

Health-Related Services Summary

2023 CCO Health-Related Services Spending

November 2024



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Acknowledgments

This publication was prepared by the Oregon Health Authority’s cross division health-related services team.

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Executive summary

2023 spending summary purpose

This summary provides an overview of coordinated care organization (CCO) health-related services (HRS) spending. The summary supports increased HRS spending by providing CCOs insight into how other CCOs are using HRS. It also increases transparency. This summary does not reflect all CCO spending on social determinants of health, such as CCO spending through the Supporting Health for All through Reinvestment program and other community investments.

Defining HRS

HRS are defined as 1) non-covered services under Oregon's Medicaid State Plan that are not administrative requirements and 2) are intended to improve care delivery and overall member and community health and well-being. CCOs pay for HRS out of their global budget. It's one way CCOs may address the social determinants of health and the health-related social needs of their members. This flexibility to focus on activities beyond direct medical care improves CCOs' impact on member and community health.

Some services previously paid for through HRS spending have become covered services in 2024 through the [Oregon Health Plan 1115 Demonstration Waiver](#) health-related social needs (HRSN) benefits, but were not covered benefits in 2023. Those benefits include climate devices and housing services for eligible Oregon Health Plan (OHP) members in 2024 and food services in 2025 (more information is available on the [waiver webpage](#)). HRS will continue to be available in 2024 and later years for CCO members who are not eligible for those new HRSN benefits, and through community benefit initiatives to improve CCO member and the broader community health and well-being.

CCO HRS reporting

While CCOs are not required to use HRS, all CCOs spent a portion of their global budget on HRS in 2023. CCOs are required to submit annual HRS spending reports to the Oregon Health Authority (OHA). OHA reviews the reports to ensure all spending meets HRS criteria. HRS spending that was accepted by OHA as meeting HRS criteria for 2023 was included in the CCOs' performance-based reward calculations for setting CCO 2025 capitation rates.

Highlights

Total accepted CCO HRS spending more than doubled in 2023 compared with the previous year, totaling \$121.6 million and continuing an upward trend from 2019. The 2024 increase of over \$60 million is mostly due to six CCOs, which made up \$54.7 million, or nearly 90% of the total increase.

The average per member per month (PMPM) HRS spending also continued to increase in 2023 to \$7.44 PMPM, which is an increase of over \$3 PMPM from 2022. The 2023 CCO

HRS PMPM spending minimum and maximums across CCOs also increased to a minimum of \$1.68 PMPM and a maximum of \$13.91 PMPM. For the first time these increases were not primarily due to increased spending in health information technology (HIT). Total CCO HRS spending on flexible services more than doubled to \$31.6 million, which for the first time was more than HIT spending. This points to CCOs' increasing commitment to meet their members' and community's social determinant of health needs. The top four categories of 2023 HRS spending were housing, health information technology, economic stability, and food access, which combined accounted for over 70% of all HRS spending.

- Total accepted HRS spending for 2023 was \$121.6 million, more than double the amount from 2022.
- Six CCOs accounted for almost 90% of the increased spending in 2024.
- For the first time, total HRS flexible services spending was more than HRS HIT spending and more than doubled to \$31.6 million.

Background

Health-related services (HRS) began in 2013 with the inception of Oregon’s coordinated care organizations (CCOs). The history of HRS and how it has evolved is further detailed in the [HRS Brief](#). One of the purposes of HRS 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 HRS, they must comply with state and federal criteria. HRS requirements are detailed in Oregon Administrative Rule (OAR) and Code of Federal Regulations (CFR). For a full definition of HRS, CCOs should rely primarily on the Oregon Health Authority (OHA) [HRS 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. Additional guidance and technical assistance can be found on OHA’s [HRS webpage](#).

This summary provides an overview of CCO HRS spending, with a goal of increased transparency. The document also may support increased HRS spending by providing CCOs with insight into how other CCOs are using HRS.

OHA review of CCO HRS spending

Reporting and assessment

All CCOs are contractually required to submit annual reports of their health-related service (HRS) spending to OHA. CCOs report HRS spending through the [OHA Office of Actuarial and Financial Analytics](#) financial annual reporting template, [Exhibit L](#). The

WHAT ARE HEALTH-RELATED SERVICES?

Health-related services (HRS) are defined as 1) non-covered services under Oregon’s Medicaid State Plan that are not administrative requirements and 2) are intended to improve care delivery and overall member and community health and well-being. The two types of HRS include flexible services and community benefit initiatives as defined below.

Flexible services (FS) are defined as cost-effective services offered to an individual CCO member to supplement covered benefits.

Community benefit initiatives (CBI) are defined as community-level interventions focused on improving population health and health care quality. These initiatives include members but are not limited to members.

Health information technology (HIT) is reported and analyzed here as a separate category of HRS spend, although it is a community benefit initiative.

Exhibit L file includes dollars spent, detailed descriptions of HRS spending (Report L6.21), and descriptions of HRS services provided to individual members who received more than \$200 in flexible services (FS) for the year (Report L6.22). The annual Exhibit L financial report with HRS spending details is due to OHA by April 30 of the year following the spending.

The OHA HRS team reviews the annual spending details submitted in the Exhibit L report to ensure the spending meets HRS criteria. For spending that does not initially meet HRS criteria, the CCO may provide additional information to better demonstrate how the spending meets criteria. OHA reviews the new information to determine whether the spending meets HRS criteria. HRS spending prior to 2019 is not comparable to current data because OHA did not begin this review process until 2019.

Sometimes spending reported does not meet criteria. The most common reported spending that did not meet HRS criteria fell into these three categories:

1. Spending to increase access to OHP covered benefits (as HRS must exclude covered OHP benefits);
2. Spending to train providers of covered OHP benefits (as HRS excludes provider training, regardless of provider type); and
3. Spending to increase the number of licensed or certified providers of covered services within a region (as HRS cannot be used to increase provider network adequacy).

HRS spending is just one way for CCOs to address the social determinants of health (SDOH) of their community and members. The Supporting Health for All through Reinvestment (SHARE) program is another way to invest in health equity and SDOH. More information about CCO spending through SHARE is available on the OHA [SHARE webpage](#).

There are other ways CCOs may respond to the SDOH, health inequities and social needs of their members and communities. CCOs may have invested more broadly than what is reflected in HRS and SHARE, including investments in covered benefits through culturally specific safety net clinics or investments in culturally responsive assessments and listening sessions. Starting in 2024, CCOs will also be able to provide covered services for certain eligible members to access climate devices and housing services. In 2025 there will be covered food services for eligible members. These covered services will complement CCO spending on HRS to address member and community social determinants of health.

Spending analysis methodology

The OHA HRS team analyzes accepted HRS spending by type and across CCOs based on total dollars spent, per member per month, and percent of total member service spending. The team also considers the type of services or program by category (for example, housing) and by spending within racial and ethnic groups, if reported.

Overall spending highlights

Spending acceptance rates

OHA acceptance rates of CCOs' HRS spending continue to increase. CCOs' submitted spending that met HRS criteria increased from 85% in 2022 to 90% in 2023. While the percentage of HRS spending that met HRS criteria for flexible services (FS) has remained relatively stable over the past three years, the percentage accepted for community benefit initiatives (CBI) and health information technology (HIT) has increased, increasing the overall acceptance rate. Of note is that OHA has accepted 100% of HRS FS for the past three years while CCOs have simultaneously increased HRS FS spending. See Figure 20 in [Appendix B](#) for acceptance rates from 2019 to 2023.

Total spending

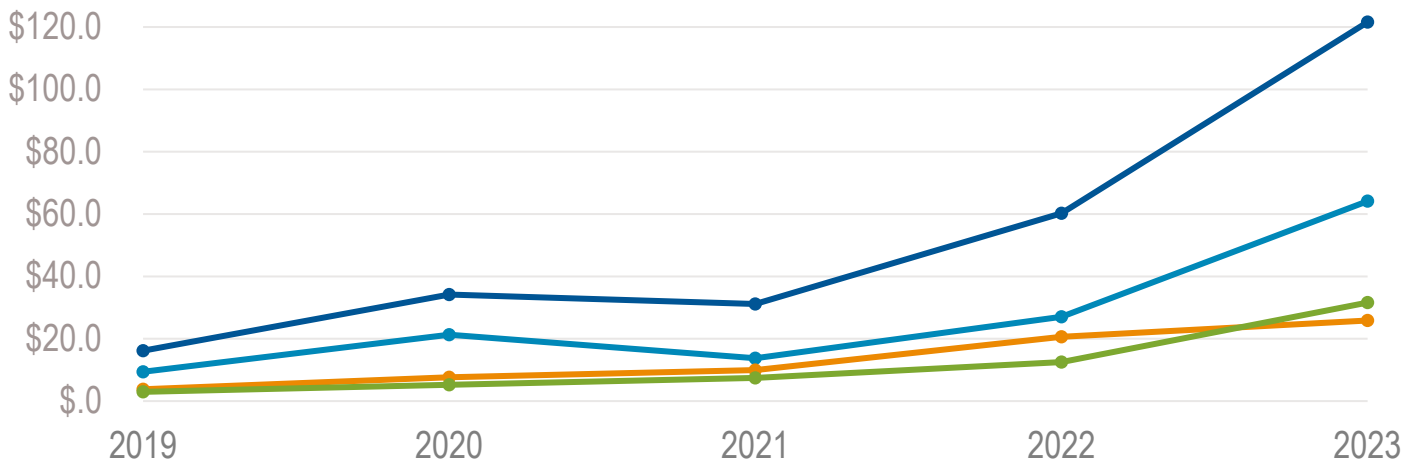
Total HRS spending more than doubled from 2022 to 2023 with an increase from \$60,244,097 to \$121,580,263. While acceptance rates increased, this does not account for the full increase as pre-acceptance reported spending also close to doubled from the prior year. Additionally, this total represents 1.74% of total CCO spending on member services¹ in 2023, which is more than double the 0.82% in 2022. See Figure 1 below for total HRS spending by year and type. See Figure 25 and Table 4 in [Appendix B](#) for HRS spending as a percent of total member services spending by CCO and year.

HRS SPENDING ANALYSIS NOTES

- **All analyses in following sections** will focus only on the 90% of spending that met HRS criteria in 2023 and all comparative years.
- **All CCO names** within figures are abbreviated as described in [Appendix A](#), Table 1.
- **All HRS spending categories** and examples are listed in [Appendix C](#).
- **HIT spending** is, by definition, a CBI, but for the purposes of this report it is analyzed separately from CBI.

¹ Total CCO spending on member services includes all CCO covered member services plus CCO HRS spending that met HRS criteria.

