

CCO NAME:

Allcare CCO

INTRODUCTION:

This file contains the required Financial Reports for the calendar year ending:

12/31/2020

Template version 3, published on 11/01/2020 by OHA (ASU)

INSTRUCTIONS:

- 1 One template file is used for the entire year. It is updated and uploaded based on the submission deadlines noted below.
- 2 All the financial reports here should be reported following Statutory Accounting Principle, unless advised otherwise by OHA.
- 3 Upload the updated Excel workbook to your SFTP site based on the submission deadlines below.
- 4 Upload the signed copy of the certification Report L1, verification of funds in reserve, and an updated copy of the Model Depository Agreement (if a change has occurred since the prior quarter) with each updated submission.
- 5 Upload the Annual Audit and the Actuarial Report to your SFTP site based on the submission deadlines below.
- 6 **Please enter your information in the yellow cells only. All other cells are calculated.**
- 7 The check figures must all return with "Ok" or "Diff." < \$1.00

If Contractor designates any part of Exhibit L as trade secret or Protected Information, Contractor shall submit to OHA a redacted copy of Exhibit L and a redaction log, in accordance with Exhibit D, Section 14 of the Contract.

SUBMISSION DEADLINES:

Report	Date Due	Date Submitted	Comments
QTR 1	May 31, 2020	6/1/2020	Quarter
Report L2 Part II (items A through H)	May 31, 2020	6/1/2020	Annual Only
Report L2 Part II (item I: separate PDF report)	May 31, 2020	6/1/2020	Annual Only
Report L8 Part I	May 31, 2020	6/1/2020	Annual Only
QTR 2	August 31, 2020	8/31/2020	Quarter
Report L6.21	August 31, 2020	8/31/2020	Bi-annual
QTR 3	November 30, 2020	11/30/2020	Quarter
QTR 4	April 30, 2021	4/30/2021	Quarter
Report L6.21	April 30, 2021	4/30/2021	Bi-annual
Report L11	April 30, 2021	6/1/2021	Annual Only
Report L6.22	April 30, 2021	4/30/2021	Annual Only
Reports L6.3 - L6.7 & L12 - L19 Rates	April 30, 2021	4/30/2021	Annual Only
Report L9	June 30, 2021		Annual Only
Report L10	June 30, 2021		Annual Only
Annual Audit	June 30, 2021		Annual Only
Actuarial Report	June 30, 2021		Annual Only

Report L1 -

Allcare CCO

CALENDAR YEAR: **2020**
CALENDAR YEAR START DATE: **1/1/2020**
CALENDAR YEAR ENDING DATE: **12/31/2020**

GENERAL INFORMATION AND CERTIFICATION

I. General Information

A. Contractor **Allcare CCO**

B. Address **1701 NE 7th Street**
Grants Pass, OR 97526

C. Prepared by **Twila M. Farris, CFO**

D. Phone Number **541.471.4106**

E. E-Mail Address **twila.farris@allcarehealth.com**

II. Certification: to be signed by an official of the Contractor, scanned, and uploaded to your SFTP Site.

I, the undersigned, hereby attest that I have authority to certify the data and information and I, the undersigned, hereby certify based on best knowledge, information, and belief that the data and information is accurate, complete and truthful.

Signed _____

Name **Twila M. Farris**

Title **CFO**

Date **6/1/2021 - refile**

Report L2 -- INFORMATION ON CONTRACTOR'S REINSURANCE OR STOP-LOSS COVERAGE

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

General - This information is used assess the catastrophic stop-loss exposure and coverage of Contractor.

Part I. Provide the following information about the number of Members whose costs on approved health care claims are within the range of catastrophic stop-loss deductible at the end of the current quarter. Contractor shall update this Part I and submit to OHA quarterly.

Plan Health Care Claims:	Professional Stop-Loss Claims	Hospital Stop-Loss Claims	Aggregate Stop-Loss Claims
1. Number of Members with Claims Greater than \$100,000	-	-	82
2. Number of Members with Claims Greater than Reinsurance Deductible	-	-	11
3. Number of Members with Claims Greater than Reinsurance Cap	-	-	-

Part II. Provide the following information about reinsurance coverage: Provide one report for each reinsurer. Contractor shall submit this Part II annually with their submittal on May 31st, unless there is a change. If there is a change, the Contractor shall submit this form within 30 days of the date of the change. Items requested below assume that coverage is based on total claims per-member, per-year. Please contact OHA if some other form of reinsurance, such as aggregate stop-loss, is used.

A. What is the amount of the stop-loss thresholds (i.e. the "deductible") and the associated type of stop-loss coverage (hospital, professional or aggregate coverage)?

Professional:
 Hospital:
 Aggregate: 250,000

B. What is the dollar amount of annual claims for a member (the "cap") above which the responsibility for covering claims reverts back to the Contractor from the reinsurer?
 \$3,000,000

C. What is the percentage rate (e.g. 90%) the reinsurer pays for eligible claims amounts?
 90%

D. What is the fiscal year for the reinsurance coverage?
 11/1/19 - 11/1/20 - \$200,000 retention; 11/1/2020 - 11/1/2021 - \$250,000

E. Describe the basis on which claims are accumulated (e.g. incurred basis with 6-mo. runout).
 incurred basis with 12-month runout

F. Describe the extent of "lasering" for preexisting conditions.
 There is 1 AllCare member that has a laser of \$400,000

G. Who is the carrier?
 RGA

H. Is this carrier authorized in Oregon?
 Yes

I. PDF report of Loss Protection Program: please attach a summary of terms of reinsurance coverage as published by the Contractor's reinsurance company.

REPORT L3 -- RESTRICTED RESERVES

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Part I. RESTRICTED RESERVE LEVELS - COMPUTATION

	Q1-2020		Q2-2020		Q3-2020		Q4-2020	
	Method 1	Method 2	Method 1	Method 2	Method 1	Method 2	Method 1	Method 2
Primary Reserve Obligation	250,000	-	250,000	-	250,000	-	250,000	-
Secondary Reserve Obligation	7,366,378	-	6,744,810	-	6,877,495	-	6,807,897	-
Total Reserve obligation	7,616,378	-	6,994,810	-	7,127,495	-	7,057,897	-
Reserves held by CCO	8,884,989	-	8,881,678	-	8,876,940	-	8,872,219	-
Reserves held by RAE	-	-	-	-	-	-	-	-
Combined Reserves held	8,884,989	-	8,881,678	-	8,876,940	-	8,872,219	-
Excess (deficit) Reserve held	1,268,611	-	1,886,868	-	1,749,445	-	1,814,322	-

Contractor shall attach current statements showing the level of funds held in reserves.
 Current statements shall include statements for funds held by risk accepting entities (RAEs).
 The Authority's model depository agreement shall be used by the Contractor to establish its Restricted Reserve Account.
 The Contractor shall submit the model depository agreement to the Authority at the time of application
 and the model depository agreement shall remain in effect throughout the period of time that the contract is in effect.
 If the Contractor wishes to adjust its calculation to reflect value-based payments, please contact OHA.

Part II.

Contractor shall elect by checking one of the following methods for purposes of calculating average monthly medical expense:

- Method 1 An existing CCO who has submitted quarterly financial statements for the current quarter and the prior three quarters. Average medical expense is based on historical expense data.

QUARTER ENDING	MEDICAL EXPENSES			SUB-CAPITATION AND SALARY PAYMENTS			AVERAGE MONTHLY FEE-FOR-SERVICE
	OHP	CAK	Average	OHP	CAK	Average	
	Report L6 OHP (2019 Line 17)	Report L6 CAK (2019 Line 15)		OHP Report L8 (Column A & C)	Report L3.1 CAK (Line 2 & 3)		
3/31/2019	55,016,899	44,099	N/A	12,592,101	23,519	N/A	N/A
6/30/2019	61,051,057	38,173	N/A	13,851,323	23,345	N/A	N/A
9/30/2019	55,901,682	50,223	N/A	13,702,426	24,035	N/A	N/A
12/31/2019	57,778,500	52,850	N/A	13,836,597	27,293	N/A	N/A
	Report L6 OHP (2020 Line 16)	Report L6 CAK (2020 Line 14)		OHA IS ALLOWING SALARY AND SUB-CAPITATION DEDUCTION FOR 2020			
3/31/2020	61,736,710	40,976	59,162,543	15,367,086	24,999	14,214,276	14,982,756
6/30/2020	47,300,414	31,766	55,723,280	15,010,305	24,940	14,504,420	13,739,620
9/30/2020	60,713,744	28,339	56,920,825	15,307,773	24,431	14,905,856	14,004,990
12/31/2020	58,269,955	29,155	57,037,765	15,979,806	22,193	15,440,383	13,865,794

