



# Crosswalk of Medicaid spending program implementation guidance

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## Document purpose

The Oregon Health Authority (OHA) works with coordinated care organizations (CCOs) to address the social determinants of health and equity (SDOH-E), health inequities and the social needs of CCO members and their broader communities through the following Oregon Health Plan (OHP) programs:

- Health-related services (HRS)
- Supporting Health for All through REinvestment (SHARE)
- In lieu of services (ILOS)
- New program opportunities:
  - Health-related social needs (HRSN)
  - Community capacity building funds (CCBF) for HRSN providers

The established and new programs provide CCOs flexibility to meet members' and communities' needs while meeting state and federal Medicaid spending requirements. Each program offers unique pathways to transformative investments informed by CCO, member and community knowledge and needs.

This document is a resource for CCO staff and provides guidance for three established programs, HRS, SHARE and ILOS. It includes a side-by-side comparison of these programs' essential details, including key planning and implementation considerations, and links to frequently used guidance documents.

The two new Medicaid programs that advance a coordinated approach to addressing members' social needs are health-related social needs (HRSN) covered services and community capacity building funds (CCBF) for HRSN providers. This document does not provide guidance for HRSN and CCBF but does reference relevant guidance for these programs below.

## Overview of programs

**Health-related services (HRS)** complement OHP covered services and fall into two categories:

- **Flexible services:** Offered to an individual member to complement covered services and sometimes called flex funds. Flexible services can include personal supports and items not covered by OHP that members need to stay healthy or become healthier. For example, toothbrushes or cell phones; education that helps members navigate health or social situations like getting a job or managing a chronic condition; or certain housing or food supports. For more examples, see the [Examples of approved HRS spending](#) document.
- **Community benefit initiatives:** Community-level programs or services to improve the health of the community and health care quality. For example, grants to local culturally specific community organizations that provide culturally specific foods to community members that don't have access to enough food. [Learn more about HRS.](#)

**Supporting Health for All through REinvestment (SHARE)** is an Oregon state requirement for CCOs to spend some of their financial reserves or profits to improve health inequities and SDOH-E. SHARE spending must fall into one of four areas: economic stability,

neighborhood and built environment, education and social and community health. A part of SHARE spending must be on housing-related services and supports. Each year, CCOs use a formula to know how much they must reinvest into their community through the SHARE program. SHARE projects in the past have supported things like the construction or renovation of housing units or community centers, or helping members connect to other social services. [Learn more about SHARE.](#)

**In lieu of services (ILOS)** are services that are pre-approved by Centers for Medicare & Medicaid Services (CMS) to be offered as a substitute to an OHP-covered service, in alternative settings and/or by different types of providers. ILOS expands the potential for services to be provided outside of medical offices in community settings. Pre-approved ILOS that CCOs can offer include things like community health worker services provided in non-medical settings like community organizations or social services agencies. [Learn more about ILOS.](#)

For more information about these three programs, see the [SHARE, HRS and ILOS comparison document.](#)

## Program basics

	Health-related services (HRS)	Supporting Health for All through Reinvestment (SHARE)	In lieu of services (ILOS)
<b>What it does</b>	Services and supports that complement OHP covered services to improve member and community health.	Helps address inequities and the social needs of Medicaid members by investing in the communities they live in.	Provides pre-approved substitutes for covered services.
<b>Can pay for things like</b>	<b>Personal items</b> like ear thermometers; <b>housing improvements</b> like air conditioners; <b>communications</b> items like internet fees to interact with doctors and potential employers; <b>community substance use support and prevention</b> , like a community awareness and education project to increase naloxone use.	Community based initiatives that address the SDOH-E. For example, job skills training opportunities to advance <b>economic stability</b> ; supporting early childhood education programs to expand access to <b>education</b> ; addressing housing shortages by investing in quality affordable housing facilities in the <b>neighborhood and built environment</b> ; or support for expansion of a community center to bolster <b>social and community health</b> .	Services provided by nontraditional providers or in alternative settings compared to covered services, like community health worker services or lactation consultations in <b>alternative settings</b> or <b>online</b> diabetes self-management programs.
<b>How it works</b>	HRS flexible services can be purchased directly by the CCO and provided to the CCO member, or the CCO can pay a partner organization (for example, clinics or community-based organizations) to provide the services and goods that support an individuals' health and wellbeing. HRS community benefit initiatives can pay partner organizations to provide community-level programs that support health and wellbeing.	SHARE funds can be offered to community partners in the CCOs community. Funding decisions must involve the CCOs community advisory council (CAC).	ILOS is administered by service providers at partner organizations (e.g., clinics, community-based organizations) through contracts with the CCO.
<b>Who it benefits</b>	<ul style="list-style-type: none"> <li>• CCO members (<a href="#">flexible services</a>)</li> <li>• Communities in a CCO's service area including non-CCO members (<a href="#">community benefit initiatives</a>)</li> </ul>	Communities in a CCO's service area	CCO members

