

 Understanding SHARE, HRS and ILOS

January 2024

# Oregon’s Medicaid spending programs

***Programs that help members and communities meet needs beyond medical services***

Background

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 programs:

* Health-related services (HRS)
* Supporting Health for All through REinvestment (SHARE)
* In lieu of services (ILOS)
* Health Related Social Needs (HRSN) benefit
* Community Capacity Building Funds (CCBF) for HRSN providers

This document describes these programs, as well as how CCO members and community partners can access these programs.

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| **Common terms and definitions** * **Oregon Health Plan (OHP):** OHP is Oregon’s Medicaid health insurance program that helps people with low income get access to health care.
* **OHP benefits**: The services that OHP pays for.
* **Coordinated care organization (CCO):** A CCO is a local group of health care providers. They are doctors, counselors, nurses, dentists and others who work together in your community. CCOs help make sure OHP members stay healthy. People enrolled in a CCO are called CCO members or **members.**
* **Open card:** If an OHP client doesn’t have a CCO, they have open card. They can see any provider who accepts OHP.
* **Social determinants of health and equity (SDOH-E):** The SDOH-E is defined by three different but connected terms: the social determinants of health, the social determinants of equity and health-related social needs.
	+ **Social determinants of health:** Social, economic and environmental conditions that people are born, grow, work, live and age in that affect peoples’ overall health and quality of life. These are shaped by the social determinants of equity.
	+ **Social determinants of equity:** Systemic or structural factors that shape the distribution of the social determinants of health in communities, like the distribution of money, power and resources, institutional bias, discrimination, racism and other factors.
	+ **Health-related social needs:** An individual’s social and economic barriers to health, such as housing instability or food insecurity.
* **Health inequities:** Differences in health and death rates across different groups of people that are created by systems and are avoidable, unjust and unfair. These differences come from injustices in the social, economic and environmental conditions in which people live, work and play.
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Programs

**Health-related services (HRS)** are services that complement coveredbenefits under the Oregon Health Plan (OHP). Health-related services fall into two categories:

* **Flexible services**: offered to an **individual member** to complement covered benefits. Flexible services can include personal items not covered by OHP that members need to stay healthy or become healthier, like 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](https://www.oregon.gov/oha/HPA/dsi-tc/Documents/HRS-Example-Approved-Expenditures.pdf) document.
* **Community benefit initiatives (CBI)**: community-level programs or services focused on improving the health of the community and health care quality. Community benefit initiatives can include things like 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](https://www.oregon.gov/oha/hpa/dsi-tc/pages/health-related-services.aspx).

**How can members and community partners access HRS?** To qualify, HRS expenses must be able to improve health and/or quality of care. HRS cannot be used for any medical, behavioral health or dental services that are already covered under OHP. HRS also cannot be used to pay for other CCO required activities, like required CCO member care coordination for OHP benefits. Members, their clinical or non-clinical providers, or advocates may request HRS flexible services from their CCO. HRS CBI programs differ by CCO but are often distributed to local community organizations and agencies through a grant application process.

**[CCO: include contact information and webpage about HRS here. Delete this text before sharing with your partners.]**

The **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. [Learn more about the SHARE Initiative](https://www.oregon.gov/oha/hpa/dsi-tc/pages/share.aspx). Each year, CCOs use a formula to know how much they must reinvest into their community through the SHARE program. SHARE grants 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.

**How can community partners access SHARE?** SHARE programs differ by CCO but are often grants given to community partner organizations to address community-identified needs, as defined by the CCO’s community health improvement plan (CHP) and community advisory council (CAC).

**[CCO: include contact information and webpage about SHARE here. Delete this text before sharing with your partners.]**

**In lieu of services (ILOS)** are pre-approved services that are offered as a substitute to an OHP-covered service, in alternative settings and/or by different types of providers. [Learn more about ILOS](https://www.oregon.gov/oha/hsd/ohp/pages/ilos.aspx). 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.

**How can members and community partners access ILOS?** CCOs can choose to offer a set of ILOS that have been pre-approved by OHA. If a CCO decides to offer an ILOS, all of their qualifying members are eligible for that ILOS. Members are never required to use the ILOS instead of the covered service.