- Method 2 A newly formed CCO who hasn't submitted quarterly financial statements for the current quarter and the prior three quarters, OR an existing CCO that is experiencing significant membership expansion this year. Average medical expense is based on projected expense data and historical expense data.

QUARTER ENDING	MEDICAL EXPENSES			SALARY AND CAPITATION PAYMENTS OHP & CAK			AVERAGE MONTHLY FEE-FOR-SERVICE
	OHP	CAK	Average	OHP	CAK	Average	
	PLEASE ENTER PROJECTED HOSPITAL AND MEDICAL EXPENSES (may exclude LOBs other than OHP and CAK)			PLEASE ENTER PROJECTED SALARY AND CAPITATION PAYMENT (may exclude LOBs other than OHP and CAK)			
3/31/2020	-	-	N/A	-	-	N/A	N/A
6/30/2020	-	-	N/A	-	-	N/A	N/A
9/30/2020	-	-	N/A	-	-	N/A	N/A
12/31/2020	-	-	N/A	-	-	N/A	N/A
	Report L6 OHP (2020 Line 16)	Report L6 CAK (2020 Line 14)		OHA IS ALLOWING SALARY AND SUB-CAPITATION DEDUCTION FOR 2020			
3/31/2020	61,736,710	40,976	15,444,422	15,367,086	24,999	3,848,021	3,865,467
6/30/2020	47,300,414	31,766	27,277,467	15,010,305	24,940	7,606,833	6,556,878
9/30/2020	60,713,744	28,339	42,462,987	15,307,773	24,431	11,439,884	10,341,035
12/31/2020	58,269,955	29,155	57,037,765	15,979,806	22,193	15,440,383	13,865,794

Part III.

Contractor shall indicate whether the contractor has signed a contract to cover children and youth made eligible for medical assistance under Senate Bill 558 (2017) for the purposes of calculating restricted reserve requirements under that contract:

- CAK covered Contractor has a signed contract with the Oregon Health Authority to cover children made eligible for medical assistance under Senate Bill 558 (2017).
- CAK not covered Contractor has not signed a contract with the Oregon Health Authority to cover children made eligible for medical assistance under Senate Bill 558 (2017).

REPORT L3.1 -- ADJUSTED AND UNADJUSTED MEDICAL LOSS RATIOS

OHP LINE OF BUSINESS

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

The following data elements are derived from other reports to calculate the adjusted and unadjusted medical loss ratios which are used in determining the average fee-for-service liability and the net worth requirement.

The adjusted medical loss ratio is defined as the result obtained when the OHP line of business adjusted Member service expenses is divided by the OHP line of business total revenue.

Adjusted Member service expenses are calculated by subtracting the capitated service payments and the salaried service payments from the OHP line of business Member service expenses subtotal.

ADJUSTED AND UNADJUSTED MEDICAL LOSS RATIOS	Q1-2020	Q2-2020	Q3-2020	Q4-2020	YTD 2020
1. Member Service Expenses Subtotal (Report L6 OHP Line 16)	61,736,710	47,300,414	60,713,744	58,269,955	228,020,823
2. Service Payment Arrangements - Salary (Report L8 Part II)	-	-	-	-	-
3. Service Payment Arrangements - Pre-paid Sub-cap (Report L8 Part II)	15,367,086	15,010,305	15,307,773	15,979,806	61,664,970
4. Adjusted Member Service Expenses (Subtract Lines 2 and 3 from Line1)	46,369,624	32,290,109	45,405,971	42,290,149	166,355,853
5. Total Operating Revenue - OHP LOB (Report L6 OHP Line 6)	67,683,706	66,779,369	65,522,845	66,890,900	266,876,820
6. Adjusted Medical Loss Ratio (Quarter)	68.51%	48.35%	69.30%	63.22%	
7. Adjusted Medical Loss Ratio (YTD)	68.51%	58.50%	62.04%	62.33%	62.33%
8. Unadjusted Medical Loss Ratio (Quarter)	91.21%	70.83%	92.66%	87.11%	
9. Unadjusted Medical Loss Ratio (YTD)	91.21%	81.09%	84.88%	85.44%	85.44%

NET WORTH REQUIREMENT <i>per 2019 standard</i>	Q1-2020	Q2-2020	Q3-2020	Q4-2020
10. Average Annual Corporate Premium (Based on Past 4 Quarters Below)	262,417,480	258,381,401	265,868,097	267,009,674
11. Adjusted Medical Loss Ratio (YTD) (Line 7 with a minimum value of 20%)	68.51%	58.50%	62.04%	62.33%
12. Adjusted Annual Average Corporate Premium (Line 10 times Line 11)	179,780,343	151,150,879	164,937,175	166,438,667
13. Minimum Required Net Worth <i>per 2019 standard</i> (Line 12 / 20)	8,989,017	7,557,544	8,246,859	8,321,933
14. Actual Net Worth (Report L5 Line 45)	15,500,178	24,121,327	23,040,500	25,285,294
15. Excess (Deficit) Net Worth (Line 14 minus Line 13)	6,511,161	16,563,783	14,793,641	16,963,361

For NET WORTH REQUIREMENT Calculation

TOTAL OPERATING REVENUE - CORPORATE	QUARTER ENDING	Report L6 CORP Line 6
	3/31/2019	60,541,196
	6/30/2019	70,859,691
	9/30/2019	58,086,067
	12/31/2019	65,737,210
	3/31/2020	67,734,512
	6/30/2020	66,823,612
	9/30/2020	65,572,763
	12/31/2020	66,878,787

Please enter last year's values in the yellow cells

REPORT L3.1 -- ADJUSTED AND UNADJUSTED MEDICAL LOSS RATIOS

CAK LINE OF BUSINESS

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

The following data elements are derived from other reports to calculate the adjusted and unadjusted medical loss ratios which are used in determining the average fee-for-service liability and the net worth requirement.

The adjusted medical loss ratio is defined as the result obtained when the CAK line of business adjusted Member service expenses is divided by the CAK line of business total revenue.

Adjusted Member service expenses are calculated by subtracting the capitated service payments and the salaried service payments from the CAK line of business Member service expenses subtotal.

ADJUSTED AND UNADJUSTED MEDICAL LOSS RATIOS	Q1-2020	Q2-2020	Q3-2020	Q4-2020	YTD 2020
1. Member Service Expenses Subtotal (Report L6 CAK Line 14)	40,976	31,766	28,339	29,155	130,236
2. Service Payment Arrangements - Salary	-	-	-	-	-
3. Service Payment Arrangements - Pre-paid Sub-cap	24,999	24,940	24,431	22,193	96,563
4. Adjusted Member Service Expenses (Subtract Lines 2 and 3 from Line1)	15,977	6,826	3,908	6,962	33,673
5. Total Operating Revenue - CAK LOB (Report L6 CAK Line 4)	50,806	44,243	49,918	(12,113)	132,854
6. Adjusted Medical Loss Ratio (Quarter)	31.45%	15.43%	7.83%	-57.48%	
7. Adjusted Medical Loss Ratio (YTD)	31.45%	23.99%	18.43%	25.35%	25.35%
8. Unadjusted Medical Loss Ratio (Quarter)	80.65%	71.80%	56.77%	-240.69%	
9. Unadjusted Medical Loss Ratio (YTD)	80.65%	76.53%	69.73%	98.03%	98.03%

REPORT L4 -- KEY FINANCIAL INDICATORS

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

QTR Ending 3/31/2020	QTR Ending 6/30/2020	QTR Ending 9/30/2020	QTR Ending 12/31/2020	YTD 2020
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Note: This report self-populates based on values entered on other reports.

