Health Policy & Analytics Division

Transformation Center

OREGON HEALTH AUTHORITY

Health-Related Services (HRS) Guide for CCOs: 2025 Exhibit L Financial Reporting Template and HRS Spending

Updated April 2025

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Background

The Exhibit L Financial Reporting Template reports coordinated care organizations' (CCOs) health-related services (HRS) spending. This guidance will help CCOs complete the semi-annual tab L6.21 and annual tab L6.22 of the **2025 Exhibit L reporting template**.

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

Timeline

The Oregon Health Authority (OHA) has an annual process and timeline to assess and provide feedback to CCOs on their annual Exhibit L HRS 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 HRS Reports L6.21 and L6.22 may affect internal tracking for CCOs and subcapitated entities that administer HRS.
- January: Quarterly CCO HRS office hours begin, and details are available on the HRS website.
- April 30: CCOs submit annual Exhibit L report with details for the prior calendar year of HRS spending.
- May–June: OHA reviews the CCO's Exhibit L HRS spending details to confirm whether spending meets HRS 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 HRS criteria. The CCO has two weeks to submit revised HRS spending details for OHA reconsideration.
- By July 15: OHA finalizes the prior calendar year of HRS spending assessment and releases details to CCOs and OAFA. The final OHA spending determinations will then inform OAFA's performance-based reward (PBR) calculations.

Required and optional Exhibit L submissions

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

- **Q2 optional submission:** OHA reviews optional Q2 submission spending against HRS criteria and provides a single round of feedback to CCOs. CCOs may use that feedback

to fine-tune HRS spending details before the annual submission. CCOs may also request a meeting with HRS staff to ask questions about the OHA feedback.

- **Annual submission:** OHA reviews the annual submission spending against HRS criteria and provides a single round of feedback to CCOs. CCOs may attend the HRS team's reporting-specific office hours or reach out directly to the HRS team with questions about the feedback. After that, CCOs have one opportunity to submit more information to OHA before OHA makes final determinations about spending meeting HRS criteria. HRS spending that does not meet HRS definitions is excluded from PBR.

Annual Tab L6.21

Changes to the 2025 Exhibit L HRS template and guidance

- Updated Exhibit L Report L6.21 to include acronym definitions in C1-6, a link to this guidance document in D1-6, required and optional column notations in row 13, new category codes in column D, and new multiyear approval confirmations in A8-11. Also removed the SDOH attestation, which was the 2024 template's Column Z.
- Updated Exhibit L Report L6.22 to match category codes in Report L6.22, column D.
- Updated guidance for clarity and to reflect changes to 2025 Exhibit L template.
- Added the multiyear approval requests guidance section.

Required report spending

All HRS spending for the calendar year must be included in the annual L6.21 Exhibit L submission. HRS spending that uses quality pool dollars should be reported in L6.21 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 HRS in the L6.21 report, that can be explained in the narrative field for the quality pool but should not be included in the dollar total reported as quality pool spending on the L17 report. Review the related quality pool question in the "implementing, tracking and reporting" section of the HRS FAQ for more information.

Required elements for each HRS spending item

CCOs should review OHA's feedback from the prior spending year's final HRS 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 HRS spending continues beyond one year and are reported in subsequent submissions. If needed, reach out to health.relatedservices@oha.oregon.gov to request a copy of your CCO's final determination file from the prior spending year.

CCOs should also provide as much relevant detail as possible and a clear rationale for all HRS spending in Exhibit L. This information allows OHA to determine whether spending aligns with HRS criteria. Insufficient detail or missing information in a required column could lead to spending not qualifying as HRS. However, member-specific details (for example,

names and other identifiers) should not be included in this tab. The following Exhibit L data elements are required for HRS spending:

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

- Spending/HRS investment name (column A)
- Description of services provided (column C)
- HRS category (column D, see Appendix A)
- Amount incurred for flexible services, community benefit initiatives, health information technology and total HRS (columns E–H)
- Amount incurred for Oregon Health Plan (OHP), Healthier Oregon Program (HOP), and Basic Health Plan (BHP) populations (columns I–K)
- Description of the rationale for this particular investment (column M)
- HRS spending and covered services attestation (column Q)
- HRS spending and SHARE designation attestation (column R)
- HRS 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 benefit initiative (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 flexible services (column E) spending. Flexible services reported without the number of members receiving the service will not qualify as HRS. OHA recognizes that this may not be possible to complete for community benefit initiative spending (column F) or health information technology spending (column G).
- Completing columns O–P is required **if** the community benefit spending (column F), health information technology (column G) or a **large** flexible service spending program (column E) addresses a defined priority population. **Do not** complete columns O–P for flexible services that are not large flexible service 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 HRS community benefit initiative 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 included has the same experiences, including experiences with systemic racism.
- Columns S–T, the HRS spending recipient type, are required for community benefit initiative (column F) and health information technology (column G) spending. **Do not** complete columns S–T for flexible services (column E) spending.
- Column Z, the OHA-assigned spending number, is only required if the CCO submitted HRS 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 benefit initiative (column F) or health information technology (column G) spending, or large flexible services programs that report spending in aggregate in column E. If spending has already received multiyear approval, please leave this column blank.

Recommended elements for HRS spending

The following Exhibit L data elements are encouraged for CCOs' HRS spending:

- Completing 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 a given HRS 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 HRS spending regardless of whether its reported value is positive or negative. OHA will evaluate HRS spending based on the sufficiency of the submission's description and rationale. OHA will include negative values in the total HRS spending which may reduce the net HRS total.

Multiyear approval requests

When CCO HRS spending funds programs or projects for multiple years, the CCO can request multiyear approval from OHA. Multiyear approval is appropriate for HRS community benefit initiative 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 flexible services programs that are reporting spending in aggregate and will not change the scope of services throughout the funding timeframe. More information about multiyear approval is available in the HRS FAQ (questions 25–30).

Request process

- To request multiyear approval for HRS spending, select “yes” in column AA.
- The HRS team reviews multiyear approval requests in column AA during the annual review process and assigns a unique ID to each request. CCOs have an opportunity to provide more information about the multiyear approval request during that review process.
- Final determinations for multiyear approval will be received by July 15 per the usual HRS annual review timeline. However, if an investment can be confirmed as HRS, but more information is still needed for multiyear approval, the HRS 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 HRS FAQ (question 26) for examples.

Annual update process

Once approved for multiyear spending, the CCO must include the spending line item in each subsequent Exhibit L annual submission. The following elements must be updated in the annual submission as noted:

- **Copy and paste multiyear spending language** from the L6.21 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 HRS 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 HRS 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 found in column AA of the L6.21 that received the initial multiyear approval from the HRS team.
- **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 HRS 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 in the 2025 L6.21). 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 HRS 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

All required fields must be completed for all spending. When required fields are left blank, the spending will be rejected.

Column A: Spending name

- **Must be the name of the product or service provided**; the vendor or supplier name is not generally a sufficient title for spending. For example, HRS 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 HRS flexible service items into one spending item**, instead of including multiple entries. Entries that are combined must have the same rationale (column M) for the investment. 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 benefit initiative 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. Additionally, when a single entity receives HRS funds for more than one distinct intervention or set of services, CCOs should consider reporting each separately to minimize the chance that allowable spending is grouped with anything that does not qualify as HRS. When distinct interventions or sets of services are reported together as one HRS community benefit initiative and one of the interventions or services does not meet HRS criteria, all of the spending must be rejected as meeting HRS criteria.

Column C: Description of services provided

- This must describe the service being provided to members and/or the community.
- When reporting 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 provided.
- When reporting community benefit initiatives (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 HRS, the spending will be rejected as meeting HRS criteria. CCOs should only report the portion of spending on non-covered services that align with HRS criteria. Note that the inability of an entity to bill for a covered service does not make the service eligible for HRS; 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 HRS, the description must describe how covered services are excluded from the funding. For example, certain members may be eligible for covered climate devices, such as an air conditioner. For air conditioners reported as HRS, 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 flexible services** programs, report spending in aggregate and avoid describing 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 HRS dollar amount 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 HRS spending in column H, and it must be reported in dollars, not percentages or ratios.

- For 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 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, 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 benefit initiatives 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 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 HRS 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 used to justify the spending.

- 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 practice

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 HRS community benefit initiative 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 Tab L6.22

The information collected in this annual tab supports HRS as a key component of OHA's 1115 Medicaid waiver and formal HRS evaluation efforts. The member IDs are critical to assessing any impact of HRS 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 HRS across HRS categories, enter the Medicaid member ID.
- Column B, HRS category: Enter the corresponding HRS category that aligns with each Medicaid member ID. These categories match those in L6.21, column D (see Appendix A). If a member received more than one kind of HRS, enter the member's ID into as many rows as categories of HRS the member received. For members with total flexible services spending below $200, you are not required to report the member's ID.
- Column C, Amount incurred: Enter the total dollar amount the member received in that HRS 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 tab L6.22, all HRS spending should be entered on tab L6.21.