**[CCO: include contact information and webpage about SHARE here. Delete this text before sharing**  **with your partners.]**

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| **NEW: Health-related social needs (HRSN) and community capacity building funds (CCBF)**Based on Centers for Medicare & Medicaid Services approval, some **health-related social needs (HRSN)** related to housing, food and climate-related supports will become covered benefits under OHP for certain members who are experiencing a [transition in their lives,](https://www.oregon.gov/oha/hsd/medicaid-policy/pages/waiver-renewal.aspx) like people at risk of or experiencing houselessness or people released from jail. These covered benefits are short term services to help until people are connected with stable resources and will include paying for things like rent or utilities, medically tailored meals and air filtration devices. [Learn more about HRSN.](https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Waiver-Renewal.aspx)**How and when can members access HRSN?**Members who are part of an HRSN covered population and who have particular health conditions or are in specific life stages are eligible to receive HRSN benefits, with an anticipated start for some benefits in March 2024.**NEW: Community capacity building funds (CCBF)** Oregon has been approved to spend up to $119 million in community capacity building funds (CCBF), specifically to support investments to enable partners that will become HRSN providers to develop what they need to be able to participate in the Medicaid delivery system and 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 to entities regarding the funding opportunity, 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.](https://www.oregon.gov/oha/HSD/Medicaid-Policy/Documents/2022-2027-Attachment-J-Infrastructure-Protocol.pdf)**How can community partners access CCBF?** CCBF will be distributed by CCOs to HRSN provider organizations through a grant application process. |

## Examples

Below is just one set of examples of how each program could support youth or adult members with substance use disorder (SUD) who were discharged from only specific types of institutions.\*

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| **Health-related services (HRS)** | **Supporting Health for All through REinvestment (SHARE)** | **In lieu of services (ILOS)** | **Health-related social needs (HRSN) services (once approved and started)** | **Community capacity building funds (CCBF)** |
| Substance use education in schools outside of a treatment plan. | Renovation of a community-based facility to support access by members with disabilities to meet their social needs alongside substance use recovery. | Substance use screenings (including for adolescents) provided by a certified community health worker (CHW) in a community setting that cannot bill for OHP services. | Security deposit and short-term rent assistance for a member with SUD being discharged from a specific type of institution.\* | Grant funds to develop billing capabilities for a community partner that provides housing navigation support for members discharged from an IMD. |

\*Adults and Youths Discharged from an Institution for Mental Disease (IMD) refers to members who have been discharged from an IMD (as such term is defined in 42 CFR 435.1010) within the last 12 months. Subject to Ex. B, Part 2, Sec. 15 of the Contract, eligibility for HRSN Services shall be determined within twelve (12) months after discharge from an IMD.

Below is just one set of examples of how each program could support members experiencing food insecurity:

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| **Health-related services (HRS)** | **Supporting Health for All through REinvestment (SHARE)** | **In lieu of services (ILOS)** | **Health-related social needs (HRSN) services (once approved and started)** | **Community capacity building funds (CCBF)** |
| Basic kitchen appliances, cookware and grocery store gift cards for CCO members who are not part of one of the HRSN covered populations. | Construction of a commercial kitchen to provide shelf-stable, nutritious meals for community members.  | Assistance locating local food or social service organizations by a certified CHW in a community setting that cannot bill for OHP services. | Nutrition education and fruit and vegetable prescriptions for up to six months for a member in an HRSN covered population who also meets clinical criteria. | Administrative costs for an eligible community partner organization to sustain and expand their food access and distribution services. |

Below is just one set of examples of how each program could support members experiencing houselessness or housing insecurity:

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| **Health-related services (HRS)** | **Supporting Health for All through REinvestment (SHARE)** | **In lieu of services (ILOS)** | **Health-related social needs (HRSN) services (once approved and started)** | **Community capacity building funds (CCBF)** |
| Camping and shelter equipment for members experiencing houselessness or staying in mobile homes, trailers or vehicles. | Support for coalition of local housing organizations to combat discrimination in housing communities. | Classes to promote life skills and assistance locating local housing supports by a certified Peer Support Specialist, Peer Wellness Specialist or CHW in a community setting. | Rental payments for a member in an HRSN covered population who also meets clinical criteria. | Funds to an eligible community partner organization providing housing supports to create outreach and education materials in multiple languages.  |

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| How are funds distributed in my community?Enter information about how community partners can access funds from your CCO here. Include funding timelines, key eligibility requirements and key CCO staff to contact for information. Delete this text before sharing with your partners. |