Flexible Services Guide for CCOs: 2026 Exhibit L Financial Reporting Template

Updated December 2025

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Background

The Exhibit L Financial Reporting Template reports coordinated care organizations' (CCOs) flexible services spending. This guidance will help CCOs complete the annual L6.21 and L6.22 reports in the **2026 Exhibit L reporting template**.

Reporting allows the Oregon Health Authority (OHA) to verify that CCOs' flexible services spending aligns with Oregon Administrative Rule (OAR) and the Code of Federal Regulations (CFR). CCOs should review OHA's Flexible Services Brief, OAR 410-141-3500 and OAR 410-141-3845 to ensure their flexible services programs align with published rules, as well as 45 CFR 158.150 and 45 CFR 158.151, and additional guidance on the OHA flexible services website.

Timeline

OHA has an annual process and timeline to assess and provide feedback to CCOs on their annual Exhibit L flexible services reports:

- October: OHA's Office of Actuarial and Financial Analytics (OAFA) releases the next calendar year's Exhibit L annual reporting template. Any updates to flexible services L6.21 and L6.22 reports may affect internal tracking for CCOs and subcapitated entities that administer flexible services.
- January: Quarterly CCO flexible services office hours begin, and details are available on the flexible services website.
- April 30: CCOs submit annual Exhibit L reports with details for the prior calendar year of flexible services spending.
- May–June: OHA reviews the CCO's Exhibit L flexible services spending details to confirm whether spending meets flexible services criteria.
- May 16–June 30: On a rolling basis, each CCO receives OHA's initial assessment and a request for more information on spending that may not meet flexible services criteria. The CCO has two weeks to submit revised flexible services spending details for OHA reconsideration.
- By July 15: OHA finalizes the prior calendar year of flexible services spending assessment and releases details to CCOs and OAFA. The final OHA flexible services spending determinations inform OAFA's performance-based reward (PBR) calculations.

Required and optional Exhibit L submissions

The L6.21 report is required with the annual Exhibit L submission. Before the annual submission, CCOs have the option to submit flexible services spending details through the optional L6.21 report in the Quarter 2 (Q2) Exhibit L submission.

- **Q2 optional submission:** OHA reviews optional Q2 submission spending against flexible services criteria and provides a single round of feedback to CCOs. CCOs may use that feedback to fine-tune flexible services spending details before the annual submission. CCOs can email or request a meeting with the OHA flexible services team (flexible.services@oha.oregon.gov) to ask questions about the OHA feedback.
- **Annual submission:** OHA reviews the annual submission spending against flexible services criteria and provides a single round of feedback to CCOs. CCOs may attend the flexible services reporting-specific office hours or reach out directly to the flexible services team (flexible.services@oha.oregon.gov) with questions about the feedback. Based on the OHA feedback, CCOs have one opportunity to submit more information to OHA before OHA makes final determinations about whether spending meets criteria. Flexible services spending that does not meet criteria is excluded from PBR.

Annual L6.21 report

Changes to the 2026 Exhibit L flexible services template and guidance

- Updated guidance to reflect the January 2026 program name change from health-related services to flexible services.
- Other minor edits made throughout the document for clarity.

Required report spending

All flexible services spending for the calendar year must be included in the L6.21 report in the annual Exhibit L submission. Flexible services spending that uses quality pool dollars should be reported in L6.21 report if the CCO wants the spending included in PBR. However, spending cannot be reported on both the L6.21 and L17 reports. If quality pool dollars are reported as flexible services in the L6.21 report, that can be explained in the narrative field for the quality pool but should not be included in the total dollars reported as quality pool spending on the L17 report. Review the related

quality pool question in the "implementing, tracking and reporting" section of the Flexible Services FAQ for more information.

Required elements for each flexible services spending item

CCOs should review OHA's feedback from the prior spending year's final determination file to ensure adequate information is provided in the current year's Exhibit L and that any outstanding OHA comments are addressed. This is especially important when flexible services spending continues beyond one year and are reported in subsequent submissions. CCOs can reach out to flexible.services@oha.oregon.gov to request a copy the prior year's final determination file.