Questions?

For questions about CCO HRS spending reported in the Exhibit L Financial Reporting Template, please contact the OHA HRS Team at health.relatedservices@oha.oregon.gov.

Appendix A: Column D reporting category definitions

Category	Definition, examples
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
Behavioral Health: Counseling	Non-covered counseling services, including 1:1 mentoring and reintegration counseling
Behavioral Health: Groups	Group mental health supports, including caregiver/parent support groups, LGBTQ+ support groups, community healing circles, dual diagnosis support groups
Behavioral Health: Harm reduction programs	Non-covered harm reduction programming, including needle exchange programs
Behavioral Health: 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
Behavioral Health: Recovery support	Non-covered recovery supports, including contingency management incentives, sober living and SUD peer support
Behavioral Health: 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 de-stigmatize conversations about addiction
Behavioral Health: Suicide prevention	Suicide prevention campaigns, life lines
Behavioral Health: 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, boardgames, instruments), emotional support animal (ESA) supports/supplies (for example, paperwork, pet deposit), sensory items
Child/adolescent development & family resources: Childcare supplies	Cribs, car seats, diapers, strollers
Child/adolescent development & family resources: Early childhood education	Education programs/services before kindergarten/school, kids under age 5, pre-school costs, early learning hubs

Category	Definition, examples
Child/adolescent development & family resources: Foster care supports	Foster parent recruitment and resources, parenting education, supports/services to the foster kids themselves
Child/adolescent development & family resources: K-12 education & educational supports	Education and educational supports for children in grades K-12 (above age 5), youth leadership classes, student success programs, college prep for high-school students, mentoring for youth educational attainment/success, kids' educational camps, youth resource rooms and learning hubs
Child/adolescent development & family resources: Parenting education	Parenting classes, including non-covered post-partum doula services
Child/adolescent development & family resources: Prenatal care and education	Pregnancy-related education, doula services, non-covered prenatal supports
Child/adolescent development & family resources: Relief nurseries	Relief nurseries prevent the cycle of child abuse and neglect through early intervention/supports/services
Child/adolescent development & family resources: School supplies	School supplies
Child/adolescent development & family resources: 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
Communication Access: Advice lines, translation services	Advice and nurse lines, interpretation services for noncovered services and supports, warm lines
Communication Access: Computers, mobile phones, minutes	Mobile devices, minutes, laptops, tablets, equipment or funds for the purpose of communication access to friends, family, traditional health workers and care team, healthcare provider
Communication Access: Internet	Internet access, bills to communicate with healthcare providers and social support networks, teachers, employers or potential employers, etc.
COVID-19: Basic Needs: Food, housing, utilities, transportation, supplies	Basic needs (food, transportation, etc.) to reduce burden of COVID-19/provide supports during pandemic
COVID-19: Childcare	Childcare for the purpose of reducing burden during COVID-19
COVID-19: Health information technology capacity building	Health information technology investments to expand telehealth due to COVID-19
COVID-19: PPE	COVID-19 masks, hand sanitizer, PPE
COVID-19: Prevention and wellness campaigns	Wellness initiatives (for example, teacher appreciation, wellness, or resilience stipend due to working through COVID)

Category	Definition, examples
COVID-19: Remote learning	Livestreaming access for remote learning virtually due to COVID
Economic stability: Apparel	Clothing (not tied to a condition) for daily wear; clothes for job interviews
Economic stability: Employment preparedness	Job training courses, professional development trainings, transitional employment pilots
Economic stability: GED, tuition	Tuition costs, costs associated with GED preparation, internships
Economic stability: Legal support	Government document issuance 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
Economic stability: Personal finance, self sufficiency	Finance classes/coaching, life skill building, independent living prep, consumer credit counseling, student loan counseling, home ownership education
Economic stability: 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
Food Access: Groceries and pantry items	Food boxes, community supported agriculture (CSA) shares, grocery gift cards, mobile farmers markets, etc., including nutritional supplements and protein shakes as pantry items; food pantry supports (for example, fridge)
Food Access: 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.)
Food Access: 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
Health promotion: 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, AED usage), mental health first aid, and CPR