Figure 1: Total HRS spending* by year and type

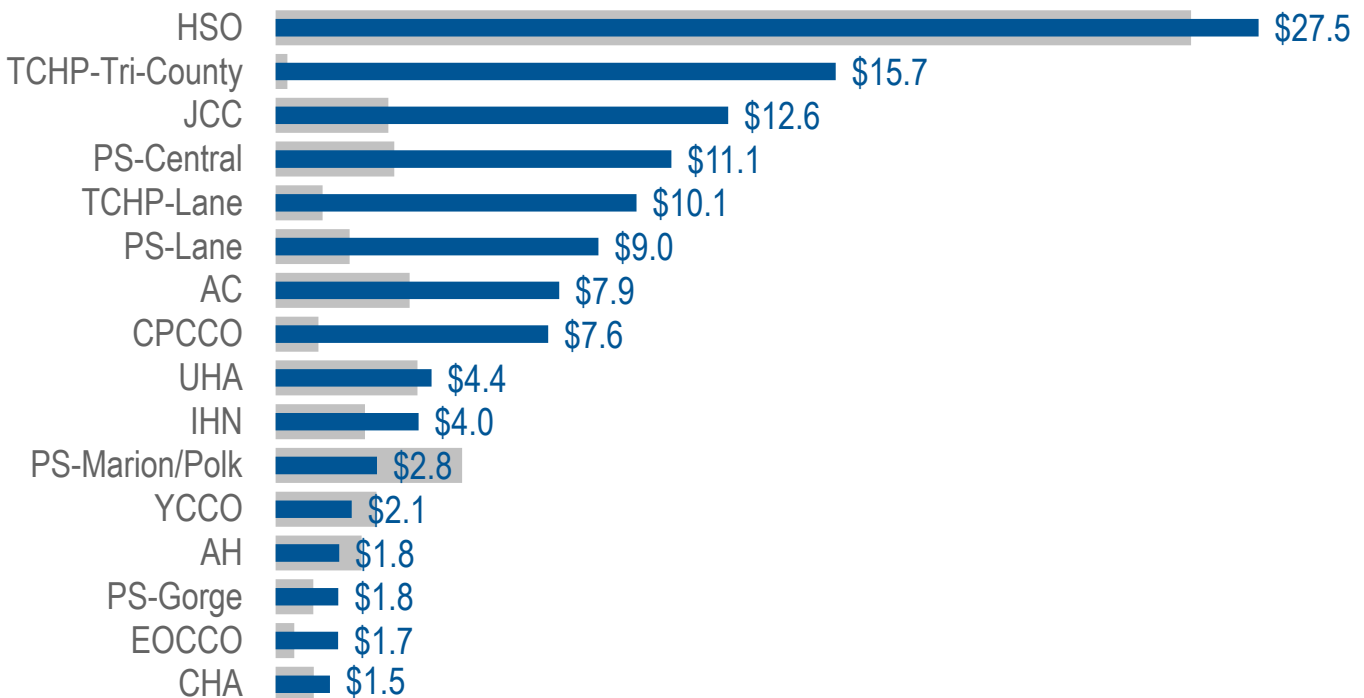


* All values shown are in millions of dollars

Across CCOs, total HRS spending ranged from \$1,517,451 to \$27,469,066. All but three CCOs increased HRS spending from the prior year while six CCOs more than tripled spending. The majority of the increase in 2023 HRS spending can be attributed to six CCOs with a combined increase of \$54.7 million from 2022 to 2023. This accounts for 89.2% of the 2023 to 2024 HRS spending increase across all CCOs. See Figure 2 below and Table 2 in [Appendix B](#) for total HRS spending by year and CCO.

Figure 2 Total HRS spending* by CCO and year

Total HRS spending for CCOs in 2022 and 2023



* All values shown are in millions of dollars

Per member per month spending

CCO per member per month (PMPM) HRS spending takes CCO membership size into account and is a more meaningful way to compare how much each CCO is spending on HRS. The total HRS PMPM spending across CCOs increased by over \$3 PMPM from 2022 to 2023 (74% increase), continuing an upward trend since 2019. This increased PMPM spending is mostly attributed to large increases in CBI and FS spending, as noted earlier, rather than the increase in HIT spending. See Figure 3 below for total HRS PMPM by year, and Figures 21–24 and Table 3 in [Appendix B](#) for HRS FS, CBI, and HIT PMPM spending by CCO and year.

Figure 3: Average per member per month (PMPM) HRS spending by year

Average HRS PMPM spending in 2023 increased by over \$3 PMPM

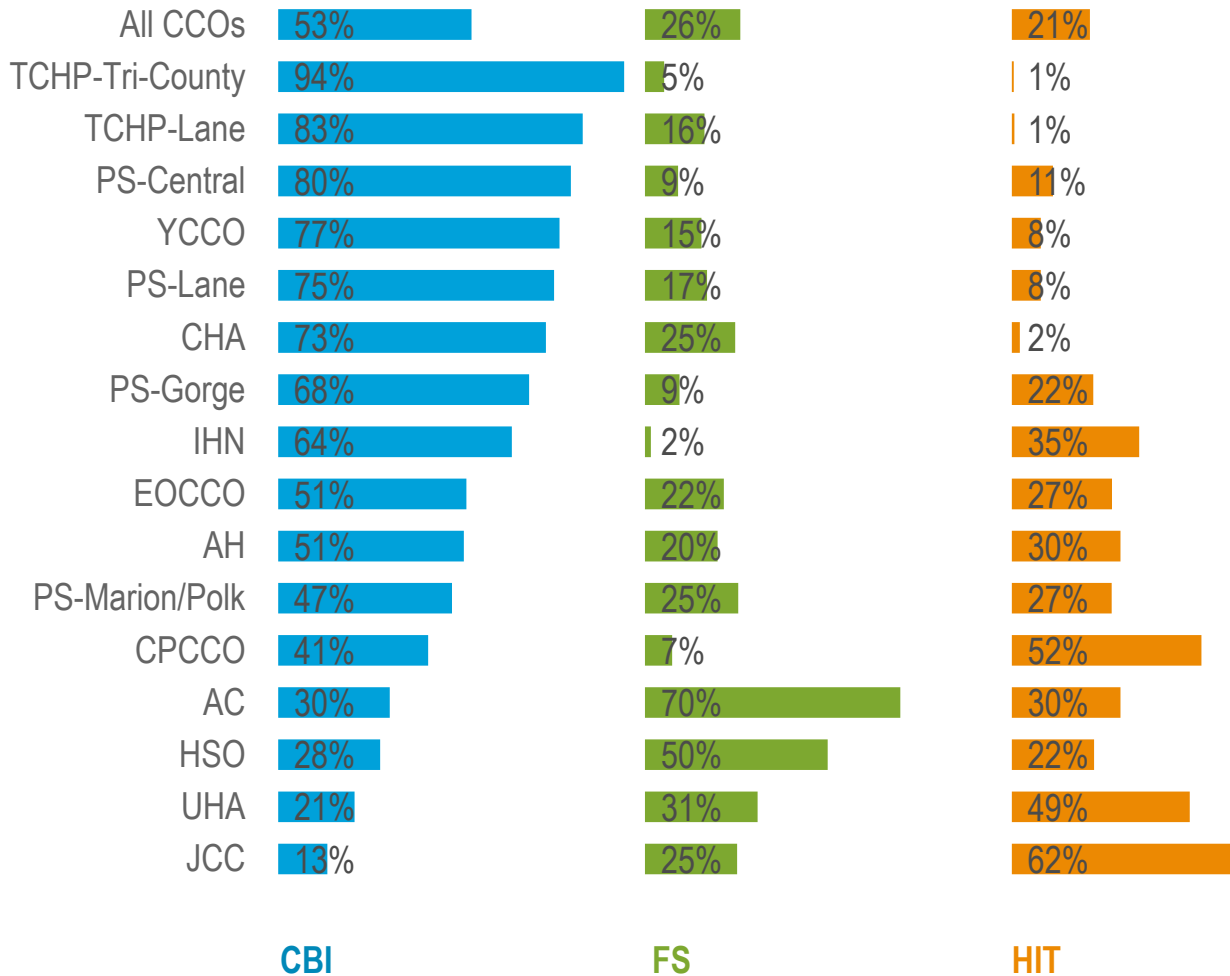


Spending types

In 2023, HRS CBI spending remained the largest spending type with an increase to 53% of all HRS spending compared to FS and HIT. HRS HIT spending decreased its proportion slightly from 34% to 21%, while HRS FS spending increased from 21% to 26%. See Figure 4 for percent of spending by type, year, and CCO.

Figure 4: 2023 HRS spending distribution by type and CCO

Eleven CCOs spent the majority on HRS CBI, while two CCOs spent the majority on HRS FS and three CCOs spent the majority on HRS HIT.



Spending in key areas

Consistent spending area trends

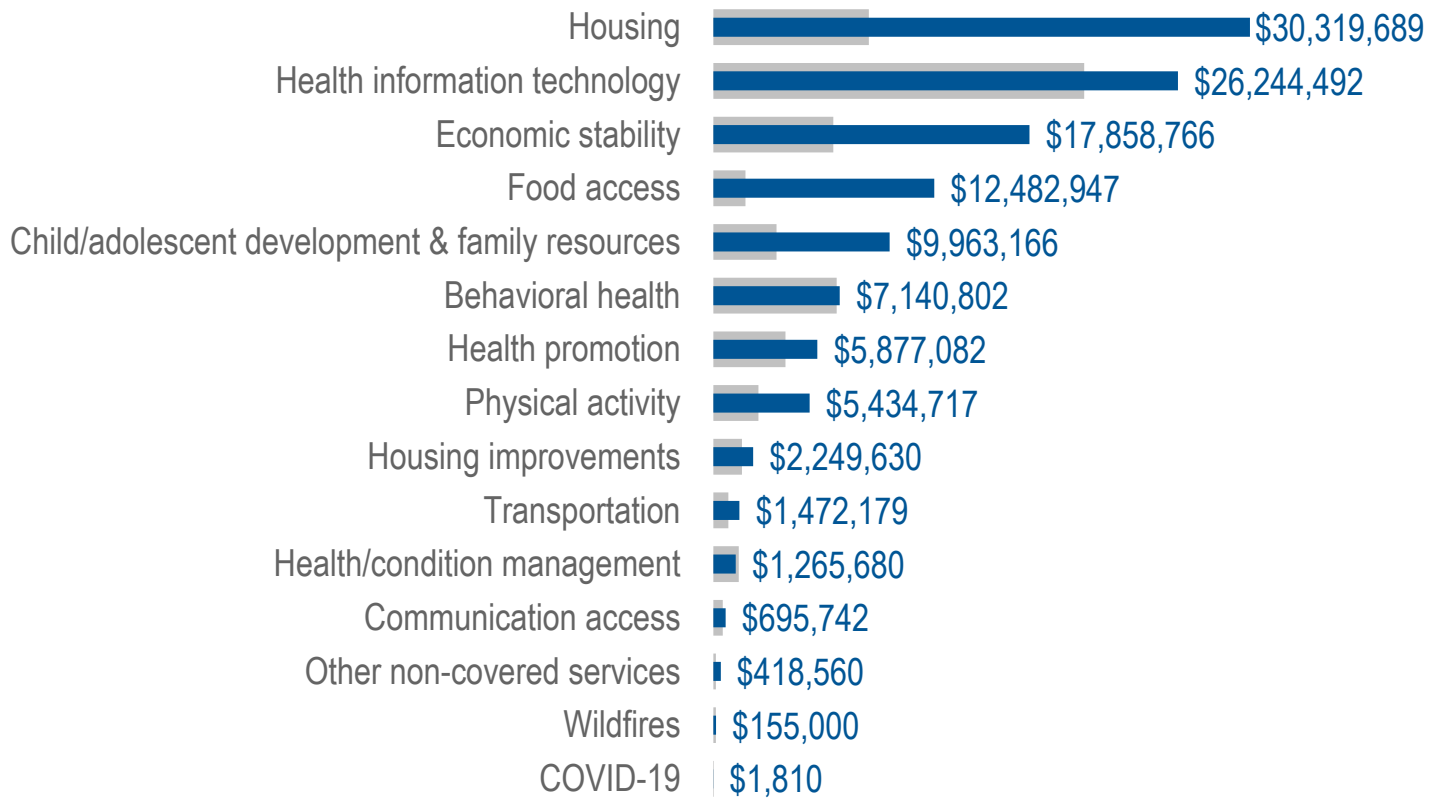
Spending categories are determined through qualitative analysis of spending (see [Appendix C](#) for a full list of categories, subcategories and examples).² For 2023 HRS spending, the qualitative coding was updated to more accurately reflect and group spending themes. The coding changes were applied to 2022 and 2023 spending, so trends reflected here will only include those years.

² The qualitative analysis results only reflect one spending category per investment. For example, an investment providing housing supports related to COVID-19 efforts are only included as COVID-19. It is not also included as housing.

Based on the spending analysis, 2023 HRS spending continued to be dominated by housing, at \$30,319,689, and HIT investments³, at \$26,244,492. However, housing spending has taken over the top spot from HIT. The next three closest spending categories in 2023 were economic stability (\$17,858,766), food access (\$12,482,947), and child and adolescent development and family resources (\$9,963,166). The five largest percent increases for 2023 were in food access (587% increase), housing (245% increase), other non-covered services (197% increase), child and adolescent development and family resources (179% increase), and economic stability (164% increase). See Figure 5 below for total spending by category and year. See Table 6 in [Appendix B](#) for total spending by category, year, and CCO.

Figure 5: HRS spending by category and year.

The 2023 and 2022 HRS spending categories continued to be dominated by housing and HIT



³ CCO HRS HIT spending here is based on how spending was coded in OHA's final qualitative analysis, not what the CCOs reported as HIT spending. While there is very close alignment across what CCOs report as HIT and what is qualitatively coded as HIT, there can be minor discrepancies.

Spending trends within individual categories

Examining spending within categories provides better details about how the spending is being invested in members and the community. See Figures 6–17, in order of total dollars spent, for subcategories.

Figure 6: HRS spending on **housing** in 2022 and 2023

Rent assistance took over the lead (530% increase) in 2022 with houselessness supports and supplies at second increasing by 258%.

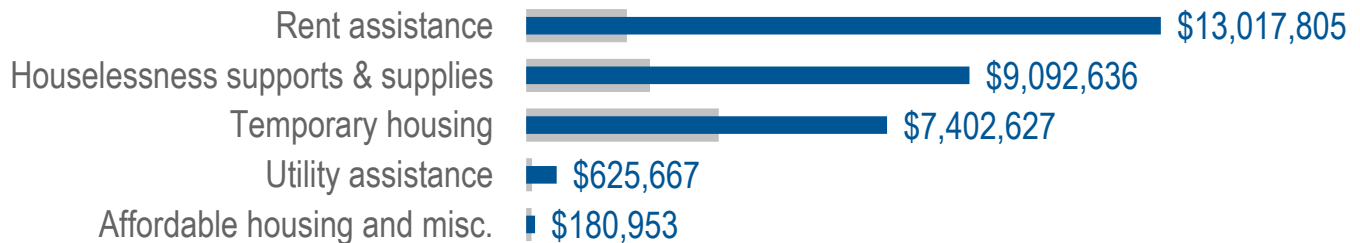


Figure 7: HRS spending on **HIT** in 2022 and 2023

Provider network took over the lead (242% increase) in 2023 with community information exchange maintaining second (113% increase).

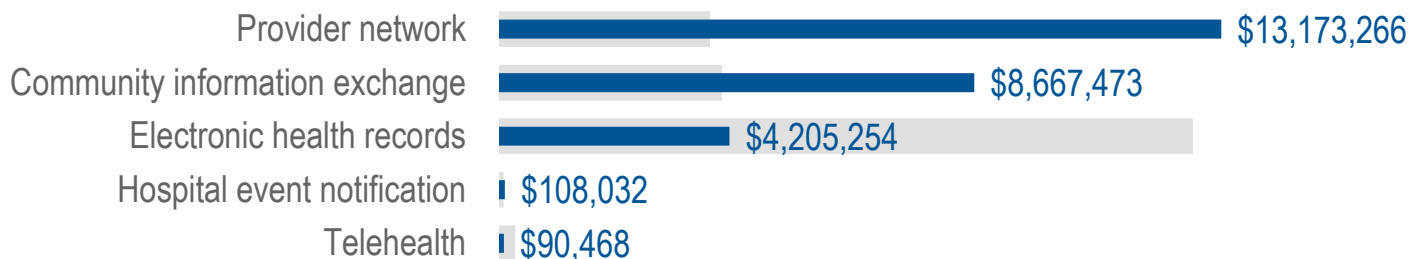


Figure 8: HRS spending on **economic stability** in 2022 and 2023

Resource navigation maintained the lead (121% increase) in 2023 with legal support moving to second (920% increase).

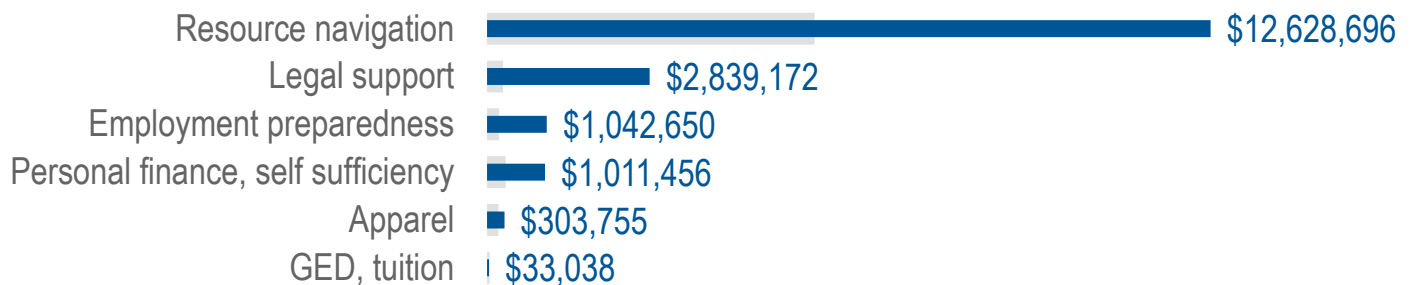


Figure 9: HRS spending on **food access** in 2022 and 2023

Groceries and pantry items maintained the lead (534% increase) in 2023 with meal programs moving to second (2498% increase).

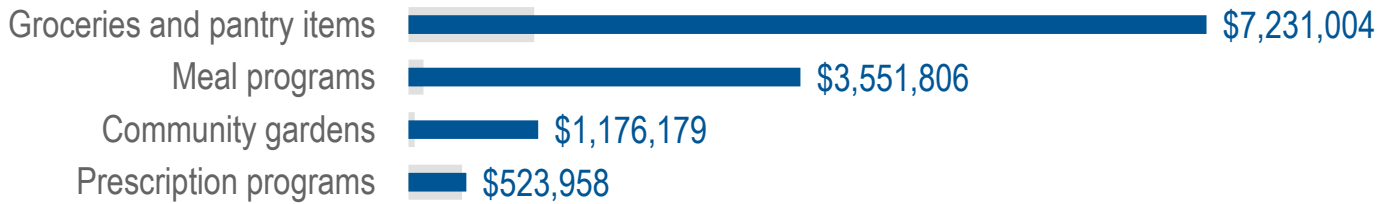


Figure 10: HRS spending on **child/adolescent development and family resources** in 2022 and 2023

Parenting education maintained the lead (423% increase) in 2023 with K-12 education and educational supports moving to second (293% increase).

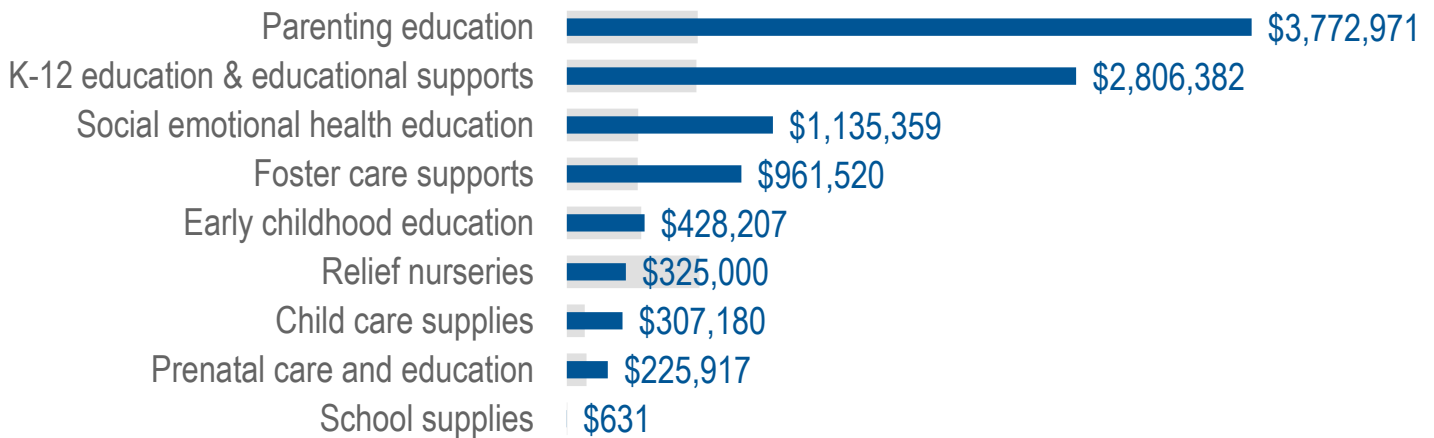


Figure 11: HRS spending on **behavioral health** in 2022 and 2023

Substance use and addiction education and prevention took over the lead (356% increase) in 2023 with recovery maintaining second (75% increase).

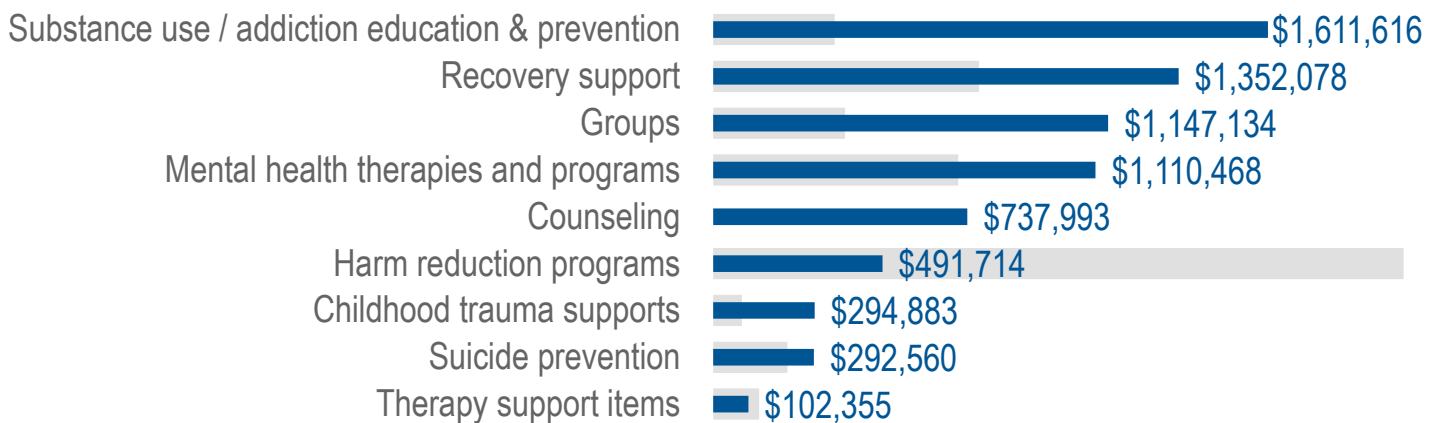


Figure 12: HRS spending on **health promotion** in 2022 and 2023

Prevention and wellness maintained the lead (45% increase) in 2023 with adverse childhood experiences (ACEs), trauma and domestic violence moving to second (262% increase).

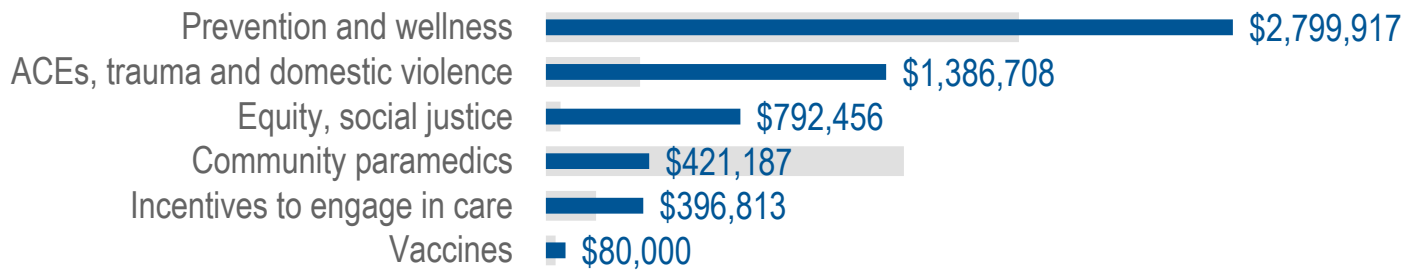


Figure 13: HRS spending on **physical activity** in 2022 and 2023

Facilities access maintained the lead (144% increase) in 2023 with groups maintaining second (72% decrease).



Figure 14: HRS spending on **housing improvements** in 2022 and 2023

Air conditioner (A/C) and air quality maintained the lead (26% increase) in 2023 with accessibility moving to second (168% increase).

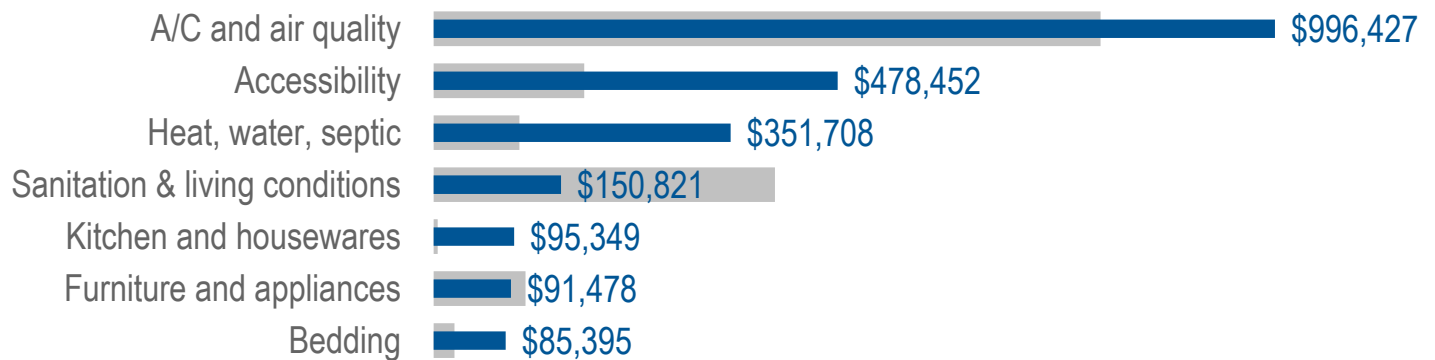


Figure 15: HRS spending on **transportation** in 2022 and 2023

Access to transportation to address health-related social needs maintained the lead (63% increase) in 2023 with personal vehicle repairs, insurance and gas maintaining second (334% increase).

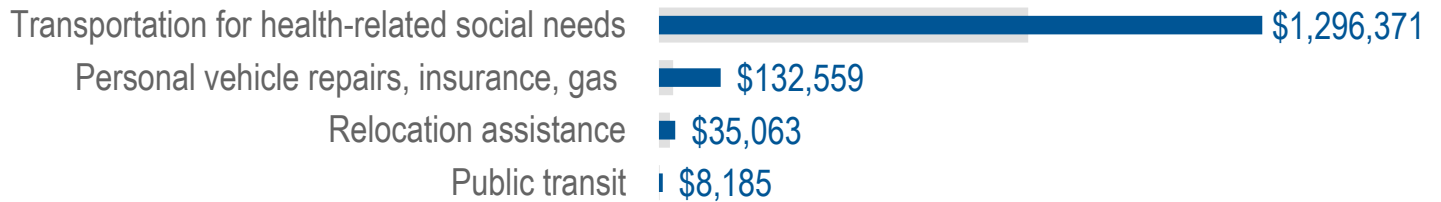


Figure 16: HRS spending on **health and condition management** in 2022 and 2023

Condition management education maintained the lead (15% increase) in 2023 with personal items moving to second (257% increase).

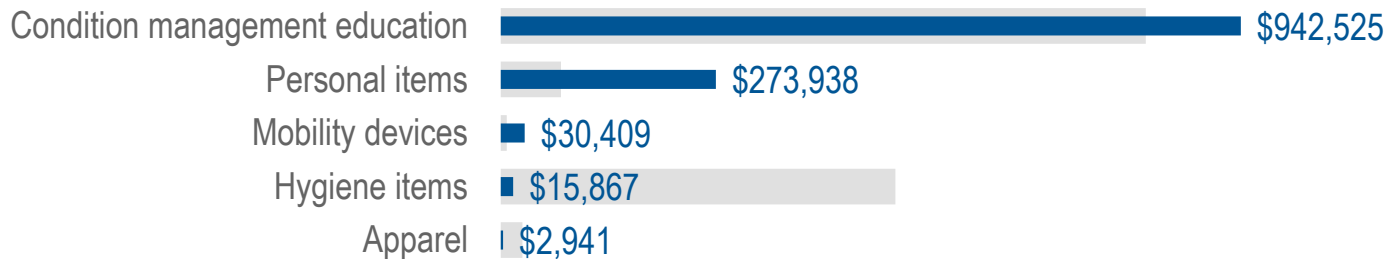
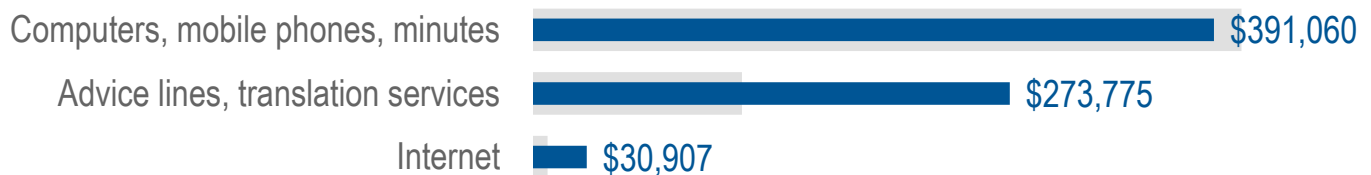


Figure 17: HRS spending on **communication access** in 2022 and 2023

Computers, mobile phones and minutes maintained the lead (4% decrease) in 2023 with advice lines and translation services maintaining second (128% increase).



CCO-reported HRS spending among priority populations

OHA has defined priority populations through [Oregon Administrative Rule \(OAR\) 950-020-0010](#) to emphasize and recognize the impact of structural, institutional and interpersonal racism on the health and well-being of communities of color and other priority populations. These priority populations are defined in OAR as:

- Communities of color:
 - American Indian/Alaska Native;
 - Asian;
 - Black/African American;
 - Hispanic/Latino/Latina/Latinx;
 - Middle Eastern/North African;
 - Multi-race or multi-ethnic individuals;
 - Native Hawaiians/Pacific Islanders; or
 - Other racial or ethnic minorities
- Tribal communities including the Nine Federally Recognized Tribes of Oregon and other American Indian and Alaska Native people;
- Immigrants;
- Refugees;
- Migrant and seasonal farmworkers;
- Individuals and families with low incomes;
- People with disabilities; and
- Individuals who identify as lesbian, gay, bisexual, transgender, or queer, or who question their sexual or gender identity (LGBTQ+ people).

CCOs can report whether HRS spending focuses on priority populations, although it is currently optional data reporting and may include more than one priority population. Focused spending on priority populations is often through HRS CBI or FS funding to culturally specific community partners. Increasing spending that focuses on priority populations through culturally specific community partners is one way to address health inequities and further OHA's goal to eliminate health inequities by 2030.

Across all 2023 CCO HRS spending, over half (56.5%) had no CCO-reported priority population. Among the 43.5% of CCO HRS spending with a reported priority population, CCOs reported more spending among individuals and families with lower incomes at \$396 million (32.6% of all HRS spending) and communities of color with \$21.8 million (17.9% of all HRS spending). In addition to the defined priority

populations, CCOs reported \$21.7 million (17.9% of all HRS spending) that focused on people living in rural areas. These totals may not reflect all CCO spending among these populations due to the optional nature of this data. Improved reporting would better inform future OHA HRS policy, guidance and technical assistance to encourage increased CCO HRS spending among priority populations. See Figures 18 and 19 for the subset of priority population spending across CCOs.

Figure 18: HRS spending reported among **priority populations** in **2023**

Within the **2023** total HRS spending that included a reported priority population (\$52.9 million)⁴, the largest amounts were for individuals and families with lower incomes and communities of color.

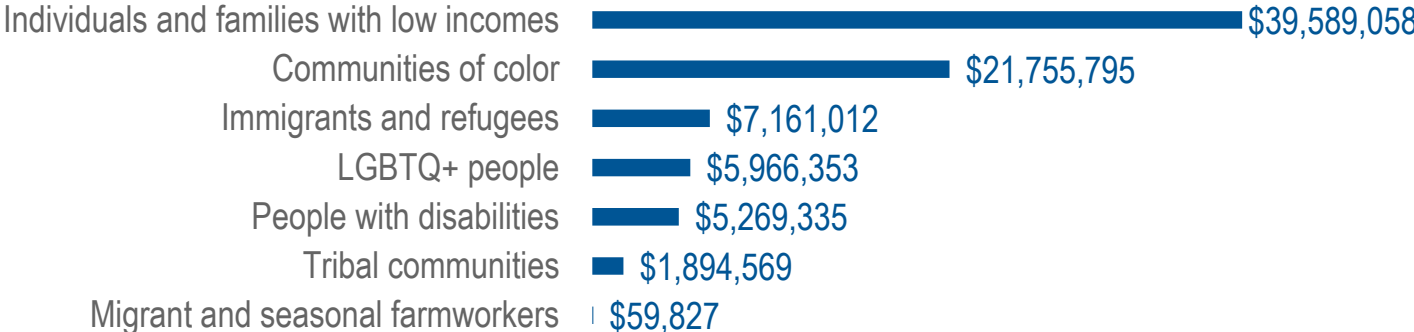
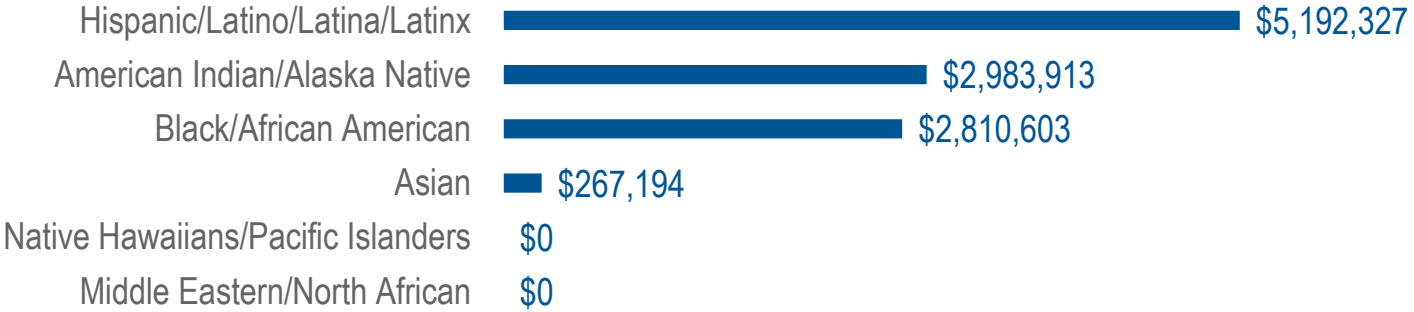


Figure 19: HRS spending among **communities of color** in **2023**

Within **2023** reported spending among defined communities of color the most spending was reported for Hispanic/Latino/Latina/Latinx, American Indian/Alaska Native, and Black/African American communities.