CCOs should also provide as much relevant detail as possible and a clear rationale for all flexible services spending in Exhibit L. This information allows OHA to determine whether spending aligns with flexible services criteria. Insufficient detail or missing information in a required column could lead to spending not being accepted. However, member-specific details (for example, names and other identifiers) should **not** be included. The following L6.21 report data elements are required:

Columns A, C–K, M and Q–R and U–Z must be completed with sufficient detail for spending to qualify as flexible services spending.

- Spending name (column A)
- Description of services provided (column C)
- Category (column D, see Appendix A)
- Amount incurred for member-level flexible services, community-level flexible services, health information technology and total member-level flexible services (columns E–H)
- Amount incurred for Oregon Health Plan (OHP), Healthier Oregon Program (HOP), and Basic Health Plan (BHP) populations (columns I–K)
- Rationale for the spending (column M)
- Covered services attestation (column Q)
- SHARE designation attestation (column R)
- Spending design objectives (columns U–Y)

Additionally, columns B, L, O–P, S–T, Z and AA are required for certain spending.

- Column B, the receiving entity, is only required for community-level flexible services (column F) and health information technology (column G) spending. If

there are multiple receiving entities, provide the names of all entities. Do not report "multiple" or "various" or other non-specific responses.

- Column L, the number of members directly receiving the benefit, is only required for member-level flexible services (column E) spending. Member-level flexible services reported without the number of members receiving the service will not be accepted. This is not required for community-level flexible services spending (column F) or health information technology spending (column G).
- Completing columns O–P is required **if** the community-level flexible services spending (column F), health information technology (column G) or a **large** member-level flexible service spending program (column E) addresses a defined priority population. **Do not** complete columns O–P for member-level flexible services that are not larger programs reported in aggregate.
    - Report priority populations by selecting one from the drop-down menu in column O. The list of priority populations is in line with those defined in OAR 950-020-0010, and the CCO should use the most granular option possible.
    - The CCO can write additional responses in column P to highlight populations outside of the defined priority populations and the multiple identities of the communities benefiting from the spending. For example, if the CCO provides community-level flexible services funding to a housing organization that works directly with Latino/a/x community members living in rural areas, the CCO should select the appropriate response in column O and write in "rural" in column P.
    - When possible, the write-in responses in column P should align with those defined in OAR 950-020-0010. Additionally, OHA encourages responses in column O that refer to specific groups using REALD categories for race and ethnicity, and discourages the use of the term BIPOC (Black, Indigenous, and People of Color). This term groups all people of color into one group and suggests that everyone has the same lived experiences, including experiences with systemic racism.
- Columns S–T, the flexible services spending recipient type, are required for community-level flexible services (column F) and health information technology (column G) spending. **Do not** complete columns S–T for member-level flexible services (column E) spending.

- Column Z, the OHA-assigned spending number, is only required if the CCO submitted flexible services spending details through the L6.21 report in the optional Q2 Exhibit L submission or the CCO received multiyear approval for the spending. The OHA-assigned number can be found in the OHA provided Q2 feedback file or, for multiyear approval, the prior year's final determination file. The OHA-assigned number helps OHA reviewers track the optional Q2 spending details and multiyear approval spending details in the annual Exhibit L submission.
- Column AA, the multiyear approval request, is only required if the CCO is requesting multiyear approval (additional guidance below) for community-level flexible services (column F), health information technology (column G) spending or large member-level flexible services programs that are reported in aggregate. If spending has already received multiyear approval, leave this column blank.

Recommended elements for flexible services spending

The following L6.21 OHP report elements are encouraged:

- Column N is not required for a submission to qualify for approval. However, this column provides important contextual information that helps OHA analyze and approve flexible services spending.

Negative figures (reimbursements or overpayments)

Some CCOs track reimbursements or overpayments as negative values to offset other positive values in Exhibit L. OHA assesses flexible services spending regardless of whether its reported value is positive or negative. OHA will evaluate flexible services spending based on the sufficiency of the submission's description and rationale. OHA will include negative values in the total flexible services spending which may reduce the net flexible services total.

Multiyear approval requests

When CCO flexible services spending funds programs or projects for multiple years, the CCO can request multiyear approval from OHA. Multiyear approval is appropriate for community-level flexible services and health information technology spending that are funded over multiple years and will not change the scope of services throughout the funding timeframe. It is also appropriate for large member-level flexible services programs that are reported in aggregate and will not change the scope of services

throughout the funding timeframe. More information about multiyear approval is available in the Flexible Services FAQ (questions 25–30).

Request process

- To request multiyear approval for flexible services spending, select "yes" in column AA during the annual review process.
- The flexible services team reviews multiyear approval requests in column AA during the annual review process and assigns a unique ID to each request.
- Final determinations for multiyear approval will be received by July 15 per the usual flexible services annual review timeline. However, if an investment can be confirmed as flexible services, but more information is still needed for multiyear approval, the flexible services team will follow up with the CCO after final determinations are completed to request the information.
- Multiyear approvals last until the next CCO procurement period or the year prior to a newly covered service becoming available and required in CCO contract. See the Flexible Services FAQ (question 26) for examples.

Annual update process

Once approved for multiyear spending, the CCO must include the spending in each subsequent Exhibit L annual submission for as long as the services are funded. The following elements must be updated in the annual submission:

- **Copy and paste multiyear spending language** from the L6.21 report that received multiyear approval into the subsequent years' L6.21 submissions.
- **Update the total amount spent for the spending year (columns E–H):** If the new amount exceeds a 100% increase or is an increase of over $500,000, the flexible services team will re-review for multiyear approval.
- **Confirm any changes to the receiving entity (column B):** The CCO may include new entities to expand a project as long as 1) there is no change in scope of services, and 2) new entities do not significantly change the population receiving the services such that covered services are now being provided to OHP members.
- **Update the number of members receiving the service (column L):** This is only required for member-level flexible services spending (column E).

- **Confirm the OHA-assigned unique ID number:** Include the OHA-assigned unique ID for each multiyear approval line item. This is column Y for 2023 spending approvals and column AA for 2024 spending approvals.
- **Confirm the following for all spending with multiyear approval (rows 8–11 above the spending table):**
    - Scope of services described in column C has not changed since multiyear approval was received, which includes any new entities' funded services if new entities are added to column B;
    - Scope of services described in column C continues to exclude covered services for OHP members, which includes any new entities' funded services if new entities are added to column B; and
    - Any health information technology spending (column G) does not include any new CCO administrative requirements, whether federal requirements or CCO contract requirements.
- Do **not** mark yes in the multiyear approval request column (column AA). That column is only for requesting **new** multiyear approval.

New multiyear approval requests for prior approved items due to change in scope of services

When there is a change in the scope of services the CCO must request a new multiyear approval. Changes in services include, but are not limited to, new services being added and changes in who is prioritized to receive the services. See the Flexible Services FAQ (question 29) for examples.

CCOs can request a new multiyear approval for a prior approved item during the annual review process and must complete the following in Exhibit L:

- Note "CHANGE IN SCOPE OF SERVICES" in the description (column C);
- Provide the updated information in the description (column C) and any other relevant fields;
- Provide the unique ID assigned by OHA; **and**
- Indicate a new multiyear approval request in column AA.

Tips for completing elements with enough details

When required fields are left blank or do not include enough details, they will be rejected. Below are tips about the types and level of details to include.

Column A: Spending name

- **Must be the name of the product or service provided.** Do not use the vendor or supplier name because it generally doesn't provide enough detail. For example, flexible services spending for grab bars purchased at Home Depot should use "Grab Bars" as the name, rather than "Home Depot."
- CCOs are strongly encouraged to **combine similar member-level flexible services items into one spending line item**, instead of including multiple entries. Similar services with the same rationale (column M) are appropriate to combine. For example, air conditioners as a flexible service provided to many individual members should be combined into one line item. However, combining air conditioners along with public transit tickets into one line item would not be appropriate as they do not have the same rationale for the investment.
- **Do not combine community-level flexible services spending** across different community-based organizations, local public health departments, and other local agencies. This ensures an appropriate description and rationale is provided for each entity receiving funds.
- **Do not combine community-level flexible services spending** provided to a single entity for more than one distinct intervention or set of services. CCOs should consider reporting each intervention or sets of services separately to minimize the chance that allowable spending is grouped with anything that does not qualify as flexible services. When distinct interventions or sets of services are reported together as one community-level flexible service and one of the interventions or services does not meet flexible services criteria, all of the spending will be rejected.

Column C: Description of services provided

- This must describe the service being provided to members and/or the community.
- When reporting member-level flexible services (column E), it is appropriate and encouraged to combine similar items as noted above. However, do not combine

items by providing an "including, but not limited to" list of services or a list of potential services. The list should include all services actually provided.

- When reporting community-level flexible services (column F), do not limit the description to the receiving entity's mission or goals. The description must be of the services being provided or the initiative that is being funded through the receiving entity, not a description of the entity itself.
- For all spending, if the description includes both covered services for CCO members and flexible services, the spending will be rejected as meeting flexible services criteria. CCOs should only report the portion of spending on non-covered services that align with flexible services criteria. Note that the inability of an entity to bill for a covered service does not make the service eligible for flexible services; covered services provided in alternate settings may meet the criteria for In Lieu of Services.
- For all spending that could be a covered service for certain eligible CCO members but are non-covered for the CCO members receiving the flexible services, the description must describe how covered services are excluded from the funding. For example, certain members may be eligible for covered home devices, such as an air conditioner. For air conditioners reported as flexible services, the CCO must attest to the air conditioners being provided only to members who are not eligible for the covered benefit and describe how the funds exclude the covered benefit.
- When describing certain **multiyear approval requests**, consider the following:
    - For **pilot projects**, briefly state in the description (column C) how the project may expand in the coming years without a change in scope of services. Examples include adding new funding recipients, adding service locations, and/or increasing the number of community members receiving the service. There may be other project expansions that are acceptable if the scope of services is not changing, and it is sufficiently documented.
    - For **new projects being implemented**, briefly state in the description (column C) how the funding supports both implementation and maintenance. The description of maintenance over time should include what the long-term services and activities are after the project has been launched.

- For **larger, member-level flexible service** programs that report spending in aggregate, do not describe the program in column C as an "including, but not limited to" type of list. This implies that the scope of services may change from year to year.

Columns I–K: Amount allocated for OHP, HOP, and BHP populations

Column H contains the total flexible services dollar amount for each line item. Columns I–K reflect how much of that total was spent on the OHP, HOP and BHP populations respectively, and from the global budgets allocated to each program. Columns I–K must add up to the total flexible services spending in column H, and it must be reported in dollars, not percentages or ratios.

- For member-level flexible services spending for a single member, the total from column H should appear in column I if the flexible service was provided to an OHP member, column J if it was for a HOP member, or column K if it was for a BHP member. For a set of member-level flexible services provided to more than one population, the CCO should discern how much of the total is attributable to each population. For example, if a CCO has 3% of their membership by enrollment as the HOP population, member-level flexible services spending that went to both OHP and HOP populations could be estimated as having 3% of the total allocated in column J, with the remaining 97% allocated to OHP in column I. In this example, the CCO should do the calculation and then report the resulting dollar amount in the appropriate column. If the CCO has more accurate information with more specific totals for each population, then reporting for that spending should reflect those specific totals whenever possible.
- For community-level flexible services and health information technology spending, the total allocated to each column may be estimated based on the proportion of populations enrolled as CCO members, as with member-level flexible services, or it may be based on the population(s) served by the receiving entity. Columns I–K must add up to the total flexible services spending in column H, and must be reported in dollars, not percentages or ratios.

For additional questions related to Exhibit L, HOP and BHP, including whether the CCO's proposed allocation method is sound, reach out to the Office of Actuarial and Financial Analytics at actuarial.services@odhsoha.oregon.gov.

