



Flexible Services Guide for CCOs: Traditional Health Workers

Updated December 2025

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Background

Flexible services began in 2013 with the inception of Oregon's coordinated care organizations (CCOs). The history of flexible services and how it has evolved is further detailed in the [Flexible Services Brief](#). One of the purposes of flexible services is to give CCOs a specific way to use their global budgets to address the social determinants of health (SDOH), including the non-covered health-related social needs of their members.

For CCOs to use federal Medicaid funds for flexible services, they must comply with state and federal criteria. Flexible services requirements are detailed in Oregon Administrative Rule (OAR) and Code of Federal Regulations (CFR). For a full definition of flexible services, CCOs should rely primarily on the Oregon Health Authority (OHA) [Flexible Services Brief](#) and OARs [410-141-3500](#) and [410-141-3845](#). The federal regulations ([45 CFR 158.150](#) and [45 CFR 158.151](#)) should be used for supplemental CCO guidance only.

This guidance defines Oregon's use of flexible services for Traditional Health Workers (THWs). It also differentiates between the use of flexible services and in lieu of services for THWs. More guidance and technical assistance can be found on OHA's [flexible services webpage](#).

Definitions

Flexible services are 1) non-covered services under Oregon's Medicaid State Plan that are not administrative requirements, and 2) services meant to improve care delivery, and member and community health and well-being.

The two types of flexible services are member-level and community-level flexible services as defined below.

Member-level flexible services are cost-effective services offered to an individual CCO member to supplement covered benefits.

Community-level flexible services are community-level interventions focused on improving population health and health care quality. These initiatives include members but are not limited to members. These can also include certain investments in health information technology.

THWs in Oregon

THWs are defined by OHA's [Equity and Inclusion Division](#) as “trusted individuals from their local communities who may also share socioeconomic ties and lived life experiences with Oregon Health Plan (OHP) members.” Additionally, THWs in Oregon have “historically provided person- and community-centered care by bridging communities and the health systems that serve them, increasing the appropriate use of care by connecting people with health systems, advocating for patients, supporting adherence to care and treatment, and empowering individuals to be agents in improving their own health.”

Currently recognized THW types include birth doulas, community health workers, family support specialists, peer support specialists, peer wellness specialists, personal health navigators, tribal THWs and youth support specialists. More information on tribal THWs will be available when the Oregon Tribal Nations finalize guidance on tribal traditional health workers. Details for recognized THW worker types are available on the OHA Equity and Inclusion Division's [THW webpage](#). THW scope of work specific to each worker type is available in the OHA Equity and Inclusion Division's [THW toolkit](#).

Although THWs are not a new model of community-centered care, they do represent an emerging workforce, and both best and promising practices among THWs are evolving. THWs are integral care team members and offer a range of services, including:

- Providing an SDOH screening that prompts a warm handoff or referral;
- Providing culturally appropriate health education, information and outreach in a variety of settings such as homes, clinics, hospitals, schools, shelters, local businesses, and community centers;
- Bridging and providing cultural mediation between individuals, communities and health and human services, including actively building individual and community capacity;
- Assuring that people have access to the services they need;
- Providing direct services, such as informal counseling, social support, care coordination and health screenings; and
- Advocating for individual and community needs.

Flexible services and THWs

To determine whether specific THW services may qualify as flexible services, it is important to identify which THW services are covered benefits for CCO members. It is also important to understand the challenges in billing for covered THW benefits and options outside of flexible services to address those challenges.

Each THW worker type has specific services within their scope of work that are covered services for OHP members. The list of THW services that are covered benefits for OHP members is available in the Health Evidence Review Commission's prioritized list of health services, including certain covered health-related social needs outreach and engagement services. CCO obligations are specified in CCO contracts.

The THW workforce in Oregon continues to grow to meet community needs, but the health system has not resolved the challenges in billing for covered THW services. For example, for THWs working in clinics, the codes for all covered

services may not exist. Also, for THWs working in community-based organizations (CBOs), the CBO may not have the infrastructure to support Medicaid billing.

While flexible services cannot be used for covered THW services, CCOs have the flexibility to offer those covered THW services through in lieu of services (ILOS) and value-based payment (VBP) models. ILOS are services determined by the state to be medically appropriate and cost-effective substitutes for covered services or settings under the State Medicaid Plan. More information is available on OHA's [ILOS webpage](#), including a [comparison document](#) that outlines differences between flexible services and ILOS. VBPs are payments to a provider that reward the value of providing health care services to CCO members. More advanced VBP models provide flexibility for providers to deliver patient-centered, whole person care. More information is available on OHA's [VBP webpage](#).

For THW services that are not covered services, if flexible services criteria are met and spending is sufficiently reported in Exhibit L, CCOs can consider providing them through flexible services. There may also be circumstances in which THW services provided through a CBO include both covered and non-covered services. While not required, in these instances CCOs might consider VBPs or blended approaches that include flexible services and ILOS to support improved access to THWs and lower administrative burdens to CBOs.

THW services that may qualify as flexible services

Below are several real CCO examples in which THW services may or may not qualify as flexible services. These examples will be expanded over time to improve peer-to-peer CCO sharing.

Qualifies as member-level flexible services

- Post-partum doula visits to support improved health outcomes for mother and baby. These visits extend beyond the number of doula visits included as a covered benefit for CCO members.

Qualifies as community-level flexible services

- Peer support specialist services provided by recovery peers in a peer-run organization that promotes personal growth, recovery, and wellness for the community-at-large. The services provided do not include THW-covered services.
- CBO provides non-covered peer counseling and THW services community wide to houseless individuals and families in a safe living environment. Services provided support short- and long-term goals towards stable housing and self-sufficiency.
- Peer Support Specialist (PSS) teams embedded in community programs that deliver non-covered housing education services during one-on-one meetings and home visits. The PSS teams create individual plans that help provide household education on a variety of topics that can vary from daily education and support for mental health and addiction to long-term goal setting and budgeting to help build household stability.
- CBO that provides a culturally specific response to help reduce toxic stress among Latino families in rural regions of the county. The program utilizes Community Health Workers (CHWs), partnerships with local organizations, and evidenced-based curricula. The curriculum focuses on suicide prevention and family resilience.

May qualify as community-level flexible services

- Training for PSSs who provide case management services that help members overcome housing and self-sufficiency barriers. If the PSSs provide covered services, including covered health-related social needs outreach and engagement services, this is not flexible services. Training for providers of covered services is an administrative expense and cannot be a flexible service. Training for THWs that do not provide covered services may be considered community-level flexible services, if the training otherwise meets flexible services criteria.

Does not qualify as flexible services

- CCO member outreach care coordination program consisting of teams of CHWs and social workers. The teams conduct home visits for members and aim to improve health outcomes by addressing social determinants of health. As described, this includes covered services and contractually required member care coordination, which **cannot be flexible services**. Additionally, flexible services cannot be used to pay for CCO staff.
- Grant for a CHW organization that provides covered services to develop capacity for non-covered services. The funding also builds infrastructure for sustainable hiring of CHWs within CBOs. Building infrastructure to bill for covered services and hiring costs are administrative expenses and **cannot be flexible services**.

Existing THW payment model and billing resources

Prior to considering HRS use to cover THW services, CCOs should refer to other OHA resources to become familiar with existing reimbursement guidance and current billing structures for THW-related services.

The OHA Transformation Center has a [THW Payment Model Guide for CCOs](#). The OHA [Equity and Inclusion Division webpage](#) also includes information for health systems, providers and THWs:

- [OHA Traditional Health Worker Toolkit](#): Provides a comprehensive overview of THW Scope of Practice, guidance on integration into healthcare delivery systems, guidance on contracting with CBOs, and various other THW resources.
- [Recommendations for Traditional Health Worker Payment Models](#): Highlights recommended payment models to guide CCOs when billing for THW services, sorted by THW certification type.

In addition to the resources above, there are provider tools focusing on fee-for-service reimbursement that CCOs may find useful.

The [tools for OHP providers webpage](#) has guidance on Oregon Medicaid reimbursement for [birth doulas](#), [community health workers](#), [peers](#) and [behavioral health peers](#).

Flexible services resources

- [OHA flexible services webpage](#)
- [OHA Flexible Services Brief](#)
- [OAR 410-141-3500](#) and [OAR 410-141-3845](#)
- [45 CFR 158.150](#) and [45 CFR 158.151](#)

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Transformation Center at transformation.center@odhsoha.oregon.gov or 503-381-1104. We accept all relay calls.

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