⁴ CCOs may report more than one priority population for HRS spending. The priority populations spending totals are not mutually exclusive.

Conclusions

The continued significant increase in CCO HRS spending in 2023 points to CCOs' increasing commitment to meet their members' and community's social determinant of health needs. This is also demonstrated by the increased HRS spending being primarily in the categories of HRS FS and HRS CBI, instead of HRS HIT investment increases.

The significant increase in HRS FS spending in 2023 (152% increase) is likely due to increased awareness about HRS FS among CCO members, member advocates, providers and community partners. This increased awareness is linked to the current and upcoming HRSN OHP covered benefits for housing, food and climate devices for eligible OHP members. As members access those OHP covered benefits, sometimes prior to the services being implemented, they may learn about HRS FS to address non-covered health related social needs. Starting in late 2023, CCOs began reporting large increases in HRS FS requests to address non-covered HRSN. This increased activity suggests CCO HRS programs are well positioned to fill the gaps in the HRSN OHP covered benefits as HRS continues to complement all OHP covered benefits.

CCOs also continue to use and develop braided funding approaches to work toward a more seamless experience for CCO members to get their housing, food and climate device needs met. For example, CCOs may implement processes that automatically provide air conditioners through HRS to CCO members who will not be eligible for climate devices through the HRSN OHP covered benefits. The flexibility to address OHP members' needs and fill HRSN benefit gaps, as well as invest more upstream at the community level, is key to the ability of HRS to address Oregon's social determinants of health. OHA looks forward to the continued CCO contribution and innovation in HRS spending to improve both member and community health.

Questions about HRS or this spending summary document can be directed to the OHA HRS team at health.relatedservices@odhsoha.oregon.gov.

Appendix A: CCO abbreviations

Table 1: CCO name abbreviations

Abbreviation	CCO name	Counties served
AH	Advanced Health	Coos, Curry
AC	AllCare CCO	<i>Douglas*</i> , Curry, Jackson, Josephine
CHA	Cascade Health Alliance	<i>Klamath*</i>
CPCCO	Columbia Pacific CCO	Clatsop, Columbia, Tillamook
EOCCO	Eastern Oregon CCO	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler
HSO	Health Share of Oregon	Clackamas, Multnomah, <i>Washington*</i>
IHN	InterCommunity Health Network	Benton, Lincoln, Linn
JCC	Jackson Care Connect	Jackson
PS-Central	PacificSource – Central Oregon	Crook, Deschutes, Jefferson, <i>Klamath*</i>
PS-Gorge	PacificSource – Columbia Gorge	Hood River, Wasco
PS-Lane	PacificSource – Lane	Lane
PS-Marion-Polk	PacificSource – Marion/Polk	Marion, <i>Polk*</i>
TCHP	Trillium Community Health Plan**	<i>Douglas*</i> , Lane, <i>Linn*</i>
TCHP-Lane	Trillium Community Health Plan – Lane	<i>Douglas*</i> , Lane, <i>Linn*</i>
TCHP-Tri-County	Trillium Community Health Plan – Tri-County	Clackamas, Multnomah, Washington
UHA	Umpqua Health Alliance	<i>Douglas*</i>
YCCO	Yamhill Community Care	<i>Polk*</i> , <i>Washington*</i> , Yamhill
* CCO serves part of county		
** In 2021, Trillium Community Health Plan began reporting HRS data as two separate CCOs: TCHP-Lane and TCHP Tri-County. Due to this, comparative spending cannot be presented prior to 2021.		

Appendix B: Numeric spending data

Figure 20: Total HRS spending acceptance rate by year and type

Percentage of **Total HRS (FS+CBI+HIT)**, **CBI** and **HIT** spending that met HRS criteria increased in 2023, while percentage of **FS** spending remained stable.

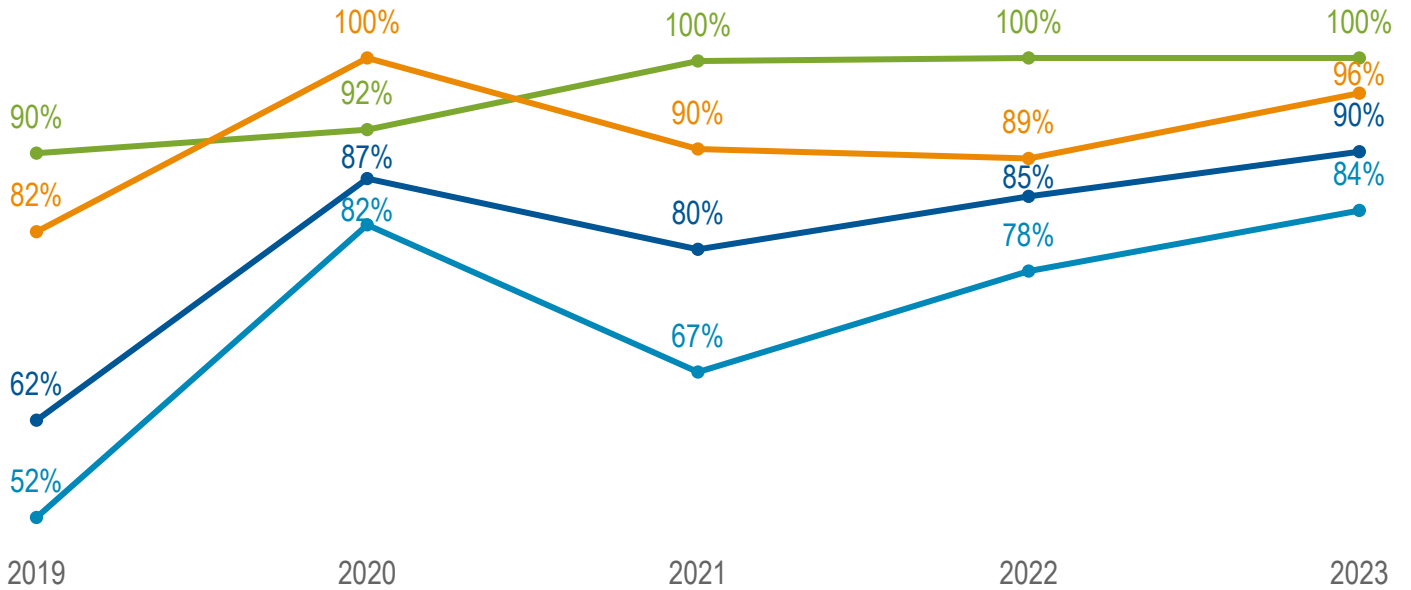


Figure 21: Per member per month (PMPM) HRS spending by CCO and year

Ten CCOs increased total HRS PMPM spending from 2022 to 2023.

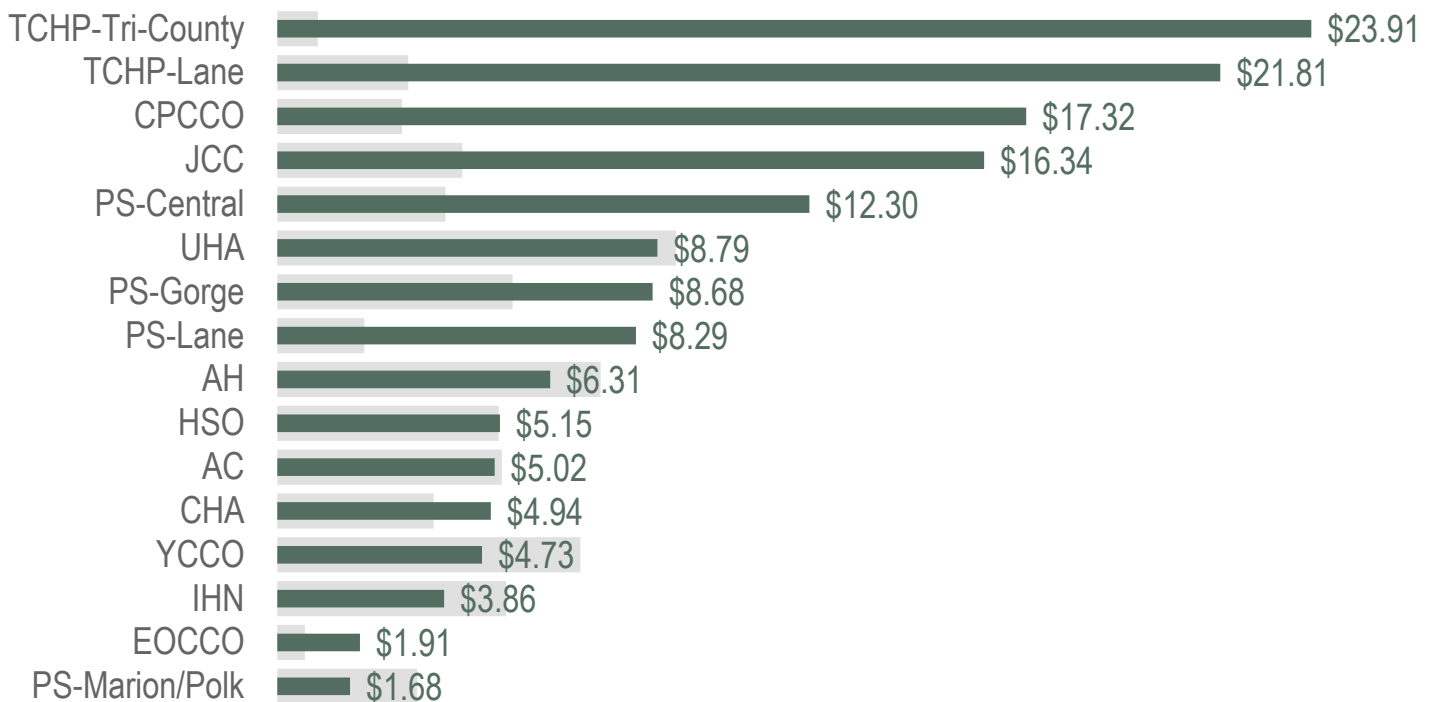


Figure 22: Per member per month (PMPM) HRS FS spending by CCO and year
All but three CCOs increased HRS PMPM FS spending from 2022 to 2023.

