

# Health-Related Service Need: Hotel Request Form Instructions



## **These instructions are to help you fill out the CareOregon Health-Related Services: Hotel Request Form.**

If you are in need of an air conditioner, air purifier, heater, medication refrigerator or generator please see our ***HRSN Form***.

Please make sure that:

- You have filled out the form completely.
- The form is easy to read.
- All boxes are checked or filled out that apply to you.
- You have included contact information on how to contact you.
- The form is signed (handwritten or digitally).

The person who is seeking the health-related social needs item must have current CareOregon Medicaid with either:

- Columbia Pacific CCO
- Health Share of Oregon
- Jackson Care Connect

Please note, whether or not your request is approved depends on your benefit plan. Health-Related Services Flex (HRSF) is a Medicaid program and the status of your request depends on whether you/ the member:

- Have symptoms that are being treated by a medical professional
- Have a diagnosis from a medical professional
- Have a current treatment plan for your symptoms
- Have identified a long-term funding plan for the requested service or item, outside of CareOregon funding

Please review the details below to help us process your request:

- Please include the best way to contact you to follow up on the outcome of your request.
- We may need to ask for chart notes from your doctor or provider who can best talk about your diagnoses or symptoms mentioned.
- CareOregon can fund up to 28 days in a hotel in a row, due to tenancy laws. The member or requester will be asked to find a hotel and confirm if the hotel has the days available for the length of stay.
- Most hotels only accept service animals; according to the Americans with Disabilities Act (ADA) this may only include dogs or miniature ponies. If you/the member have any additional animals, please find a hotel that will accept that type of animal. Note that there may be additional fees because of this.

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- If you/the member/any other guests need a smoking room, please mention it on the request form.
- We ask for our contracted hotels to be used first, to help speed up the process of reviewing the request. If you need a non-contracted hotel, please explain the reason why, such as an ADA room, the hotel accepts pets, etc. If you need help locating a hotel that meets your needs, please reach out to our Customer Service Team at 503-416-4100.
- Please fill out and include the Hotel Checklist Form to confirm details needed for the stay, as well as the Code of Conduct Form which confirms that you/the member will uphold all hotel policies during your stay. Both forms are included with the Hotel Request Form and are required for a complete submission.
- A requested hotel is not always promised; CareOregon reserves the right to choose a contracted hotel that meets the member's needs and has vacancy.
- If the request is for a hotel extension, please submit a **new request** two weeks before the member's check out date.
- If CareOregon has follow-up questions, we will contact you or the person listed as your follow-up contact on the form. If contact is not returned CareOregon will not be able to reserve the hotel stay.
- You will receive written notification of the request decision, whether the outcome is to fund or not fund the request.
- While you cannot appeal a decision made for HRSF, a new request can be re-submitted with new supporting documentation and new information.
- There is no expedited process for requests that were previously determined as not funded and resubmitted. Resubmitted requests will be reviewed in the order they are received.

Fax completed forms to: 503-416-4728

Email completed forms to: [requests.social.determinants@careoregon.org](mailto:requests.social.determinants@careoregon.org)

If you have questions about HRSF, need help filling out the form, or wish to file a grievance, please call CareOregon Customer Service at 503-416-4100 or 800-224-4840 TTY 711

You can get this in other languages, large print, braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 866-952-0083 or TTY 711. We accept relay calls.

OHP-XXX-XX-XXXX

315 SW Fifth Ave, Portland, OR 97204 • 800-224-4840 • TTY 711 • [careoregon.org](http://careoregon.org)