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

****Chart Notes Required****

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

Expedited Request must complete the required section

Member Information	
Last Name:	First Name:
Insurance ID #:	DOB:
Address:	County: ☐ Polk ☐Washington ☐Yamhill
Preferred Language (Optional):	Pronouns (Optional):

REQUIRED **Contact Information**		
Name:	Phone:	Fax:

Primary Care Physician (PCP):	
Requesting Provider:	TIN#:
Address:	NPI#:

Eligibility Criteria 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

☐ Be enrolled in the OHP under category CCOA or CCOB AND

☐ U.S. Household Food Security Survey Module: https://www.ers.usda.gov/media/xxsjnqd1/short2024.pdf

Six-Item Short Form Score _____. Must qualify at low or very low food security. AND

☐ Meet AT LEAST ONE of the Nutrition Specific Clinical Risk Factors

- ☐ Complex Behavioral Health needs
- ☐ Developmental Disability Need
- ☐ Complex Physical Health Need
- ☐ Need for Assistance with ADLs or eligible for LTSS
- ☐ Interpersonal violence experience
- ☐ Adult 65 years of age or older
- ☐ Child less than 21 years of age
- ☐ Repeated ED use and crisis encounters
- ☐ Pregnant/Postpartum
- ☐ Young Adult with Special health care needs

Type of Needs: (check appropriate boxes)

☐**Medically Tailored Meals (MTM) (Up to 6 Months) (Available 1/2025)** MTM Assessment completion date _____ ☐MTM Assessment attached* ☐Nutritional Care Plan completed and attached* ☐Initial request ☐Renewal *Required documentation must be attached or PA will be returned	☐**Nutrition Education (Available 1/2025)** ☐Member not eligible to receive Medical Nutrition Therapy (MNT) through OHP

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)

ICD-10 Code(s):	**CPT Code(s):**

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: