

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-25-26  
Baltimore, Maryland 21244-1850



---

## State Demonstrations Group

January 5, 2024

Vivian Levy  
Medicaid Director  
Oregon Health Authority  
500 Summer Street NE, E35  
Salem, OR 97301

Dear Director Levy:

Oregon submitted a draft its Health Related Social Needs (HRSN) Infrastructure Protocol on April 14, 2023, in accordance with the special terms and conditions (STC), specifically, STC 9.6. The Centers for Medicare & Medicaid Services (CMS) is approving the protocol, as an attachment to the STCs for Oregon's section 1115 demonstration project entitled, "Oregon Health Plan (OHP)" (Project No. 11-W-00415/10;21-W-00073/0), effective through September 30, 2027. A copy of the approved attachment is enclosed and will be incorporated into the STCs as Attachment J.

This approval is conditioned upon compliance with the previously approved STCs, which set forth in detail the nature, character, and extent of anticipated federal involvement in the project. In addition, as stipulated in the STCs, the state must continue conducting monitoring and evaluation of all HRSN-funded initiatives.

We look forward to our continued partnership on the OHP section 1115 demonstration. If you have any questions, please contact your CMS project officer, Felicia Pailen. Felicia can be reached by email at [Felicia.Pailen@cms.hhs.gov](mailto:Felicia.Pailen@cms.hhs.gov).

Sincerely,

 Andrea J. Casart

---

Signed by: Andrea J. Casart -S

Andrea J. Casart  
Director  
Division of Eligibility and Coverage Demonstrations

cc: Nikki Lemmon, State Monitoring Lead, Medicaid and CHIP Operations Group

Enclosures:

**Attachment J**  
**HRSN Infrastructure Protocol**

**HRSN Infrastructure.** In accordance with the state’s Section 1115 Demonstration and Special Terms and Conditions this protocol provides additional detail on the requirements on infrastructure investments for the Health-Related Social Needs (HRSN) program, as specifically required by STC 9.6.a. The state’s HRSN program allows qualifying Medicaid beneficiaries to receive evidence-based clinically-appropriate services. Over the course of the demonstration the state is authorized to spend up to \$119M on infrastructure investments necessary to support the development and implementation of HRSN services. This protocol outlines the proposed uses of HRSN infrastructure expenditures, types of entities that will receive funding, intended purposes of funding, projected expenditure amounts and implementation timeline.

**HRSN Infrastructure**

**I. Implementation Timeline and Approach**

**a. Timeline for Disbursement of Infrastructure Funding**

- i. The state intends to begin awarding infrastructure funds to eligible entities no sooner than July 1, 2023. The state will utilize a phased approach to disbursing infrastructure funds to ensure providers beginning their participation at different times have sufficient infrastructure and capacity.
- ii. Eligible entities can apply for capacity building funding on an ongoing basis.

**b. Approach to Infrastructure Funding Applications and Disbursements**

- i. The state will conduct the HRSN infrastructure application and funding disbursement activities through a combination of entities:
  1. The state intends to perform many of the activities through contracts with Coordinated Care Organizations (CCOs) to perform the functions listed in Section I.b.ii.
  2. The state intends to work with Tribal Governments to develop a tailored approach to HRSN infrastructure funding disbursement for Tribal providers and organizations.
  3. The state reserves the right to assume any of the below activities directly or through a contracted vendor based on experience operationalizing the HRSN Infrastructure program.
- ii. The state intends to work with CCOs to conduct the following activities:
  1. Develop the infrastructure funding application and budget template
  2. Conduct outreach and education to eligible entities regarding infrastructure funding opportunities
  3. Review applications against minimum entity eligibility criteria
  4. Review funding request budget templates to ensure compliance with requirements

5. Award infrastructure funding to eligible entities
  6. Disburse funding to awarded entities
  7. Monitor infrastructure funding uses amongst eligible entities to prevent fraud, waste and abuse
  8. Develop reporting templates for awardees to report on funding uses
  9. Review and analyze reports from awardees on funding uses
- iii. CCOs will leverage a state-defined process to evaluate and approve applications and funding requests from eligible entities. The process will encompass several activities, including, for example:
1. The state will set specific HRSN application windows in which entities can apply for and receive HRSN infrastructure funding.
  2. The state will collaborate with CCOs and Tribal Governments, at a minimum, to develop a process for evaluating and approving HRSN infrastructure funding requests.
  3. CCOs will leverage standardized criteria to support evaluation of HRSN funding applications and requests across the following categories:
    - a. The entity has submitted a complete application and budget request.
    - b. The entity has requested HRSN funding within one of the allowable use categories listed in Section III, below.
    - c. The entity has provided a strong justification for the need for HRSN infrastructure funding.
    - d. Applicant has demonstrated ability to provide or support the provision of one or more HRSN services.

**c. Monitoring and Oversight**

- i. The state, will ensure that any HRSN infrastructure fund disbursements are consistent with these STCs. The state will ensure that any HRSN infrastructure funding is subject to program integrity standards, including:
  1. **Participating in audit processes.** The state will conduct spot audits to ensure that infrastructure funds are being spent on permissible uses and are being documented and reported on appropriately.
  2. **Taking action to address non-compliance.** The state will ensure that action is taken to address any identified non-compliance with HRSN infrastructure funding parameters. If the funding recipient has failed to demonstrate appropriate performance, the state may impose corrective actions (e.g., caps on funding, discontinuation of funding and/or recoupment of funding). The state will provide notice to any funding recipient prior to initiating corrective action.
  3. **Ensuring non-duplication of funds.** Funding recipients will be required to attest to non-duplication of funding with other federal,

state and local funds. The state will monitor for funding irregularities and potential duplication of funds.