Category	Definition, examples
Health promotion: 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
Health promotion: 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
Health promotion: Prevention and wellness	Health and wellness classes aimed 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 senior living environments to increase community building and decrease social isolation
Health promotion: Vaccines	Vaccine education campaigns
Health/condition management: Apparel	Non-covered apparel related to specific condition management: compression wear, heated gloves, bedwetting underwear, etc.
Health/condition management: Hygiene items	Personal cleaning supplies, menstrual products, toothbrushes, laundry supplies
Health/condition management: Mobility devices	Non-covered canes, walkers, scooters and scooter chargers, step stools, crutches, wheelchairs and wheelchair equipment (cover; gloves), lift chairs, supplies aiding in mobility
Health/condition management: Condition management education	Condition management classes/programs: Pain management courses, classes for managing arthritis (for example, Walk With Ease), medically-tailored nutrition counseling, diabetes education and self-management
Health/condition management: Personal items	Non-covered items related to specific condition management: 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: CIE	Community Information Exchange (CIE) to refer people to social services (for example, Connect Oregon, Unite Us, Aunt Bertha, Find Help, etc.)
Health information technology: EHR	Electronic health records (EHRs; for example, EPIC, Oracle, etc.), improvements to online sites for members to access their health information and referrals, EHR adoption incentives for providers

Category	Definition, examples
Health information technology: Hospital event notification	Software that alerts CCO to member emergency department utilization (for example, Collective, Collective Medical, EDIE, PreManage, etc.)
Health information technology: 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
Health information technology: 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 streamline the patient intake process, shorten telehealth visit times, increase telehealth appointment access, provide better patient education by providing electronic documents
Housing Improvements: A/C and air quality	Air conditioner (A/C) units, air filtration devices, portable fans, humidifiers
Housing Improvements: Accessibility	Improvements to buildings/housing for accessibility (for example, elevator installation/repairs, grab bars, ramps, movable showerhead, portable toilet, wheelchair accessible entrances/showers, etc.)
Housing Improvements: Bedding	Mattresses, bunkbeds, bed frames, comforters
Housing Improvements: Furniture and appliances	Refrigerators, mini fridge/freezers, couches, tables and chairs, microwaves, vacuums, washing machines, other household appliances
Housing Improvements: Heat, water, septic	Improvements to large utility appliances, furnace and heat pump repair, propane/gasoline, generators
Housing Improvements: Kitchen and housewares	Silverware, cooking utensils and pots/pans, measuring cups, utility/grocery cart, hand towels, rugs, small fireproof safes, security camera for child safety, batteries
Housing Improvements: 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 misc.	Storage units, recreational vehicle parking, mailboxes and PO boxes, heavy equipment haul away, lumbar, gravel, and other materials used to repair and maintain housing
Housing: Houselessness supports and supplies	Emergency housing/shelter, houseless supports/services, warming/cooling shelters, housing first programs, wraparound supports for people experiencing houselessness, camping supplies (for example, tents, sleeping bags, gas stove, etc.), campground rental fees

Category	Definition, examples
Housing: Rent assistance	Short-term rental and mortgage assistance, housing application fees, move-in fees
Housing: Temporary housing	Temporary lodging for defined number of days, short-term housing (for example, motel/hotel) during transitions from hospital or other facility
Housing: 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, and optometry related services, evaluation for below the line 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)
Physical Activity: Apparel	Apparel for physical activity/exercise (not tied to a condition), active wear, sports uniforms, running shoes
Physical Activity: Equipment	Weights and dumbbells, treadmills, bikes, bike helmets, life vests, pedometers/fitness trackers, sports equipment (for example, soccer balls, basketballs, baseball bats, etc.)
Physical Activity: Facilities access	Facilities access, gym memberships, pool memberships, playground equipment, park improvements
Physical Activity: 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 non-covered services locations to meet health-related social needs (for example, grocery stores, housing and other social services, other non-medical care appointments, recovery support group meetings)
Transportation: Personal vehicle repairs, insurance, gas	Car payments, repairs, car insurance, gas/gas cards, replacement car key, parking pass
Transportation: Public transit	Bus, light rail, and train tickets or passes
Transportation: Relocation assistance	Moving assistance, moving vans and movers
Wildfires: Emergency funding	Emergency funding for wildfire recovery and survivors
Wildfires: Houseless supports, supplies	Funding to meet needs of houseless community members due to wildfires, including resources navigation services for wildfire survivors
Wildfires: Supplementary food	Food supports for wildfire survivors
Wildfires: Temporary housing and rent assistance	Temporary housing and rental assistance for wildfire survivors

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