

Health-Related Services: Hotel flex request form



This form combines the three documents needed for CareOregon to process a hotel request. Please fill out all three sections of this form, including the Hotel checklist and Member Code of Conduct. Fax completed forms to: 503-416-4728 • Health Related Services voicemail line: 503-488-2808

Request type

Date (mm/dd/yyyy): _____

CCO:   

Urgent? Yes No

Is this a request for reimbursement? Reimbursement Funding

By checking this box, I attest that the most recent chart/progress notes relevant to diagnosis and any required documents are included with this request. I acknowledge that I may be asked for additional information by the review team.

Member information

Last name: _____ First name: _____

Member ID: _____ DOB: _____

Experiencing houselessness? Yes No

Diagnoses relevant to request (diagnoses must be accompanied by ICD-10 or DSM code):

Requesting party information

Requesting party organization name:

Contact information for requesting party:

Name: _____

Office fax: _____ Email: _____

Office phone: _____

Follow-up contact organization name:

Contact information for follow up contact if different from requesting party

Name: _____

Office fax: _____ Email: _____

Office phone: _____

Please check the boxes below for who needs to be contacted regarding this request:

Requesting party Follow up contact

Health-Related Services:
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The Requesting Party acknowledges the use of these Health-Related Flex funds as a last resort option.

Attach any documentation that substantiates the pursuit of community or 3rd party resource(s), including the HRSF Budget Worksheet, if applicable, available on the **CareOregon Provider Support page**.

What other sources of funding did you attempt to access? What was the outcome? If none, please explain why.

What is the member's care/treatment plan? How does this hotel/motel connect to the treatment/care plan goals? Please describe how this will support the member's goals.

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What is the sustainability plan? (If the item is a one-off like an air conditioner you can note that here. If not, how does this request connect to a long-term plan to meet the member's needs, as HRSF is not intended to be long-term funding.)

Requestor: member of the team that is primarily responsible for the care plan that the request is related to.

Requestor name (printed): _____

Requestor signature: _____

Hotel logistics checklist

Please use the below checklist to ensure CareOregon's Health-Related Services team has all the necessary information to book a hotel for each member.

Is this a new reservation or is the member already staying at the hotel/motel?

New reservation Extension of a current reservation

Name of member: _____

Name for the reservation: _____

Was a vacancy confirmed? Yes No

If yes, what date was it confirmed? _____

Hotel/motel name: _____

Hotel/motel address: _____

Hotel/motel phone number: _____

Check-in date: _____

Estimated number of days needed:

7 nights 14 nights 30 nights Other _____

Please note, the maximum number of days that can be accommodated is 30 days per request.

Does the member have ADA accessibility needs? Yes No

If yes, please detail what the needs are: _____

Does the member have any pets or service animals? Yes No

If yes, list type & number of animals, and indicate if they are service animals: _____

Will the hotel accept animals? Yes No

How many total guests will need a room? (including the member): _____

Please list number of rooms needed, if more than one: _____

How many beds are needed, and what size? _____

Will there be any children? Yes No

If yes, list number of children: _____ and their ages: _____

Does the member have a government-issued ID card? Yes No

Please note, not having an ID card will limit hotel options.

Does the member need a smoking room? Yes No

Does the selected hotel have smoking rooms available? Yes No

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Member Code of Conduct

CareOregon is happy to help you with housing options. We want this to be a good experience for you and the hotel where you stay. That's why, when we pay for your hotel room, you're required to follow all hotel rules and treat the hotel staff with respect. We need you to fill out the form and sign at the bottom to show you agree.

_____ (member name) is being provided temporary hotel funding by CareOregon on behalf of Health Share of Oregon coordinated care organization (CCO).

Member agreement

- I will follow all hotel or motel rules.
- I understand that I'm responsible for my actions, including damage to the hotel room. I may be asked to leave the hotel or motel if I don't follow their rules.
- I have no claim to residency rights.
- I understand hotel policy may limit the amount of nights in a row a guest may stay. Additional nights needed beyond the hotel's policy and/or the original nights requested will require a new hotel and flex request.
- I understand the hotel or motel has a check-in time, and CareOregon may not be able to find another hotel or motel if I miss the check-in time.

I understand that I may be asked to leave if I:

- Don't follow the motel/hotel rules.
- Harass hotel or motel staff or guests.
- Cause or threaten to cause damage to hotel or motel property.
- Engage in unsafe actions that could affect the safety or health of staff or guests.
- Cause or threaten to cause injury to any staff or guests by what I say, write, or communicate in any way.
- Bring a weapon to a hotel or motel.
- Use or threaten to use any weapon on hotel or motel property.
- If I'm asked to leave, I know that CareOregon won't find a new room at a different hotel or motel.

Member signature:

Date:_____

Provider name:

Provider signature:

Date:_____