Column M: Describe the rationale for this particular investment. Explain the evidence-based best practice, widely accepted best clinic practice, and/or criteria that demonstrates the investment will improve health.

- This column reflects the requirements in OAR 410-141-3150(2)(a)(D).
- The description must include the evidence-based, best-practice, widely accepted best clinic practice, and/or criteria used to justify that the spending will improve health outcomes, not just a description of the spending. If multiple rationales exist for different parts of spending, each rationale must be included.
- Aligning with community health improvement plan health priority areas alone is not a sufficient rationale for the spending.

Example of an entry in Column M with a clear rationale for an evidence-based practices

PAX Good Behavior Game is an evidence-based, SAMSHA-endorsed framework for increasing student self-regulation and creating nurturing environments within schools and youth programs. The social, emotional and academic returns on this investment have been proven over the past two decades and are resulting in reclaimed instructional time, workforce rejuvenation and student success measures in cognitive and emotional skills. This spending encompassed initial training to provide the basic skills needed to implement the PAX framework in schools and other youth-serving settings.

Example of an entry in column M with a clear rationale for a widely accepted practice

The spending provides transportation not covered by non-emergent medical transportation to improve access to care. Without access to care, health will deteriorate.

Columns S–T: Recipient type

These columns support OHA efforts to track total community-level flexible services and health information technology dollars received by social determinants of health (SDOH) partners, local public health entities, clinical providers, Tribes, Indian Health Care Providers or Tribal organizations. However, these are not the only eligible receiving entity types. If a recipient does not fall into one of these categories, please describe the recipient type in the column T (“other"). Receiving entities are defined as follows:

- SDOH partners are organizations, local governments or collaboratives that deliver SDOH-related services or programs, or support policy and systems change, or both.
- Local public health entities are county governments, health districts or intergovernmental entities that provide public health services.
- Clinical providers are providers for physical, behavioral and oral health services.
- Tribes are one or more of the Nine Federally Recognized Tribes of Oregon and Oregon's Urban Indian Health Program.
- Indian Health Care Providers are health care programs operated by the Indian Health Service or by an Indian Tribe, Tribal organization, or Urban Indian Organization (otherwise known as an I/T/U) as those terms are defined in section 4 of the Indian Health Care Improvement Act (42 CFR 447.51).
- Tribal organizations are the recognized governing body of any Indian tribe; any legally established organization of Indians which is controlled, sanctioned or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities (42 CFR 137.10).

Annual L6.22 report

The information collected in this annual L6.22 report supports flexible services as a key component of OHA's 1115 Medicaid waiver and formal flexible services evaluation efforts. The member IDs are critical to assessing any impact of member-level flexible services on utilization, outcomes and other factors. The following Exhibit L data elements are required:

- Column A, Medicaid member ID: For each Medicaid member who received at least $200 in member-level flexible services across flexible service categories, enter the Medicaid member ID.
- Column B, member-level flexible services category: Enter the corresponding member-level flexible services category that aligns with each Medicaid member ID. These categories match those in L6.21 report, column D (see Appendix A). If a member received more than one kind of member-level flexible service, enter the member's ID into as many rows as categories that the member received. For members with total member-level flexible services spending below $200, CCOs are not required to report the member's ID.

- Column C, Amount incurred: Enter the total dollar amount the member received in that member-level flexible services category. For example, if member #123 received $300 in Housing Services and Supports, column A should reflect “123”, column B should reflect “Housing services and supports”, and column C should reflect $300.

Note that although member spending of less than $200 is not required on L6.22 report, all flexible services spending should be entered in the L6.21 report.

Questions?

For questions about CCO flexible services spending reported in the Exhibit L Financial Reporting Template, please contact the OHA flexible services team at flexible.services@oha.oregon.gov.

Appendix A: Column D reporting categories and definitions

Behavioral health

- **Childhood trauma supports:** Non-covered childhood trauma supports (for example, Talking to Kids about Tough Stuff: Serious Illness, Death and Grief), children's education/supports for survivors of unexpected loss to suicide; trauma-informed mentorship for children who have experienced childhood trauma/abuse
- **Counseling:** Non-covered counseling services, including 1:1 mentoring and reintegration counseling
- **Groups:** Group mental health supports, including caregiver/parent support groups, LGBTQ+ support groups, community healing circles, dual diagnosis support groups
- **Harm reduction programs:** Non-covered harm reduction programming, including needle exchange programs
- **Mental health therapies and programs:** Mental health phone apps (for example, Headspace, Happier, Calm), workbooks, meditation courses, alternative therapy programs (for example, equine, art, music), non-covered clubhouse model services; media and communications to normalize, destigmatize and encourage accessing mental health therapies, including how to access therapies
- **Recovery support:** Non-covered recovery supports, including contingency management incentives, sober living and substance use disorder peer support
- **Substance use and addiction education and prevention:** Education around substance use and addiction, including tobacco and vaping cessation campaigns, drug/alcohol-free programs and events to provide alternatives to substance use; trainings for teachers to identify early signs of substance use/substance use disorder; school curriculums and presentations on pain and substance use; media and communications to normalize and destigmatize conversations about addiction
- **Suicide prevention:** Suicide prevention campaigns, lifelines
- **Therapy support items:** Non-covered items related to managing behavioral health conditions or supporting behavioral health services: weighted blankets for anxiety, light therapy lights, therapeutic supports (for example, art supplies, board games,

instruments), emotional support animal supports/supplies (for example, paperwork, pet deposit), sensory items

Child/adolescent and family resources

- **Infant and early childcare supplies:** Cribs, car seats, diapers, strollers and other care supplies for infancy through preschool age
- **Early childhood education:** Education programs/services before kindergarten/school, kids under age 5, preschool and childcare costs, early learning hubs
- **Foster care supports:** Resource parent recruitment and resource parenting education, supports/services to children in foster care
- **K-12 education and educational supports:** Education and educational supports for children in grades K-12 (above age 5) including youth leadership classes, student success programs, college prep for high-school students, mentoring for youth educational attainment/success, kids' camps when school is out of session, youth resource rooms and learning hubs, after-school programs
- **Parenting education:** Parenting classes, including non-covered postpartum doula services and lactation services
- **Prenatal care and education:** Pregnancy-related education, non-covered prenatal and birth doula services, non-covered prenatal supports
- **Relief nurseries:** Relief nurseries that prevent the cycle of child abuse and neglect through early intervention/supports/services
- **School supplies:** School supplies, including basic needs for youth to successfully engage in school
- **Social emotional health education:** Programs for children's social skills development and social-emotional learning; mentoring/education for children on social-emotional health, understanding feelings; supplies and items to support social-emotional health learning

Communication access

- **Advice lines, translation services:** Advice lines, translation services: Advice and nurse lines, interpretation services for noncovered services and supports, warm lines

- **Computers, mobile phones, minutes:** Mobile devices, minutes, laptops, tablets, equipment or funds for communicating with friends, family, traditional health workers and care team, health care providers
- **Internet:** Internet access, bills to communicate with health care providers and social support networks, teachers, employers or potential employers, etc.

COVID-19

- **Basic needs, including food, housing, utilities, transportation, supplies:** Basic needs to reduce burden of COVID-19, provide supports during pandemic
- **Childcare:** Childcare for the purpose of reducing burden during COVID-19
- **Health information technology (HIT) capacity building:** HIT investments to expand telehealth due to COVID-19
- **Personal protective equipment (PPE):** COVID-19 masks, hand sanitizer, other PPE
- **Prevention and wellness campaigns:** Wellness initiatives (for example, teacher appreciation, wellness or resilience stipend due to working through COVID-19)
- **Remote learning:** Livestreaming access for remote learning due to COVID-19