	Health-related services (HRS)	Supporting Health for All through Reinvestment (SHARE)	In lieu of services (ILOS)
<b>Minimum requirements</b>	<p>Must meet requirements for:</p> <ul style="list-style-type: none"> <li>a) Activities that improve health care quality (as defined by federal code <a href="#">45 CFR 158.150</a>); or,</li> <li>b) Expenditures related to health information technology and meaningful use requirements to improve health care quality (as defined in federal code <a href="#">45 CFR 158.151</a>).</li> </ul>	<ul style="list-style-type: none"> <li>• Amount required for SHARE spending is determined annually based on net income or reserves (calculated based on <a href="#">OAR 141-414-3735</a>)</li> <li>• Must align with the CCO's current <a href="#">community health improvement plan</a></li> <li>• Includes a decision-making role for the CCO's <a href="#">community advisory council</a></li> <li>• Spending must address one of the four domains of the SDOH-E (economic stability, education, neighborhood and build environment and social and community health) and a portion must address the statewide priority, currently housing</li> </ul>	<ul style="list-style-type: none"> <li>• Must be a pre-approved, medically appropriate and cost-effective substitute</li> <li>• Include ILOS in member handbook</li> <li>• CCOs must have policies and procedures for ILOS provider referrals</li> </ul>
<b>Exclusions*</b>	<ul style="list-style-type: none"> <li>• Covered services (<a href="#">What is a covered service?</a>)</li> <li>• Administrative activities required to support the delivery of covered services</li> <li>• CCO contractual requirements, like care coordination for covered services</li> <li>• Provider workforce or certification training</li> <li>• Construction of new buildings and other capital investments</li> <li>• Advocacy that is not directly tied to improving member or community health or quality of health care</li> <li>• Advertising or sponsorships</li> <li>• Marketing and promotional materials of CCO services or products</li> </ul>	<ul style="list-style-type: none"> <li>• Covered services or benefits in Oregon's <a href="#">substance use disorder waiver</a> or Oregon's 1115 Medicaid waiver, including HRSN</li> <li>• HRS or ILOS expenses</li> <li>• Any efforts targeted exclusively at delivery of health care or expanding access to care</li> <li>• Administrative costs that are otherwise necessary for the regular business operations of the CCO and compliance with federal and state requirements</li> <li>• Sponsorships or advertising</li> <li>• Member incentives</li> <li>• SDOH-E research for internal use</li> <li>• Educational or promotional items not aimed at populations experiencing health disparities</li> <li>• Political campaigns or advocacy related to CCO operations or financing</li> </ul>	<ul style="list-style-type: none"> <li>• Covered services</li> <li>• Services that are not pre-approved by the state and CMS</li> <li>• Services that are not a medically appropriate and cost-effective substitute for covered services</li> </ul>

\*This may not be an exhaustive list of exclusions. For more complete detail, reference the [Comparing CCO spending initiatives resource](#).

## New program opportunities

Based on CMS approval, some **health-related social needs (HRSN)** related to housing, food and climate-related supports will become covered services under OHP for certain eligible members. These covered services are short term, non-medical services to help until people are connected to stable resources. The HRSN covered services will include paying for things like rent or utilities, medically tailored meals and air filtration devices for eligible members. Because HRSN are covered services, if an OHP member is eligible, HRSN must be used before other funding mechanisms like HRS or SHARE. [Learn more about HRSN.](#)

Oregon has been approved to spend up to \$119 million in **community capacity building funds (CCBF)**, specifically to support investments to enable partners who will become HRSN providers to: 1. develop what they need to participate in the Medicaid delivery system and 2. deliver HRSN services to qualified OHP members. CCOs will administer the majority of CCBF via grants, except for those funds reserved for Tribal Governments. CCOs will be responsible for activities including conducting outreach about the funding opportunity to potential HRSN providers; receiving and reviewing applications; and awarding funding to eligible entities. CCBF can support HRSN provider needs like technology; business operations; workforce development; and outreach, education and convening. [Learn more about CCBF.](#)