KEY FINANCIAL RATIOS	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
	Current Ratio	1.22	1.50	1.43	1.49
Days Cash on Hand	34.32	59.03	51.85	52.21	
Debt to Net Assets Ratio	1.94	1.27	1.42	1.20	
Return on Net Assets	-33.6%	143.8%	-30.6%	13.4%	25.5%
OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY
Adjusted Member Service Ratio	92.8%	73.0%	94.2%	89.4%	87.3%
Administrative Cost Ratio	9.3%	9.6%	9.7%	10.0%	9.6%
Operating Margin Percent	-2.1%	17.5%	-3.9%	0.6%	3.0%
Total Margin Percent (Before Income Tax)	-1.9%	17.6%	-3.8%	0.7%	3.2%
Total Margin Percent (After Income Tax)	-1.9%	13.0%	-2.7%	1.3%	2.4%

MEMBER SERVICE EXPENSE ANALYSIS PER MEMBER PER MONTH (OHP LINE OF BUSINESS)	OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY	OHP LOB ACTIVITY
	Member Months (OHP LOB)	146,713	148,380	151,160	155,620
Member Service Expenses (PMPM)					
7. Hospital Services	-	-	-	-	-
a. Inpatient	70.15	43.01	75.51	56.29	61.22
b. Outpatient	46.97	26.04	40.57	38.35	37.97
c. Emergency Room	23.10	15.05	21.66	18.32	19.52
8. Physician/Profession Services	101.99	64.13	91.58	82.81	85.08
9. Substance Abuse Disorder	13.14	12.41	10.91	12.18	12.15
10. Mental Health	-	-	-	-	-
a. Inpatient	0.45	0.58	1.07	0.45	0.64
b. Residential	1.12	1.11	0.73	0.52	0.86
c. Other Non-Inpatient	45.99	42.26	42.23	43.16	43.39
11. Dental	24.93	24.04	25.39	22.99	24.32
12. Prescription Drugs	52.67	47.34	49.12	49.44	49.63
13. Transportation	-	-	-	-	-
a. Emergency Medical Transportation	5.06	3.96	4.48	3.70	4.29
b. Non-emergency Medical Transportation (NEMT)	9.42	9.35	9.35	9.48	9.40
14. DME & Supplies	9.06	8.55	8.85	8.81	8.82
15. Other Member Service Expenses	16.77	20.97	20.22	27.96	21.56
Total Member Service Expenses	420.80	318.78	401.65	374.44	378.85

