Health Related Social Needs (HRSN) Prior Authorization Request
-Housing-

Please Fax to 503.850.9398 | Questions call 855.722.8205

****Chart Notes/Relevant Clinical Documentation, Proof of Income (from the last two months), and Lease Agreement Required. If submitting for Home Modification/Remediation, include Scope of Work form****

Full completion of the PA Form and providing required documentation will help to ensure timely processing of this request.

EXPEDITED REQUEST: ☐ Check Here for Imminent Eviction Request
Include a copy of the eviction notice.

Member Information	
Last Name:	First Name:
Insurance ID #:	DOB:
Address:	County:
Phone:	Email:
Preferred Language:	Pronouns:

Requestor Information:	
Requesting Provider/Organization/Member:	Phone:
Address:	Email:

☐ **Check here if Requestor will also be Housing Service Provider.**

Provider Information *(Current Provider That Manages Member's Clinical Risk Factors Related to HRSN)*	
Care Provider:	Care Provider Phone:
TIN#:	NPI#:

Benefit Request: Rent/Utilities/Tenancy	
☐ **Rent (Max. of 6 Months)/Tenancy Service** Name of Landlord:_____ Landlord Contact Number:_____ Amount per month: $_____ Size of Home (# of bedrooms):_____	☐ **Check For Past Due Rent** Indicate the Months Owed/Past Due: ☐**Jan** ☐**Feb** ☐**Mar** ☐**Apr** ☐**May** ☐**Jun** ☐**Jul** ☐**Aug** ☐**Sep** ☐**Oct** ☐**Nov** ☐**Dec**
☐ **Utilities (Max. of 6 Months)** ☐ **Utilities Set-Up**	☐ **Check Here For Past Due Utilities** Indicate the Months Owed/Past Due: ☐**Jan** ☐**Feb** ☐**Mar** ☐**Apr** ☐**May** ☐**Jun** ☐**Jul** ☐**Aug** ☐**Sep** ☐**Oct** ☐**Nov** ☐**Dec**
☐ **Storage Fees**	
☐ **Tenancy Services** (Stand Alone)	

Eligibility Criteria (Rent/Utilities/Tenancy)
Member must meet ALL the following requirements. If member does not meet HRSN eligibility, consider applying for HRS Flex Funds: https://yamhillcco.org/wp-content/uploads/YCCO-Flex-Funds-Request-1.pdf
☐Enrolled in OHP under category CCOA or CCOB **-AND-** ☐Below 30% of Median Family Income: Family Size_____ / Annual Family Income $_____

-AND-

☐Currently Housed **-AND-**

☐Lacks sufficient resources or support networks to prevent homelessness **-AND-**

Meets AT LEAST ONE of the housing-specific clinical risk factors:

- ☐Complex Behavioral Health needs
- ☐Developmental Disability Need
- ☐Complex Physical Health Need
- ☐Interpersonal violence experience
- ☐Need for Assistance with ADLs or eligible for LTSS
- ☐Adult 65 years of age or older
- ☐Child less than 6 years of age
- ☐Repeated ED use and crisis encounters
- ☐Young Adult with Special health care needs
- ☐Pregnant/Postpartum

Benefit Request: Home Modification/Home Remediation	
☐**Medically necessary home modification**	☐Scope of Work Form Attached
☐**Medically necessary home remediation**	☐Scope of Work Form Attached
☐**Hotel/Motel Stay** (Only available to those who meet the at-risk of homelessness definition AND require a hotel/motel stay while work is being done on their home.)	

Eligibility Criteria (Home Modification/Home Remediation)

Member must meet ALL the following requirements.

If member does not meet HRSN eligibility, consider applying for HRS Flex Funds:
https://yamhillcco.org/wp-content/uploads/YCCO-Flex-Funds-Request-1.pdf

☐Enrolled in OHP under category CCOA or CCOB **-AND-**

Be in AT LEAST ONE HRSN covered population

- ☐Adults or youth discharged from an Institute of Mental Disease (IMD) in past 12 months
- ☐Adults or youth released from incarceration in past 12 months
- ☐Individual transitioning to Dual Medicaid/Medicare status
- ☐Individual currently meets HUD definition of homeless or at risk of homelessness
- ☐Involved in child welfare including members who have previously been involved with child welfare
- ☐Young Adults with Special Health Care Needs (ages 19 and 20)

-AND-

Meets AT LEAST ONE of the housing-specific clinical risk factors:

- ☐Complex Behavioral Health needs
- ☐Developmental Disability Need
- ☐Complex Physical Health Need
- ☐Interpersonal violence experience
- ☐Need for Assistance with ADLs or eligible for LTSS
- ☐Adult 65 years of age or older
- ☐Child less than 6 years of age
- ☐Repeated ED use and crisis encounters
- ☐Young Adult with Special health care needs
- ☐Pregnant/Postpartum

-AND-

☐Needs the home modification/remediation to help or prevent member's health condition

Member Attestations (must be completed in full)

☐ Member has attested to not be receiving duplicative services through other programs OR existing service is not fully meeting Member needs

Member has consented to:

☐ Receive approved HRSN Services ☐ Be contacted by phone and text by YCCO staff ☐ Be contacted by phone by the Housing Service Provider, and related contractors or vendors ☐ Be contacted for Housing Care Management (Tenancy Services) (optional)
Expedited- defined as member's life, health, or ability to regain maximum function is in serious jeopardy if determination is not made in the standard time frame. **Request must include supporting documentation to substantiate an expedited review.** **Explanation Required:**
Additional Comments (Optional):

Additional Info:

Code	Modifiers	Requested Item/Service