

Health Related Social Needs (HRSN) Prior Authorization Request

****Chart Notes Required****

Please fax to 503.850.9398 | Questions call 855-722-8205

Expedited Request must complete the required section

Member Information

Last Name:	First Name:
Insurance ID #:	DOB:
Address:	
Preferred Language (Optional):	Pronouns (Optional):

REQUIRED Contact Information

Name:	Phone:	Fax:
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Primary Care Physician (PCP):

Requesting Provider:	TIN#:
Address:	NPI#:
Servicing Provider:	TIN#:
Address:	NPI#:
Servicing Facility:	TIN#:
Address:	NPI#:

Eligibility Criteria Member must meet **ALL** the following requirements

- Be enrolled in the OHP under category CCOA or CCOB
- 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
 - Youth involved in child welfare including members who have previously been involved with child welfare
- Meet AT LEAST ONE of the Climate Device-Specific Clinical Risk Factors
 - Air conditioners for individuals at health risk due to significant heat
 - Heaters for individuals at increased health risk due to significant cold
 - Air filtration devices and, as needed, replacement air filters for individuals at health risk due to compromised air quality
 - Mini refrigeration units as needed for individuals for medication storage

- Portable power supplies for individuals who need access to electricity-dependent equipment (eg ventilators, dialysis machines, IV equipment, chair lifts, mobility devices, etc.) or at risk of public safety power shutoffs that may compromise their ability to use medically necessary devices
- Meet the criteria for a Social Risk Factor – Member resides in their own home or a non-institutional, non-congregate primary residence and has a need that will be aided by one of the following devices: air conditioner, heater, air filtration device, portable power supply (PPS), and/or mini refrigeration units
- Have a medically driven need for one of the following devices: air conditioner, heater, air filtration device, portable power supply, or refrigeration unit

Type of Need: (check appropriate box)

- Air Conditioner
- Heater
- Air Filter
- Mini Refrigerator
- Portable Power Supply

Member Attestations (must be completed in full)

Member has attested they are not receiving duplicative services through other programs / the service is not currently meeting their needs

Member has consented to: Receive approved HRSN Services

- Be contacted by phone and text by YCCO staff
- Be contacted by phone by the service vendor for delivery and hook up

Member agrees to be contacted and/or managed by Care Management (Optional)

I can safely use the device where I live. I can safely and legally plug in the device. Yes No

YCCO Information Sharing form is REQUIRED signing is not required but the form must be completed and sent.

Did Member Sign the Information Sharing Form? Yes No

YCCO Information Sharing Authorization Form MUST be submitted with this request

ICD-10 Code(s):	CPT Code(s):
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Clinical Criteria for Climate-Related Devices (current medical condition, active in past 12 mo.):

The clinical criteria list includes both traditional medical conditions as well as non-medical conditions that may function as co-morbid complicating conditions to the primary medical concern. Medical necessity support documentation must demonstrate a medical driven need specific to the requested device.

<p>Air Conditioner</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders <input type="checkbox"/> Bipolar and related disorders <input type="checkbox"/> Major depressive disorder, moderate severity, severe severity, with psychotic features, with a suicide attempt in the past 12mo, or crisis services (ED, mobile crisis team), acute psychiatric hospitalization, or residential treatment in the past 12mo. <input type="checkbox"/> One or more of the following Substance Use Disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder <input type="checkbox"/> Major neurocognitive disorder <input type="checkbox"/> Pregnant: current - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> 0-6 years old - *See Required Conditions For Specific Age 	<p>Air Filtration Device</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders <input type="checkbox"/> Bipolar and related disorders <input type="checkbox"/> Major depressive disorder, moderate severity, severe severity, with psychotic features, with a suicide attempt in the past 12mo, or with crisis services (emergency department, mobile crisis team), acute psychiatric hospitalization, or residential treatment in the past 12mo. <input type="checkbox"/> One or more of the following Substance Use Disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder <input type="checkbox"/> Major neurocognitive disorder <input type="checkbox"/> Pregnant: current - *See Required Conditions For Specific Age Groups Section
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<p>Groups Section</p> <ul style="list-style-type: none"> <input type="checkbox"/> 65+ years old - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> Chronic lower respiratory condition: chronic obstructive pulmonary disease (COPD), asthma requiring regular use of asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis <input type="checkbox"/> Chronic cardiovascular disease <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Any sensory, physical, intellectual, or developmental disability <input type="checkbox"/> Receiving in-home hospice <input type="checkbox"/> History of heat-related illness, including emergency room visits for heat-related illness <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Approval by review for medical exception due to: 	<ul style="list-style-type: none"> <input type="checkbox"/> 0-6 years old - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> 65+ years old - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> Chronic lower respiratory condition: chronic obstructive pulmonary disease (COPD), asthma requiring regular use of asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis <input type="checkbox"/> Chronic cardiovascular disease <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Any sensory, physical, intellectual, or developmental disability <input type="checkbox"/> Receiving in-home hospice <input type="checkbox"/> Home oxygen use: home O2, O2 concentrators, home ventilator <input type="checkbox"/> Approval by review for medical exception due to:
<p>Medical Mini Refrigerator</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medications requiring refrigeration. Examples include but are not limited to medications for diabetes mellitus, glaucoma, and asthma; TNF inhibitors <input type="checkbox"/> Enteral and parenteral nutrition <input type="checkbox"/> Approval by review for medical exception due to: 	<p>Portable Power Supply</p> <ul style="list-style-type: none"> <input type="checkbox"/> Durable medical equipment (DME) requiring electricity for use (see additional info section for examples) <input type="checkbox"/> Assistive technologies requiring electricity and necessary for communication or ADLs <input type="checkbox"/> Approval by review for medical exception due to:
<p>Space Heater</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schizophrenia spectrum and other psychotic disorders <input type="checkbox"/> Bipolar and related disorders <input type="checkbox"/> Major depressive disorder, moderate severity, severe severity, with psychotic features, with a suicide attempt in the past 12mo, or with crisis services (ED, mobile crisis team), acute psychiatric hospitalization, or residential treatment in the past 12m <input type="checkbox"/> One or more of the following Substance Use Disorders: alcohol use disorder, hallucinogen use disorders, inhalant use disorder, opioid use disorder, stimulant use disorder <input type="checkbox"/> Major neurocognitive disorder <input type="checkbox"/> Pregnant: current - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> 0-6 years old - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> 65+ years old - *See Required Conditions For Specific Age Groups Section <input type="checkbox"/> Chronic lower respiratory condition: chronic obstructive pulmonary disease (COPD), asthma requiring regular use of asthma controlling medications, restrictive lung disease, fibrosis, chronic bronchitis, bronchiectasis <input type="checkbox"/> Chronic cardiovascular disease <input type="checkbox"/> Spinal cord injury <input type="checkbox"/> Any sensory, physical, intellectual, or developmental disability <input type="checkbox"/> Receiving in-home hospice <input type="checkbox"/> History of heat-related illness, including emergency room visits for heat-related illness <input type="checkbox"/> Chronic kidney disease <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Approval by review for medical exception due to: 	

