memorial Day
 - Thanksgiving
 - Labor Day
 - Christmas