Economic stability

- **Apparel:** Clothing (not tied to a condition) for daily wear; clothes for job interviews
- **Employment preparedness:** Job training courses, professional development trainings, transitional employment pilots
- **GED, tuition:** Tuition and education costs, including academic and vocational tuition, costs associated with GED preparation, internships
- **Legal and documentation support:** Government document supports and fees (for example, ID cards, driver's licenses, guardianship fees); legal advocacy services for reduced housing costs, contesting eviction notices, negotiating reduced or waived fees for health care, etc.; financial management services/legal payee for members who are not able to manage their own finances
- **Personal finance, self-sufficiency:** Finance classes/coaching, life skill building, independent living prep, consumer credit counseling, student loan counseling, home ownership education

- **Resource navigation:** Non-covered resource navigation services, including housing and other social services navigation, immigration counseling and access, support in attending non-medical appointments, resource fairs, resource hubs, social service directories

Food access

- **Community gardens:** Community gardens, school gardens, garden programming
- **Groceries and pantry items:** Food boxes, community supported agriculture (CSA) shares, grocery gift cards, mobile farmers markets, double-up food bucks and protein bucks at farmers markets, nutritional supplements and protein shakes as pantry items; food pantry supports (for example, fridge)
- **Meal programs:** Ready-to-eat meals, meals for kids to take home after school, Meals on Wheels, meal kits (for example, Hello Fresh, Blue Apron, etc.)
- **Prescription programs:** Food prescription programs (for example, Veggie Rx)

Health promotion

- **ACEs, trauma and domestic violence:** Cross-sector training in non-health care settings (for example, workplace context such as school district trainings for teachers) on adverse childhood experiences (ACEs), trauma and domestic violence
- **Community paramedics:** Mobile/pop-up care for non-covered services, tents for community organizations providing non-covered services, cross-sector training in non-health care settings for first response trainings (for example, automated external defibrillator use), mental health first aid and CPR
- **Equity, social justice:** Cross-sector training in non-health care settings (for example, workplace context such as school district trainings for teachers) on equity, health equity, anti-racism, social justice or related topics
- **Incentives to engage in care:** Incentives (gift card and supplies) to engage in physical, behavioral or oral health care and to complete preventive screenings; including incentives to engage in prenatal care
- **Prevention and wellness:** Health and wellness classes for general wellness/health promotion (for example, fire safety and prevention, oral health, healthy eating and fitness, arts and music classes, environmental education, community centers offering

a variety of community wellness programs); community building programs, including culture preservation and education; programs and senior living environments to increase community building and decrease social isolation

- **Vaccines:** Vaccine education campaigns

Health/condition management

- **Apparel:** Non-covered apparel related to managing a specific condition: compression wear, heated gloves, bedwetting underwear, etc.
- **Hygiene items:** Personal cleaning supplies, menstrual products, toothbrushes, laundry supplies
- **Mobility devices:** Non-covered canes, walkers, scooters and scooter chargers, step stools, crutches, wheelchairs and wheelchair equipment (cover, gloves), lift chairs, supplies aiding mobility
- **Condition management education:** Classes/programs for managing health conditions: pain management courses, classes for managing arthritis (Walk With Ease), medically tailored nutrition counseling, diabetes education and self-management
- **Personal items:** Non-covered items related to managing a specific condition: blood pressure cuffs/devices for at-home monitoring, pill organizers, scales, supplements related to a condition, eyeglasses, massage chairs, incontinence supplies, gender-affirming items

Health information technology

- **Community information exchange (CIE):** CIE to refer people to social services (Connect Oregon, Unite Us, Aunt Bertha, Find Help, etc.)
- **Electronic health records (EHRs):** EHRs (for example, EPIC, Oracle, etc.), EHR improvements to online sites for members to access their health information and referrals, EHR adoption incentives for providers
- **Hospital event notification (HEN):** HEN software that alerts CCO to member emergency department use (Collective, Collective Medical, EDIE, PreManage, etc.)
- **Provider network:** Health information exchange (HIE) and other types of software for providers that calculate metrics, perform data analytics and data aggregation,

address care gaps, and support other quality improvement and population health improvement efforts