## Implementation

### Program deliverables and deadlines

	Health-related services (HRS)	Supporting Health for All through REinvestment (SHARE)	In lieu of services (ILOS)
<b>How it's reported to OHA</b>	<ul style="list-style-type: none"> <li>• <a href="#">Exhibit L</a> (L6.21 and 6.22)</li> <li>• Resource: <a href="#">Exhibit L Financial Reporting Template and Health-Related Services Expenditures</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Exhibit L</a> (L6.7 and 6.71; designation and spend-down report)</li> <li>• Spending plan (<a href="#">template</a>)</li> </ul>	<ul style="list-style-type: none"> <li>• Encounter data</li> <li>• <a href="#">Exhibit L</a> (Report L6.15; Reports L18 and L18.1)</li> <li>• Resource: <a href="#">ILOS billing guide</a></li> </ul>
<b>Other deliverables</b>	<ul style="list-style-type: none"> <li>• Written policies and procedures (P&amp;P) for administration of HRS</li> <li>• Resource: <a href="#">HRS CCO policy requirements and evaluation criteria</a></li> <li>• <a href="#">Include HRS information for CCO members in CCO member handbook.</a></li> </ul>	None	Include approved ILOS in CCO member handbook
<b>Deadlines</b>	<ul style="list-style-type: none"> <li>• <b>April 30:</b> Exhibit L due with HRS spending details for prior calendar year (audited version due June 30)</li> <li>• <b>October 1:</b> P&amp;P due</li> <li>• <b>August 31:</b> Quarter 2 (Q2) Exhibit L due with optional HRS spending details for current calendar year</li> </ul>	<ul style="list-style-type: none"> <li>• <b>April 30:</b> Exhibit L due (audited version due June 30)</li> <li>• <b>December 31:</b> Spending plan due (can be submitted as early as April 1)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Rolling basis:</b> encounter data</li> <li>• <b>April 30:</b> Exhibit L due with ILOS spending details for prior calendar year (audited version due June 30)</li> <li>• <b>September 1 – November 1:</b> <a href="#">Member handbook submission to OHA</a></li> </ul>

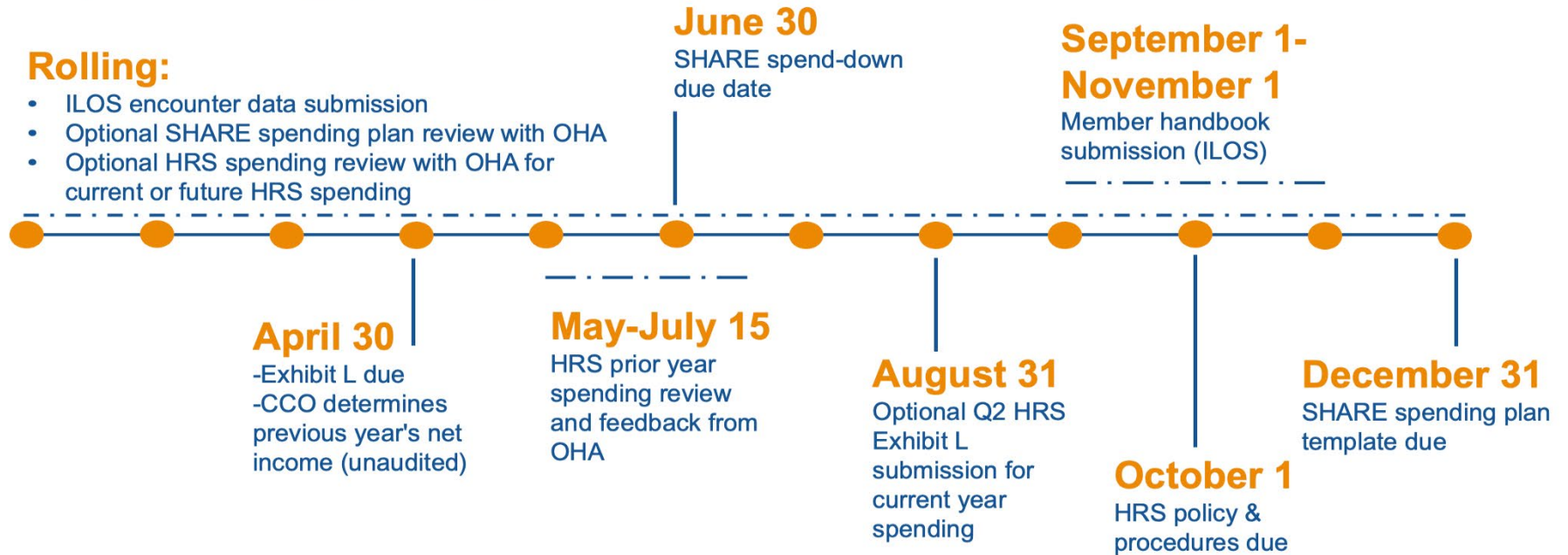
### Suggested implementation steps and timeframe

This timeline shows program planning and implementation steps. This includes examples of administrative support CCOs may offer to community partners (for example, technical assistance), as well as considerations for including community advisory council (CAC), CCO board and other work group input. There is flexibility in how CCOs implement HRS, SHARE and ILOS to ensure the programs are responsive to specific community needs and priorities. No matter the program, starting early is important to ensure ample time for community input, decision-making and reporting.