Expedite- 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:

Comments:

Required Conditions for Specific Age Groups:

Child less than 6 years of age and currently has, has a history of, or is at risk for at least one of the following: • Heat stroke or heat exhaustion • Hypothermia, frostbite, or chilblains • Malnutrition • Dehydration • Child maltreatment as defined by the CDC (https://www.cdc.gov/violenceprevention/pdf/CM_Surveillance-a.pdf) 2024 HRSN Guidance Document, V3 - Page 9 • Is a child with a special healthcare need (CYSHCN) as defined by the Health Resources and Services Administration (HRSA) ([https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth\[1\]special-health-care-needs-cyshcn#i](https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth[1]special-health-care-needs-cyshcn#i)) • An acute or chronic respiratory condition • A respiratory or gastrointestinal infectious disease, or becoming febrile with an infectious illness • Low birth weight of less than 2500 grams or 5.5 lbs

Pregnant and currently has, has a history of, or is at risk for at least one of the following: • Heat stroke or heat exhaustion • Hypothermia, frostbite, or chilblains • An acute or chronic respiratory condition • Infection • High-risk pregnancy as defined by the NIH (<https://www.nichd.nih.gov/health/topics/high-risk/conditioninfo>) • History of previous pregnancy, delivery, or birth complication including gestational diabetes, preeclampsia, preterm labor, preterm birth, placental abruption, newborn low birth weight, stillbirth • Abuse or interpersonal violence • Malnutrition • Hyperemesis gravidarum and other causes of dehydration • Maternal low birth weight of less than 2500 grams or 5.5 lbs Multiple pregnancy • Mental health condition

Adult 65 years and older and currently has, has a history of, or is at risk for at least one of the following: • Heat stroke or heat exhaustion • Hypothermia, frostbite, or chilblains • Malnutrition • Dehydration • Currently taking medications that impact heat tolerance, including for upper respiratory infections, allergies, COPD, muscle spasms, blood pressure, diuresis, diarrhea, constipation, anti-inflammation, mental health conditions, and sleep • Abuse or neglect • A respiratory or gastrointestinal infectious disease, or becoming febrile with an infectious illness • Mental health condition • Two or more chronic health conditions

Additional Info:

Durable medical equipment (DME) requiring electricity for use examples (include but are not limited to):

- Oxygen delivery systems, including concentrators, humidifiers, nebulizers, and ventilator
- Intermittent positive pressure breathing machines
- Cardiac devices
- In home dialysis and automated peritoneal dialysis
- Feeding Pumps
- IV infusions
- Suction pumps

- Power wheelchair and scooter
- Lift systems and electric beds
- Breast pumps for first 6mo post-partum
- Other DME medically required for sustaining life

Procedure Code	Modifiers	Requested Item/Service:
S5165	U1; V1	Air conditioner for individual at health risk due to significant heat, including delivery
S5165	U1; V4	Heater for individual at increased health risk due to significant cold, including delivery
S5165	U1; V2	Mini refrigeration unit as needed for individual for medication storage, including delivery
T2029	U1	Air filtration device for individual at health risk due to compromised air quality, including delivery
T2028	U1; TS	Air filter replacements
S5165	U1; V3	Portable power supply (PPSs) for individual who need access to electricity-dependent equipment (e.g., ventilators, dialysis machines, intravenous equipment, chair lifts, mobility devices, communication devices, etc.) or are at risk of public safety power shutoffs (PSPS) that may compromise their ability to use medically necessary devices.

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12/12/2023