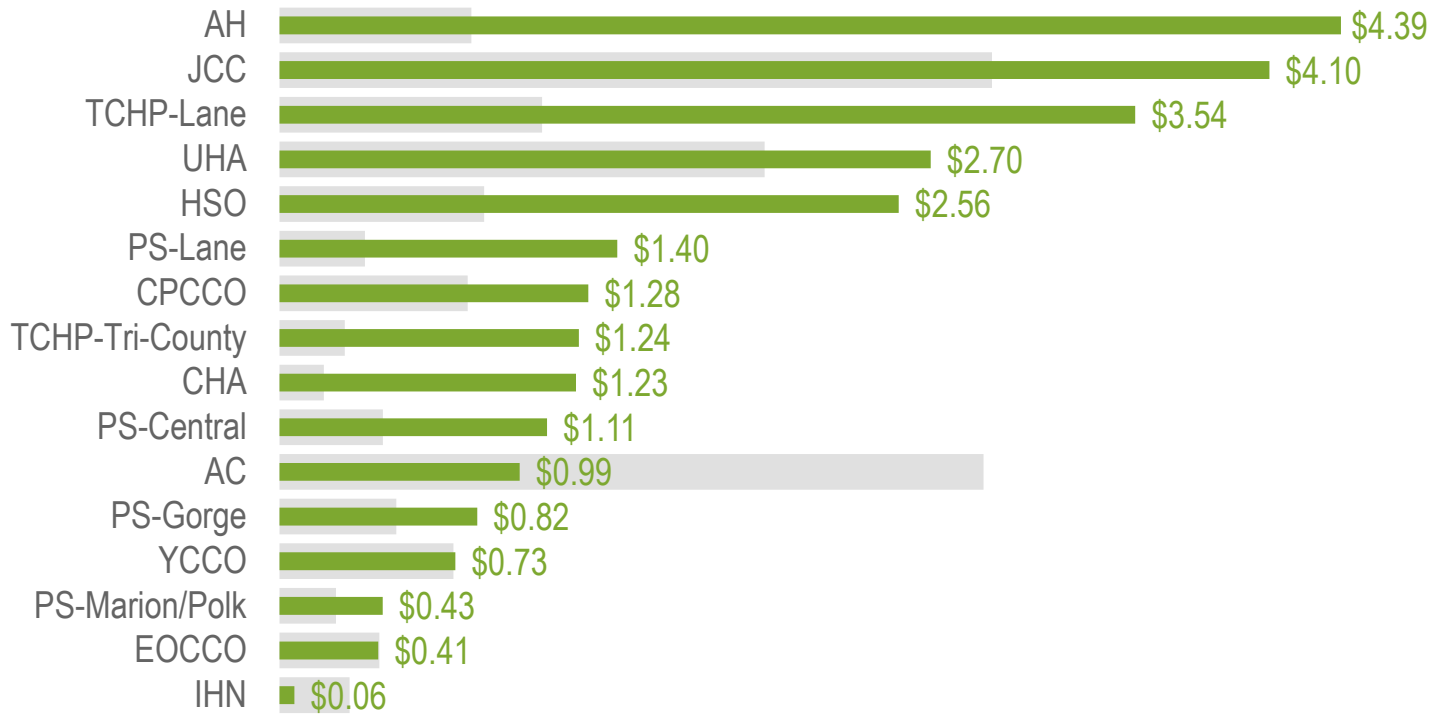


Figure 23: Per member per month (PMPM) HRS CBI spending by CCO and year
Ten CCOs increased HRS PMPM CBI spending from 2022 to 2023.

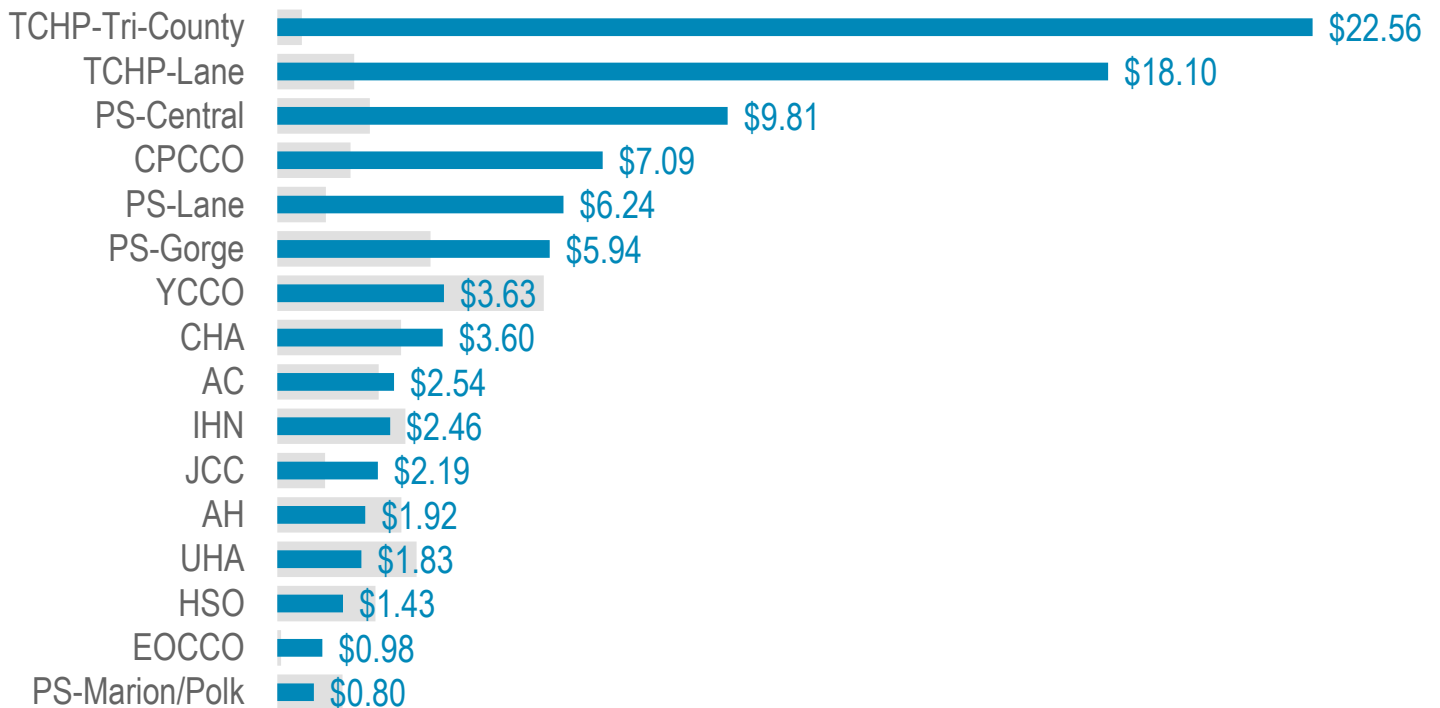


Figure 24: Per member per month (PMPM) HRS HIT spending by CCO and year

Only seven CCOs increased HRS PMPM HIT spending from 2022 to 2023.

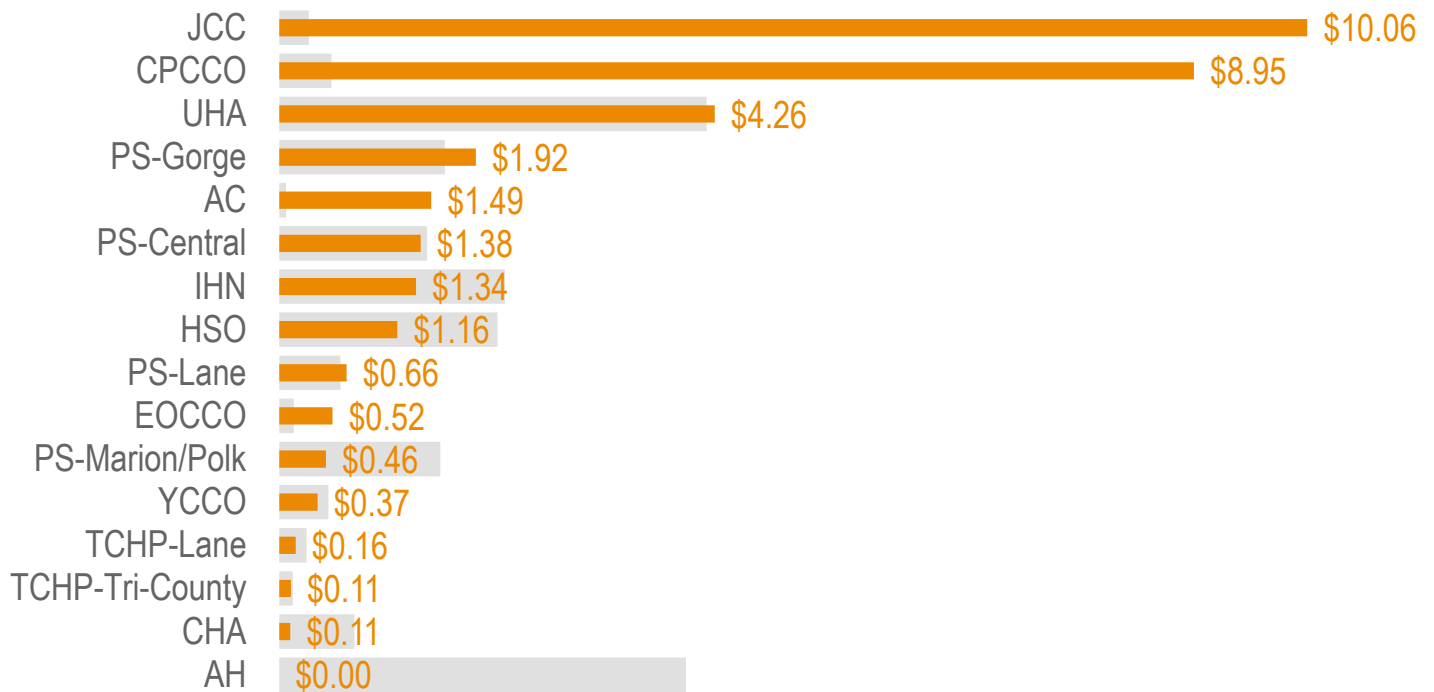


Figure 25: CCO HRS spending as a percent of total CCO member service spending by CCO and year

All but five CCOs increased the HRS spending as a percent of total CCO member service spending from 2022 to 2023.