# Spending programs timeline

## Rolling:

- ILOS encounter data submission
- Optional SHARE spending plan review with OHA
- Optional HRS spending review with OHA for current or future HRS spending



	HRS	SHARE	ILOS
<p><b>Develop strategy</b></p> <p>Utilize your community health improvement plan to inform a cohesive strategy.</p>	<ul style="list-style-type: none"> <li>• Determine what flexible services to offer; consider creating a list of pre-approved flexible services that CCO staff can approve without management or committee input</li> <li>• Determine how to offer community benefit initiatives; common strategies include offering grants to community partners on a regular cycle</li> </ul>	<ul style="list-style-type: none"> <li>• Determine how to offer funding to the community; common strategies include open requests for proposal or targeted outreach</li> <li>• Ensure there is a role for the CAC in the overall decision-making process</li> <li>• Resource: See <a href="#">SHARE spending plan summaries</a> for information on CCO strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Identify potential ILOS providers in your community</li> <li>• Determine which pre-approved ILOS to offer</li> <li>• Optional: participate in ILOS design sessions with OHA to propose and develop new ILOS</li> </ul>



## Implement

### HRS

- Create policies and procedures that are member and community centric
- Flexible services
  - Build relationships with community partners and implement easy reimbursement processes with them for flexible services
  - Develop a request process for members, providers and community partners that is accessible and easy
  - Offer services and goods directly to members or community partners
- Community benefit initiatives
  - Offer funds to partners or invest in projects and programs

### SHARE

- Solicit CAC engagement and input
  - CAC's role may include helping to develop the funding strategy or participating in the review process
- Offer funds to community partners
  - Consider promoting funding opportunity, offering technical assistance
  - Request information on projects
- Solicit leadership approval of funding plan (if needed)
- Submit spending plan to OHA, receive approval
- Establish partner agreements with fund recipients and disburse funds

### ILOS

- Partner with ILOS provider(s) to determine payment and reporting processes
- Add ILOS to your member handbook
- Offer ILOS to members
- Collect encounter-level data from providers

## Report and evaluate

### HRS

- OHA does not require formal evaluation; level of evaluation determined by CCO HRS policies and procedures, and may be different based on the projects or programs funded

### SHARE

- Submit spending plan to OHA once funding decisions are made
- CCOs may request reports or updates from SHARE fund recipients as part of their SDOH-E partner agreements

### ILOS

- Encounter data shared with OHA on a rolling basis

**All programs are reported on the Exhibit L.**

## Commonly used resources

- Background information
  - [OHP words to know](#)
  - [OHP information for CCOs](#)
- Community capacity building funds (CCBF)
  - [CCBF webpage](#)
  - [HRSN infrastructure and services protocol](#)
- Cross-program (HRS, SHARE and ILOS)
  - [Braided funding scenarios](#)
  - [SHARE, HRS and ILOS comparison document](#)
  - [“101” for community partners, with examples of braided funding](#)
- Health-related services (HRS)
  - [HRS Brief](#)
  - [Examples of accepted HRS expenditures](#)
  - [FAQ](#)
  - [2024 Exhibit L and HRS reporting guidance](#)
  - See more resources on the [HRS webpage](#)
- Health-related social needs (HRSN)
  - [FAQ: 1115 Medicaid Waiver for 2022-2027](#)
  - [HRSN webpage](#)
  - [HRSN climate supports webpage](#)
  - [HRSN guidance for CCOs](#)
- In lieu of services (ILOS)
  - [Billing and reporting guide](#)
  - [FAQ](#)
  - [Program overview](#)
  - See more resources on the [ILOS webpage](#)
- Reporting templates
  - Exhibit L on the [CCO contracts forms webpage](#) (search for template by year)
  - Medical loss ratio (MLR) on the [CCO contracts forms webpage](#) (search for template by year)
  - [SHARE spending plan template](#)
- Supporting Health for All through REinvestment (SHARE)
  - [FAQ](#)
  - [Guidance document](#), including Appendix D (Timeline of planning, reporting and spending)
  - See more resources on the [SHARE webpage](#)