- **Telehealth:** Telehealth equipment, telemedicine software, and software platforms to enable non-covered services or enable covered services in public spaces (for example, public libraries), video conferencing equipment, online messaging system to streamline the patient intake process, shorten telehealth visit times, increase telehealth appointment access, provide better patient education by providing electronic documents

Housing improvements:

- **Air conditioner (A/C) and air quality:** A/C units, air filtration devices, portable fans, humidifiers
- **Accessibility:** Improvements to buildings/housing for accessibility (elevator installation/repairs, grab bars, ramps, movable showerhead, portable toilet, wheelchair accessible entrances/showers, etc.)
- **Bedding:** Mattresses, bunk beds, bed frames, comforters
- **Furniture and appliances:** Refrigerators, mini fridge/freezers, couches, tables and chairs, microwaves, vacuums, washing machines, other household appliances
- **Heat, water, septic:** Improvements to large utility appliances, furnace and heat pump repair, propane/gasoline, generators
- **Home goods:** Silverware, cooking utensils and pots/pans, measuring cups, utility/grocery cart, hand towels, rugs, small fireproof safes, home security items such as a door lock or security camera for a family member's safety, batteries
- **Sanitation and living conditions:** Trash removal, pest removal, specialty/biohazard cleaning, hoarding assistance, bedbug removal, general cleaning, repairs, commercial garbage can, drywall repair

Housing

- **Affordable housing and miscellaneous:** Storage units, recreational vehicle parking, mailboxes and post office boxes, heavy equipment haul away; lumber, gravel, and other materials used to repair and maintain housing; affordable housing programming not specific to resource navigation

- **Houselessness supports and supplies:** Emergency housing/shelter, houseless supports/services, warming/cooling shelters, housing first programs, wraparound supports for people experiencing houselessness, camping supplies (tents, sleeping bags, gas stove, etc.), campground rental fees
- **Rent assistance:** Short-term rental and mortgage assistance, housing application fees, move-in fees
- **Temporary housing:** Temporary lodging for defined number of days, short-term housing (motel/hotel) during transitions from hospital or other facility
- **Utility assistance:** Short-term utility payments (except internet or Wi-Fi), including electric, gas, trash, water payments, etc.

Other non-covered services

- Non-covered orthodontic services, dental services including non-covered dentures, and optometry-related services, evaluation for non-covered conditions (for example, Ehlers-Danlos syndrome), non-covered adult caregiving, non-covered hospice caretaking, non-covered advanced care planning (for example, IRIS); non-covered gender affirming services (for example, voice-transition therapy services, electrolysis); medical tattoo removal

Physical activity

- **Apparel:** Apparel for physical activity/exercise (not tied to a condition), activewear, sports uniforms, running shoes
- **Equipment:** Weights and dumbbells, treadmills, bikes, bike helmets, life vests, pedometers/fitness trackers, sports equipment (soccer balls, basketballs, baseball bats, etc.)
- **Facilities access:** Gym memberships, pool memberships, playground equipment and park improvements, including improvements for accessibility
- **Groups:** Hiking groups, swim classes, yoga groups, martial arts classes, dance programs, tennis classes, personal and group physical fitness training

Transportation

- **Health-related social needs:** Trips to meet health-related social needs and non-covered services (for example, grocery stores, housing and other social services, other non-medical care appointments, recovery support group meetings)
- **Personal vehicle repairs, insurance, gas:** Car payments, repairs, car insurance, gas/gas cards, replacement car key, parking pass
- **Public transit:** Bus, light rail, and train tickets or passes
- **Relocation assistance:** Moving assistance, moving vans and movers

Wildfires

- **Emergency funding:** Emergency funding for wildfire recovery and survivors
- **Houseless supports, supplies**: Funding to meet needs of houseless community members due to wildfires, including resources navigation services for wildfire survivors
- **Supplementary food:** Food supports for wildfire survivors
- **Temporary housing and rent assistance:** Temporary housing and rental assistance for wildfire survivors

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Healthy Policy & Analytics Division
Transformation Center

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