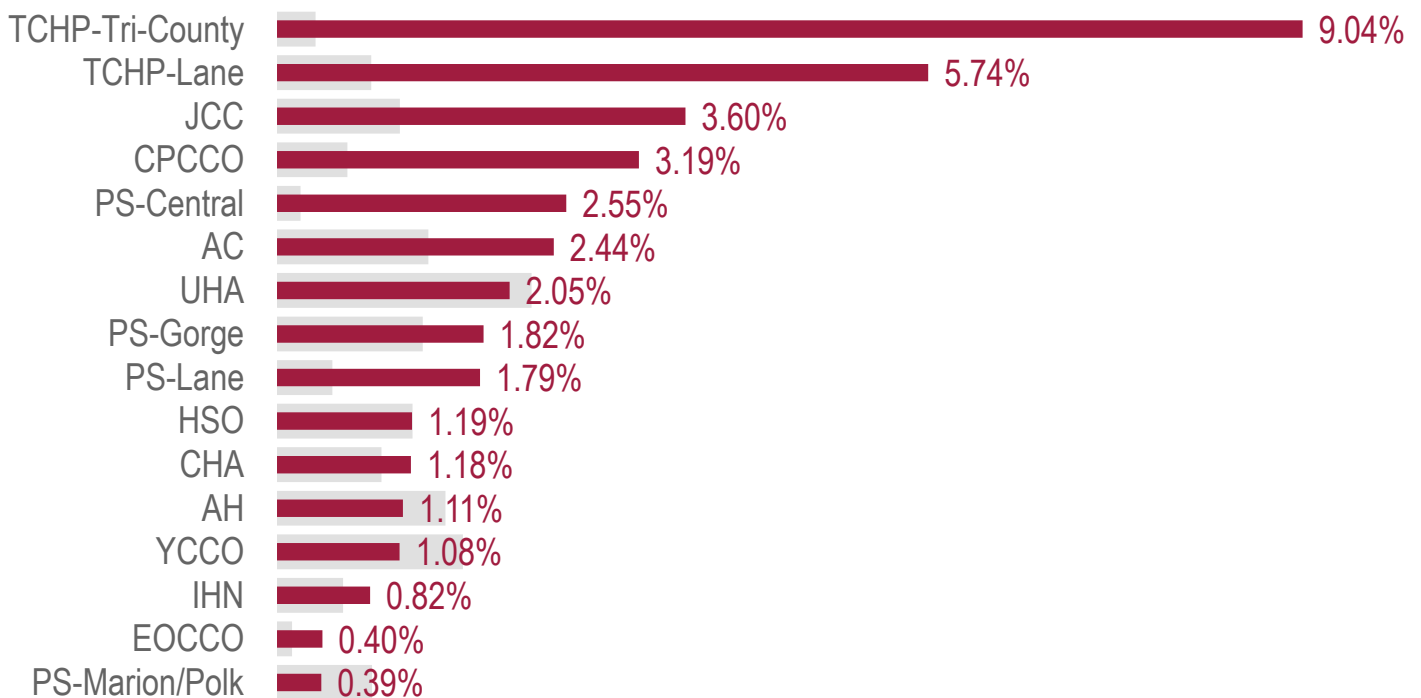


Table 2: Total HRS spending by CCO and year

CCO	2019	2020	2021	2022	2023
AC	\$1,570,634	\$2,504,212	\$2,797,002	\$3,743,743	\$7,926,226
AH	\$526,357	\$4,137,699	\$1,634,265	\$2,404,370	\$1,777,930
CHA	\$224,683	\$293,905	\$293,593	\$1,069,190	\$1,517,451
CPCCO	\$1,461,059	\$1,676,501	\$1,409,903	\$1,197,023	\$7,617,430
EOCCO	\$89,284	\$1,056,939	\$970,201	\$521,671	\$1,746,274
HSO	\$2,716,625	\$11,693,408	\$6,043,414	\$25,583,162	\$27,469,066
IHN	\$956,546	\$760,984	\$1,133,006	\$2,496,673	\$3,994,776
JCC	\$1,044,211	\$2,317,577	\$2,537,147	\$3,150,069	\$12,645,651
PS-Central	\$113,254	\$322,746	\$1,244,377	\$3,318,068	\$11,058,735
PS-Gorge	\$540,260	\$520,603	\$499,938	\$1,052,431	\$1,752,143
PS-Lane	N/A	\$382,329	\$994,041	\$2,069,843	\$9,021,311
PS-Marion-Polk	N/A	\$680,449	\$4,450,980	\$5,212,559	\$2,831,706
TCHP	\$2,308,466	\$885,733	N/A	N/A	N/A
TCHP-Lane	N/A	N/A	\$824,166	\$1,312,575	\$1,517,451
TCHP-Tri-County	N/A	N/A	\$102,832	\$330,396	\$7,617,430
UHA	\$3,330,102	\$4,389,113	\$4,259,883	\$3,962,417	\$1,746,274
YCCO	\$1,125,717	\$2,531,355	\$1,943,113	\$2,819,906	\$27,469,066
All CCOs	\$16,163,747	\$34,153,552	\$31,137,862	\$60,244,097	\$121,580,263

Table 3: HRS per member per month spending by CCO and year

CCO	2019	2020	2021	2022	2023
AC	\$2.60	\$4.16	\$5.00	\$5.19	\$6.31
AH	\$2.21	\$15.51	\$5.42	\$7.48	\$5.02
CHA	\$1.04	\$1.21	\$1.08	\$3.62	\$4.94
CPCCO	\$4.74	\$5.01	\$3.69	\$2.88	\$17.32
EOCCO	\$0.15	\$1.59	\$1.29	\$0.64	\$1.91
HSO	\$0.71	\$2.80	\$1.30	\$5.12	\$5.15
IHN	\$1.39	\$1.03	\$1.33	\$5.29	\$3.86
JCC	\$2.72	\$3.86	\$3.70	\$4.28	\$16.34
PS-Central	\$0.19	\$0.48	\$1.59	\$3.89	\$12.30

PS-Gorge	\$3.73	\$3.26	\$2.79	\$5.44	\$8.68
PS-Lane	N/A	\$0.50	\$1.08	\$2.01	\$8.29
PS-Marion-Polk	N/A	\$0.52	\$3.00	\$3.23	\$1.68
TCHP	\$2.08	\$1.88	N/A	N/A	N/A
TCHP-Lane	N/A	N/A	\$1.92	\$3.03	\$21.81
TCHP-Tri-County	N/A	N/A	\$0.51	\$0.94	\$23.91
UHA	\$10.29	\$12.25	\$10.70	\$9.22	\$8.79
YCCO	\$3.75	\$8.44	\$5.10	\$7.01	\$4.73
CCO average	\$1.51	\$2.93	\$2.35	\$4.28	\$7.44

Table 4: Total HRS spending as a percent of total member services spending by CCO and year

CCO	2019	2020	2021	2022	2023
AC	0.68%	1.10%	1.09%	1.35%	2.44%
AH	0.49%	3.39%	1.22%	1.51%	1.11%
CHA	0.26%	0.31%	0.29%	0.93%	1.18%
CPCCO	1.01%	1.00%	0.79%	0.62%	3.19%
EOCCO	0.03%	0.32%	0.29%	0.13%	0.40%
HSO	0.17%	0.69%	0.31%	1.21%	1.19%
IHN	0.32%	0.22%	0.30%	0.59%	0.82%
JCC	0.70%	0.97%	0.91%	1.10%	3.60%
PS-Central	0.05%	0.11%	0.35%	0.21%	2.55%
PS-Gorge	0.92%	0.78%	0.63%	1.30%	1.82%
PS-Lane	N/A	0.12%	0.25%	0.49%	1.79%
PS-Marion-Polk	N/A	0.13%	0.75%	0.85%	0.39%
TCHP	0.50%	0.51%	N/A	N/A	N/A
TCHP-Lane	N/A	N/A	0.55%	0.84%	5.74%
TCHP-Tri-County	N/A	N/A	0.19%	0.34%	9.04%
UHA	2.76%	3.11%	2.68%	2.30%	2.05%
YCCO	0.95%	2.13%	1.22%	1.67%	1.08%
CCO average	0.36%	0.70%	0.56%	0.83%	1.74%

Table 5: Non-unique count of members* directly receiving HRS FS spending by CCO and year**

CCO	2020	2021	2022	2023
AC	2197	1465	6551	17882
AH	341	516	1090	1249
CHA	140	181	346	1059
CPCCO	152	1013	447	964
EOCCO	335	1470	3581	2791
HSO	2801	3735	7218	18934
IHN	1709	291	641	300
JCC	4849	684	3127	8531
PS-Central	426	267	531	1133
PS-Gorge	202	202	198	292
PS-Lane	195	175	585	1585
PS-Marion-Polk	375	551	691	950
TCHP	916	N/A	N/A	N/A
TCHP-Lane	N/A	1092	3653	7278
TCHP-Tri-County	N/A	231	1130	5737
UHA	461	1364	3175	3596
YCCO	787	582	662	642

* This does not represent a unique count of number of members. One member may receive multiple different FS and may be counted more than once in the total.

** Reporting methodology changed from 2019 to 2020. Due to this, comparative spending cannot be presented prior to 2020.

Table 6: HRS spending⁵ by category⁶, CCO and year

Advanced Health		
Category	2022	2023
Behavioral health	\$18,512	\$19,500
Child and adolescent development & family resources	\$82,550	\$64,400
Communication access	\$80,970	\$94,413
COVID-19	\$0	\$0
Economic stability	\$192,050	\$208,500
Food access	\$65,878	\$110,045
Health information technology (HIT)	\$1,279,515	\$526,093
Health promotion	\$73,760	\$89,410
Health/condition management	\$92,084	\$107,554
Housing	\$362,722	\$342,880
Housing improvements	\$37,160	\$0
Other non-covered services	\$0	\$16,804
Physical activity	\$84,376	\$116,733
Transportation	\$34,793	\$81,598
Wildfires	\$0	\$0
Total	\$2,404,370	\$1,777,930

AllCare CCO		
Category	2022	2023
Behavioral health	\$600	\$226,300
Child and adolescent development & family resources	\$431,308	\$471,625
Communication access	\$661	\$20,000
COVID-19	\$11,050	\$0
Economic stability	\$166,313	\$449,350
Food access	\$416,099	\$462,170
Health information technology (HIT)	\$62,085	\$0

⁵ Negative values for the total in a category reflect potential refunds for HRS spending.

⁶ The qualitative coding was updated in 2023 to more accurately reflect and group spending themes. Those changes were applied to 2022 and 2023 spending and this data will only include those years.

AllCare CCO		
Category	2022	2023
Health promotion	\$145,639	\$207,542
Health/condition management	\$31,405	\$14,996
Housing	\$750,161	\$1,514,000
Housing improvements	\$112,314	\$10,000
Other non-covered services	\$30,205	\$65,000
Physical activity	\$1,152,187	\$4,047,814
Transportation	\$305,654	\$312,429
Wildfires	\$128,062	\$125,000
Total	\$3,743,743	\$7,926,226

Cascade Health Alliance		
Category	2022	2023
Behavioral health	\$7,250	\$65,938
Child and adolescent development & family resources	\$2,000	\$21,017
Communication access	\$0	\$100
COVID-19	\$0	\$0
Economic stability	\$690,000	\$770,000
Food access	\$1,258	\$12,038
Health information technology (HIT)	\$217,400	\$33,133
Health promotion	\$19,902	\$33,368
Health/condition management	\$0	\$3,957
Housing	\$1,004	\$378,280
Housing improvements	\$23,639	\$18,310
Other non-covered services	\$90,000	\$94,500
Physical activity	\$16,684	\$10,857
Transportation	\$54	\$60,952
Wildfires	\$0	\$15,000
Total	\$1,069,190	\$1,517,451

Columbia Pacific CCO		
Category	2022	2023
Behavioral health	\$170,050	\$116,737
Child and adolescent development & family resources	\$143,480	\$453,497
Communication access	\$0	\$13,109
COVID-19	\$0	\$0
Economic stability	\$39,955	\$954,889
Food access	\$79,683	\$36,990
Health information technology (HIT)	\$227,154	\$3,936,145
Health promotion	\$25,000	\$312,267
Health/condition management	\$306,902	\$277,299
Housing	\$142,386	\$1,458,026
Housing improvements	\$8,100	\$10,638
Other non-covered services	\$0	\$0
Physical activity	\$53,228	\$36,144
Transportation	\$1,085	\$11,690
Wildfires	\$0	\$0
Total	\$1,197,023	\$7,617,430