REPORT L5 -- QUARTERLY BALANCE SHEET OF CORPORATE ACTIVITY

CORPORATE TOTAL

CONTRACTOR: Allcare CCO

QTRS THROUGH: 12/31/2020

		CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
		12/31/2019	3/31/2020	6/30/2020	9/30/2020	12/31/2020
CURRENT ASSETS	1. Cash and Cash Equivalents	\$ 18,587,035	\$ 26,077,060	\$ 35,774,364	\$ 38,396,225	\$ 37,764,984
	2. Short-term Investments	-	-	-	-	-
	3. Receivables from OHA	7,339,750	6,149,579	6,260,000	4,773,120	3,845,136
	4. Investment Income Receivables	24,094	26,140	43,057	25,719	18,646
	5. Health Care Receivables	-	449,574	346,866	-	-
	6. Amounts Due from Affiliates	3,813,163	-	-	-	-
	7. Reinsurance Recoverable on Paid Losses	615,508	156,305	524,280	799,976	597,682
	8. Other Current Assets	533,729	3,850,865	2,966,980	2,873,743	3,089,401
9. TOTAL CURRENT ADMITTED ASSETS		30,913,279	36,709,523	45,915,547	46,868,783	45,315,849
OTHER ASSETS	10. Long-Term Investments	-	-	-	-	-
	11. Amounts Due from Affiliates	-	-	-	-	-
	12. Restricted Reserves (Cash and Investments)	8,904,614	8,884,989	8,881,678	8,876,940	8,872,219
	13. Other Assets	250,000	-	-	-	1,426,009
14. TOTAL OTHER ADMITTED ASSETS		9,154,614	8,884,989	8,881,678	8,876,940	10,298,228
PP&E	15. Land, Building and Improvements	-	-	-	-	-
	16. Furniture and Equipment	-	-	-	-	-
	17. Leasehold Improvements	-	-	-	-	-
	18. Other Property and Equipment	-	-	-	-	-
	19. Less: (Accumulated Depreciation)	-	-	-	-	-
20. NET PROPERTY AND EQUIPMENT		-	-	-	-	-
21. TOTAL ADMITTED ASSETS		\$ 40,067,893	\$ 45,594,512	\$ 54,797,225	\$ 55,745,723	\$ 55,614,077
CURRENT LIABILITIES	22. Accounts Payable	\$ 3,073,116	\$ 8,230,805	\$ 3,296,058	\$ 4,948,030	\$ 1,777,272
	23. Claims Payable	862,349	2,677,573	2,249,062	1,951,722	8,072,304
	24. Estimated Incurred But Not Reported (IBNR)	13,484,896	15,444,804	12,230,880	15,317,415	10,185,188
	25. Accrued Medical Incentive Pool	2,770,528	2,207,595	4,102,574	3,295,004	6,257,725
	26. Accrued SHARE Designation	-	-	-	-	100,000
	27. Unearned Premiums	-	-	-	-	-
	28. Loans and Notes Payable	-	-	-	-	-
	29. Amounts Due to Affiliates	1,934,279	1,070,212	359,326	738,100	1,322,311
	30. Premium Deficiency Reserve	-	-	-	-	-
	31. Other Current Liabilities	-	463,345	8,437,998	6,454,952	2,613,983
32. TOTAL CURRENT LIABILITIES		22,125,168	30,094,334	30,675,898	32,705,223	30,328,783
OTHER LIABILITIES	33. Loans and Notes Payable	-	-	-	-	-
	34. Amounts Due to Affiliates	-	-	-	-	-
	35. Other Liabilities	-	-	-	-	-
36. TOTAL OTHER LIABILITIES		-	-	-	-	-
37. TOTAL LIABILITIES		22,125,168	30,094,334	30,675,898	32,705,223	30,328,783
NET ASSETS	38. Common Stock	-	-	-	-	-
	39. Preferred Stock	-	-	-	-	-
	40. Paid in Surplus	-	-	-	-	-
	41. Contributed Capital	350,000	350,000	350,000	350,000	350,000
	42. Surplus Notes	-	-	-	-	-
	43. Contingency Reserves	-	-	-	-	-
	44. Retained Earnings/Fund Balance	17,592,725	15,150,178	23,771,327	22,690,500	24,935,294
45. Other Net Assets	-	-	-	-	-	
46. TOTAL NET ASSETS		17,942,725	15,500,178	24,121,327	23,040,500	25,285,294
47. TOTAL LIABILITIES AND NET ASSETS		\$ 40,067,893	\$ 45,594,512	\$ 54,797,225	\$ 55,745,723	\$ 55,614,077

REPORT L5 -- QUARTERLY BALANCE SHEET OF CORPORATE ACTIVITY

CORPORATE TOTAL

CONTRACTOR: Allcare CCO
 QTRS THROUGH: 12/31/2020

CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
12/31/2019	3/31/2020	6/30/2020	9/30/2020	12/31/2020
Ok	Ok	Ok	Ok	Ok

Check

Details of Write-Ins Line 8:					
Prepaid - HIE Fees	75,324	-	-	-	-
Other Accounts Receivable	458,405	-	-	-	-
Other Amounts Receivable under Reinsurance Contracts	-	-	-	-	20,925
Receivables for Securities	-	-	-	10,690	5,292
Other Invested Assets	-	3,697,840	2,813,955	2,710,028	2,551,807
Federal Income Tax Recoverable	-	153,025	153,025	153,025	511,377
Total Write-Ins Line 8	\$ 533,729	\$ 3,850,865	\$ 2,966,980	\$ 2,873,743	\$ 3,089,401