4. **Monitoring for fraud, waste and abuse.** The state or will actively monitor all HRSN infrastructure disbursements for instances of fraud, waste and abuse. The state will suspend and/or terminate infrastructure funding in cases of confirmed fraud, waste and/or abuse. The state reserves the right to recoup funding as necessary.

**II. Eligible Entities.** The following entities may be eligible to apply for and receive HRSN infrastructure funding:

- a. Coordinated Care Organizations (CCOs)
- b. Providers of HRSN services, including, but not limited to:
  - i. Tribal government and tribal providers
  - ii. Community-based organizations (CBOs)
  - iii. Social-services agencies
  - iv. Housing agencies and providers
  - v. Food and nutrition service providers
  - vi. Case management providers
  - vii. Traditional health workers
  - viii. Child welfare providers
  - ix. City, county, and local governmental agencies
  - x. Outreach and engagement providers
  - xi. Providers of climate devices and services
- c. Network Manager(s) to support, for example, HRSN contracting, implementation, invoicing and service delivery

In addition, entities must meet the following minimum eligibility criteria in order to be considered eligible for the HRSN infrastructure funding. Minimum eligibility criteria may include:

- a. The entity is capable of providing or supporting the provision of one or more HRSN services to Medicaid beneficiaries within the state of Oregon.
- b. The entity intends to contract to serve as an HRSN provider for at least one HRSN service.
- c. The entity has attested to being financially stable, as defined by the state

**III. Intended Purpose and Proposed Uses of HRSN Infrastructure Funding.** The state may claim federal financial participation (FFP) in infrastructure investments to support the development and implementation of HRSN services across the following domains.

- a. Technology
- b. Development of business or operational practices
- c. Workforce development
- d. Outreach, education and stakeholder convening

The State intends to provide infrastructure funding to eligible entities for the following activities:

- a. Technology.** Qualifying entities can leverage HRSN infrastructure funding to support a range of technology needs, including those that support closed-loop referral platforms and other community information exchange priorities.
  - i. Procuring IT infrastructure/data platforms/systems needed to enable, for example:
    - 1. Authorization of HRSN services
    - 2. Documentation of eligibility for HRSN services and track enrollment
    - 3. Closed loop referral to HRSN services
    - 4. Record plans of care
    - 5. HRSN service delivery
    - 6. HRSN service billing
    - 7. HRSN program oversight, monitoring and reporting, including for activities beyond HRSN infrastructure (e.g., reporting on HRSN services delivered, monitoring to ensure members receive the services for which they were authorized, activities to prevent fraud, waste and abuse across the HRSN program)
    - 8. Determine eligibility for other federal, state and local programs including Supplemental Nutrition Assistance Program (SNAP) and/or Women, Infants and Children (WIC)
  - ii. Modifying existing systems (e.g., community information exchange) to support HRSN
  - iii. Development of an HRSN eligibility/services screening tool
  - iv. Integration of data platforms/systems/tools
  - v. Onboarding to new, modified or existing systems
  - vi. Training for use of new, modified or existing systems
- b. Development of business or operational practices**
  - i. Development of policies/procedures related to:
    - 1. HRSN referral and service delivery workflows
    - 2. Billing/invoicing
    - 3. Data sharing/reporting
    - 4. Program oversight/monitoring
    - 5. Evaluation
    - 6. Privacy and confidentiality
  - ii. Training/technical assistance on HRSN program and roles/responsibilities
  - iii. Administrative items necessary to perform HRSN duties and/or expand HRSN service delivery capacity (e.g., purchasing of a commercial refrigerator to expand capacity to provide additional medically-tailored meals to qualifying members)
  - iv. Procurement of administrative supports to assist implementation of HRSN

**c. Workforce development**

- i. Cost of recruiting, hiring and training new staff to provide HRSN
- ii. Salary and fringe for staff that will have a direct role in overseeing, designing, implementing and/or executing HRSN responsibilities, time limited to a period of 18 months.
- iii. Necessary certifications, training, technical assistance and/or education for staff participating in the HRSN program (e.g., on culturally competent and/or trauma informed care)
- iv. Privacy/confidentiality training/technical assistance (TA) related to HRSN service delivery
- v. Production costs for training materials and/or experts as it pertains to the HRSN program

**d. Outreach, education and stakeholder convening**

- i. Production of materials necessary for marketing, outreach, training and/or education related to HRSN.
- ii. Translation of materials
- iii. Planning for and facilitation of community-based outreach events to support awareness of HRSN services
- iv. Planning for and facilitation of learning collaboratives or stakeholder convenings for HRSN
- v. Community engagement activities necessary to support HRSN program implementation and launch (e.g., roundtable to solicit feedback on guidance documents)
- vi. Administrative or overhead costs associated with outreach, education or convening directly tied to HRSN.

**IV. Projected Expenditure Amounts:** The state estimates the following infrastructure expenditure amounts by allowable use category over the course of the demonstration. The state used the annual infrastructure spending amounts articulated in the state’s STCs, and an analysis of anticipated need across the state to develop the estimates below. The state anticipates that the percentage of spend permissible use categories (as illustrated in the table below) will stay relatively constant across the Demonstration Years.

The state will notify CMS annually of any significant change to percentage spend, defined as greater than a fifteen (15) percentage point difference, across any of the allowable use categories below.

<b>Allowable Use Category</b>	<b>% of Spend</b>	<b>Estimated Amount</b>
Technology	30%	\$35.7M
Development of Operational or Business Practices	25%	\$29.75M
Workforce Development	30%	\$35.7M
Outreach, Education and Stakeholder Convening	15%	\$17.85M

<b>Total</b>	<b>100%</b>	<b>\$119M</b>
--------------	-------------	---------------