Eastern Oregon CCO		
Category	2022	2023
Behavioral health	\$0	\$25,000
Child and adolescent development & family resources	\$31,722	\$291,325
Communication access	\$1,109	\$29,111
COVID-19	\$950	\$0
Economic stability	\$0	\$99,227
Food access	\$0	\$254,695
Health information technology (HIT)	\$116,275	\$558,847
Health promotion	\$54,650	\$122,526
Health/condition management	\$187,020	\$76,901
Housing	\$41,677	\$158,149
Housing improvements	\$70,320	\$70,566

Eastern Oregon CCO		
Category	2022	2023
Other non-covered services	\$0	\$0
Physical activity	\$16,983	\$43,317
Transportation	\$965	\$16,610
Wildfires	\$0	\$0
Total	\$521,671	\$1,746,274

Health Share of Oregon		
Category	2022	2023
Behavioral health	\$4,561,796	\$1,674,134
Child and adolescent development & family resources	\$685,883	\$868,971
Communication access	\$356,971	\$259,084
COVID-19	\$27,086	\$0
Economic stability	\$3,391,598	\$8,058,091
Food access	\$319,020	\$303,599
Health information technology (HIT)	\$10,664,502	\$6,162,934
Health promotion	\$1,800,739	\$208,844
Health/condition management	\$107,864	\$259,355
Housing	\$2,860,124	\$8,523,045
Housing improvements	\$697,847	\$814,973
Other non-covered services	\$2,841	\$7,485
Physical activity	\$40,561	\$260,218
Transportation	\$66,331	\$68,333
Wildfires	\$0	\$0
Total	\$25,583,162	\$27,469,066

InterCommunity Health Network		
Category	2022	2023
Behavioral health	\$385,600	\$25,000
Child and adolescent development & family resources	\$92,227	\$200,332
Communication access	\$0	\$0
COVID-19	\$0	\$1,810
Economic stability	\$254,141	\$839,035
Food access	\$4,804	\$35,000
Health information technology (HIT)	\$1,056,461	\$1,384,552
Health promotion	\$197,730	\$324,721
Health/condition management	\$183,297	\$120,035
Housing	\$52,181	\$687,045
Housing improvements	\$52,000	\$176,815
Other non-covered services	\$0	\$162,825
Physical activity	\$210,060	\$30,748
Transportation	\$8,174	\$6,857
Wildfires	\$0	\$0
Total	\$2,496,673	\$3,994,776

Jackson Care Connect		
Category	2022	2023
Behavioral health	\$52,102	\$193,102
Child and adolescent development & family resources	\$64,540	\$311,643
Communication access	\$24,896	\$62,677
COVID-19	\$6,000	\$0
Economic stability	\$186,741	\$374,108
Food access	\$40,106	\$78,584
Health information technology (HIT)	\$338,733	\$7,781,125
Health promotion	\$53,723	\$375,214
Health/condition management	\$88,609	\$2,727
Housing	\$1,819,287	\$3,189,471
Housing improvements	\$67,999	\$92,029

Jackson Care Connect		
Category	2022	2023
Other non-covered services	\$0	\$10,000
Physical activity	\$330,044	\$3,762
Transportation	\$77,287	\$156,209
Wildfires	\$0	\$15,000
Total	\$3,150,069	\$12,645,651

PacificSource - Central Oregon		
Category	2022	2023
Behavioral health	\$264,822	\$1,638,008
Child and adolescent development & family resources	\$254,419	\$1,620,417
Communication access	\$1,131	\$3,763
COVID-19	\$0	\$0
Economic stability	\$367,150	\$1,662,334
Food access	\$186,000	\$1,458,076
Health information technology (HIT)	\$1,232,479	\$1,243,782
Health promotion	\$274,322	\$730,356
Health/condition management	\$91,292	\$18,722
Housing	\$393,039	\$1,861,190
Housing improvements	\$104,742	\$460,093
Other non-covered services	\$0	\$49,825
Physical activity	\$83,940	\$306,141
Transportation	\$64,731	\$6,027
Wildfires	\$0	\$0
Total	\$3,318,068	\$11,058,735

PacificSource - Columbia Gorge		
Category	2022	2023
Behavioral health	\$846	\$10,569
Child and adolescent development & family resources	\$1,310	\$4,351
Communication access	\$484	\$16,877
COVID-19	\$0	\$0
Economic stability	\$337,064	\$823,294
Food access	\$59,062	\$26,022
Health information technology (HIT)	\$313,318	\$388,372
Health promotion	\$55,122	\$81,841
Health/condition management	\$2,418	\$4,339
Housing	\$156,144	\$108,936
Housing improvements	\$10,432	\$155,265
Other non-covered services	\$900	\$10,622
Physical activity	\$109,478	\$114,324
Transportation	\$5,853	\$7,332
Wildfires	\$0	\$0
Total	\$1,052,431	\$1,752,143

PacificSource - Lane		
Category	2022	2023
Behavioral health	\$290,158	\$260,592
Child and adolescent development & family resources	\$385,565	\$1,687,321
Communication access	\$713	\$2,644
COVID-19	\$0	\$0
Economic stability	\$75,180	\$320,284
Food access	\$115,492	\$2,509,820
Health information technology (HIT)	\$616,306	\$716,841
Health promotion	\$143,000	\$598,602
Health/condition management	\$15,501	\$88,373
Housing	\$290,363	\$2,314,887
Housing improvements	\$101,560	\$121,607

PacificSource - Lane		
Category	2022	2023
Other non-covered services	\$412	\$1,500
Physical activity	\$17,690	\$50,847
Transportation	\$2,904	\$347,994
Wildfires	\$15,000	\$0
Total	\$2,069,843	\$9,021,311

PacificSource - Marion/Polk		
Category	2022	2023
Behavioral health	\$272,537	\$133,597
Child and adolescent development & family resources	\$631,136	\$588,810
Communication access	\$3,155	\$2,128
COVID-19	\$0	\$0
Economic stability	\$429,789	\$490,643
Food access	\$430	\$23,050
Health information technology (HIT)	\$2,541,874	\$769,794
Health promotion	\$52,217	\$108,000
Health/condition management	\$150,887	\$40,377
Housing	\$691,740	\$530,944
Housing improvements	\$78,596	\$81,325
Other non-covered services	\$1,012	\$0
Physical activity	\$356,426	\$54,094
Transportation	\$2,759	\$8,944
Wildfires	\$0	\$0
Total	\$5,212,559	\$2,831,706

Trillium Community Health Plan - Lane		
Category	2022	2023
Behavioral health	\$64,501	\$505,067
Child and adolescent development & family resources	\$0	\$2,062,223
Communication access	\$0	\$11,306
COVID-19	\$0	\$0
Economic stability	\$77,756	\$1,153,679
Food access	\$7,250	\$2,451,073
Health information technology (HIT)	\$115,891	\$273,500
Health promotion	\$584,427	\$646,738
Health/condition management	\$128,613	\$10,728
Housing	\$294,931	\$2,884,128
Housing improvements	\$33,506	\$37,517
Other non-covered services	\$0	\$0
Physical activity	\$0	\$17,911
Transportation	\$5,700	\$32,720
Wildfires	\$0	\$0
Total	\$1,312,575	\$10,086,591

Trillium Community Health Plan - Tri-County		
Category	2022	2023
Behavioral health	\$5,629	\$1,271,602
Child and adolescent development & family resources	\$0	\$491,205
Communication access	\$362	\$7,456
COVID-19	\$0	\$0
Economic stability	\$165,928	\$1,643,753
Food access	\$660	\$4,315,127
Health information technology (HIT)	\$46,833	\$189,192
Health promotion	\$28,950	\$1,738,977
Health/condition management	\$22,610	\$230,400
Housing	\$56,459	\$5,625,690
Housing improvements	\$1,486	\$120,719

Trillium Community Health Plan - Tri-County		
Category	2022	2023
Other non-covered services	\$0	\$0
Physical activity	\$1,478	\$4,428
Transportation	\$0	\$14,069
Wildfires	\$0	\$0
Total	\$330,396	\$15,652,618

Umpqua Health Alliance		
Category	2022	2023
Behavioral health	\$262,212	\$366,732
Child and adolescent development & family resources	\$74,260	\$117,175
Communication access	\$37,267	\$37,202
COVID-19	-\$10,511*	\$0
Economic stability	\$52,913	\$9,650
Food access	\$478,550	\$406,257
Health information technology (HIT)	\$1,931,248	\$2,111,982
Health promotion	\$244,549	\$131,500
Health/condition management	\$4,353	\$4,517
Housing	\$570,056	\$652,722
Housing improvements	\$171,256	\$53,623
Other non-covered services	\$15,757	\$0
Physical activity	\$72,388	\$337,380
Transportation	\$58,118	\$127,739
Wildfires	\$0	\$0
Total	\$3,962,417	\$4,356,477

Yamhill Community Care		
Category	2022	2023
Behavioral health	\$612,364	\$608,925
Child and adolescent development & family resources	\$689,374	\$708,853
Communication access	\$27,466	\$135,872
COVID-19	\$0	\$0
Economic stability	\$348,567	\$1,928
Food access	\$43,494	\$402
Health information technology (HIT)	\$193,200	\$168,200
Health promotion	\$321,163	\$167,175
Health/condition management	\$23,342	\$5,401
Housing	\$304,707	\$90,297
Housing improvements	\$41,071	\$26,150
Other non-covered services	\$0	\$0
Physical activity	\$612	\$0
Transportation	\$214,546	\$212,676
Wildfires	\$0	\$0
Total	\$2,819,906	\$2,125,879

Appendix C: Spending categories

Table 7: CCO spending categories based on qualitative analysis

Spending category	Category definition
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 supports/supplies (for example, paperwork, pet deposit), sensory items

Spending category	Category definition
Child/adolescent development and family resources: Child care supplies	Cribs, car seats, diapers, strollers
Child/adolescent development and family resources: Early childhood education	Education programs/services before kindergarten/school, kids under age 5, preschool costs, early learning hubs
Child/adolescent development and family resources: Foster care supports	Foster parent recruitment and resource parenting education, supports/services to the foster kids themselves
Child/adolescent development and family resources: K-12 education and 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 and family resources: Parenting education	Parenting classes, including non-covered postpartum doula services
Child/adolescent development and family resources: Prenatal care and education	Pregnancy-related education, doula services, non-covered prenatal supports
Child/adolescent development and family resources: Relief nurseries	Relief nurseries prevent the cycle of child abuse and neglect through early intervention/supports/services
Child/adolescent development and family resources: School supplies	School supplies
Child/adolescent development and 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, health care provider

Spending category	Category definition
Communication access: 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 (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: HIT capacity building	HIT 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-19)
COVID-19: Remote learning	Livestreaming access for remote learning virtually due to COVID-19
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

Spending category	Category definition
	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 (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
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

Spending category	Category definition
Health/condition management: Condition management education	Condition management classes/programs: Pain management courses, classes for managing arthritis (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
HIT: CIE	Community information exchange (CIE) to refer people to social services (Connect Oregon, Unite Us, Aunt Bertha, Find Help, etc.)
HIT: EHR	Electronic health records (EHRs; EPIC, Oracle, etc.), improvements to online sites for members to access their health information and referrals, EHR adoption incentives for providers
HIT: Hospital event notification	Software that alerts CCO to member emergency department utilization (Collective, Collective Medical, EDIE, PreManage, etc.)
HIT: 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
HIT: 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 (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

Spending category	Category definition
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 & 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 & 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
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 (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 (soccer balls, basketballs, baseball bats, etc.)
Physical activity: Facilities access	Facilities access, gym memberships, pool memberships, playground equipment, park improvements

Spending category	Category definition
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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