

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

****MTM Assessment and 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:	County: <input type="checkbox"/> Polk <input type="checkbox"/> Washington <input type="checkbox"/> Yamhill
Phone:	Email:
Preferred Language (Optional):	Pronouns (Optional):

****Required**** Requesting Provider Information

Requesting Provider/Organization/Member:	Email:	
Address:	Phone:	Fax:
Primary Care Physician (PCP):		TIN#:
PCP Phone Number:		NPI#:

Eligibility Criteria Member must meet **ALL** the following requirements. **MTM Assessment and Chart Notes Required.**
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>

- ☐ Be enrolled in the OHP under category CCOA or CCOB AND
- ☐ U.S. Household Food Security Survey Module:
<https://www.ers.usda.gov/sites/default/files/laserfiche/DataFiles/50764/short2024.pdf>
 Six-Item Short Form Score _____. Must qualify at low or very low food security. AND
- ☐ Meet AT LEAST ONE of the HRSN Covered Populations
 - ☐ Adults and Youth Discharged from an HRSN Eligible Behavioral Health Facility
 - ☐ Adults and Youth Released from Incarceration
 - ☐ Adults and Youth Currently Involved In or Have Been previously Involved in the Oregon Child Welfare System
 - ☐ Individuals Transition from Medicaid-only to Dual Eligibility (Medicaid and Medicare) Status within the Next 3 Months or Past 9 months
 - ☐ Adults and Youth who are at risk of becoming unhoused
 - ☐ Young Adults with Special Health Care Needs (YSHCN)
- ☐ Meet AT LEAST ONE of the Nutrition Specific Clinical Risk Factors

<ul style="list-style-type: none"> <input type="checkbox"/> Complex Behavioral Health needs <input type="checkbox"/> Developmental Disability Need <input type="checkbox"/> Complex Physical Health Need <input type="checkbox"/> Need for Assistance with ADLs or eligible for LTSS <input type="checkbox"/> Interpersonal violence experience 	<ul style="list-style-type: none"> <input type="checkbox"/> Adult 65 years of age or older <input type="checkbox"/> Child less than 21 years of age <input type="checkbox"/> Repeated ED use and crisis encounters <input type="checkbox"/> Pregnant/Postpartum <input type="checkbox"/> Young Adult with Special health care needs
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Type of Needs: (check appropriate boxes)	
<input type="checkbox"/> Medically Tailored Meals (MTM) (Up to 6 Months) MTM Assessment completion date _____ <input type="checkbox"/> MTM Assessment attached* <input type="checkbox"/> Nutritional Care Plan completed and attached* <input type="checkbox"/> Initial request <input type="checkbox"/> Renewal <div style="background-color: yellow;">*Required documentation must be attached or PA will be returned</div>	<input type="checkbox"/> Nutrition Education <input type="checkbox"/> Member not eligible to receive Medical Nutrition Therapy (MNT) through OHP

Member Attestations (must be completed in full) <input type="checkbox"/> Member has attested they are not receiving duplicative services through other programs / the service is not currently meeting their needs Member has consented to: <input type="checkbox"/> Receive approved HRSN Services <ul style="list-style-type: none"> <input type="checkbox"/> Be contacted by phone and text by YCCO staff <input type="checkbox"/> Be contacted by phone by the service vendor for delivery and hook up <input type="checkbox"/> Member agrees to be contacted and/or managed by Care Management (Optional) <input type="checkbox"/> Agrees to the use of information technology methods of personal data sharing

ICD-10 Code(s):	CPT Code(s):
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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:
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Additional Comments (Optional):
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Additional Info:

Code	Modifiers	Requested Item/ Service:

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