Check

Details of Write-Ins Line 13:					
Other Asset - Intangible	250,000	-	-	-	-
State Income Tax Receivable	-	-	-	-	196,637
Net Deferred Tax Asset	-	-	-	-	1,229,372
Total Write-Ins Line 13	\$ 250,000	\$ -	\$ -	\$ -	\$ 1,426,009

Check

Details of Write-Ins Line 31:					
Unpaid Claims Adjustment Expense	-	463,345	366,926	459,522	468,169
Aggregate Health Policy Reserves	-	-	4,970,230	5,466,473	2,145,814
Federal Income Tax Payable	-	-	3,100,842	528,957	-
Total Write-Ins Line 31	\$ -	\$ 463,345	\$ 8,437,998	\$ 6,454,952	\$ 2,613,983

Check

Details of Write-Ins Line 35:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 35	\$ -	\$ -	\$ -	\$ -	\$ -

Check

Details of Write-Ins Line 45:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 45	\$ -	\$ -	\$ -	\$ -	\$ -

Check

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES & EXPENSES -- GUIDANCE FOR CORPORATE TOTAL AND OHP LINE OF BUSINESS (LOB)

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Line	Description
1. Gross Premiums (Capitation & Case Rate Revenue)	Enter all premiums received or accrued, include capitation and case rate revenues.
a. Hospital Reimbursement Adjustments	Enter amount paid or accrued for hospital reimbursement adjustment payments.
b. Qualified Directed Payments	Enter amount paid or accrued for the Rural and Small (Type A/B) hospital and public academic health centers Qualified Directed Payments per HB 2391.
c. Minimum MLR Rebate/Risk Corridor Rebate/(Risk Corridor Settlement Revenue)	If CCO's Minimum MLR exceeds the standard MLR, enter zero. Otherwise, enter amount if added to CCO Total Incurred Medical Related Costs would result in a Minimum MLR equal to the Minimum MLR Standard. Also include adjustments for other risk corridor rebates (ENTER AS NEGATIVE IF ADDITIONAL PAYMENT IS DUE TO CCO).
d. Insurer Tax	Enter amount paid or accrued for the CCO/Managed Care Tax paid per HB 2391.
e. Health Insurance Provider Fee	Enter amount paid or accrued for the health insurance provider fee under ACA.
3. Quality Incentive Pool	Enter amount of incentive payment revenues received or accrued for performance on Incentive Measures, as adopted by the Metrics and Scoring Committee; these are in addition to capitated payments and case rate payments reported in Line 1. The entire amount of the 2019 Quality Incentive Pool payment must be recorded as revenue no later than the second quarter of this report submission (acknowledging that some CCOs have accrued for a portion of the payment in previous quarters of this or last year).
4. Other Medicaid Revenue	Enter all other Medicaid related revenue, not reported above and must be detailed in section below.
5. Other Health Care Related Revenues	Enter supplemental health care related revenues received or accrued not listed above and must be detailed in section below.
7. Hospital Services	Please provide breakout on Lines a. - c. below.
a. Inpatient	Enter amount incurred for services furnished in a hospital for the care and treatment of members, include elective (not urgent or emergent) hospital admission, transplant services, do not include inpatient mental health costs (which will be included under mental health inpatient on Line 10.a.)
b. Outpatient	Enter amount incurred for services furnished in a hospital for the care and treatment of an outpatient. Includes physical therapy, occupational therapy, speech therapy, audiology, hearing aids, apnea monitors, home parenteral/enteral therapy, and certain hospital services.
c. Emergency Room	Enter amount incurred for services to provide care for anyone in need of emergency treatment in a licensed hospital facility open 24 hours a day. The cost of urgent care is included on Line 8.
8. Physician/Profession Services	Enter amount incurred for services provided by licensed practitioners or staff for the treatment of member's health.
9. Substance Abuse Disorder	Enter amount incurred for the treatment of Substance Abuse Disorders, including substance dependence and substance abuse. Include substance intoxication, withdrawal, delirium, dementia and substance-induced psychotic or mood disorder as defined in DSM-5 criteria.
10. Mental Health	Please provide breakout on Lines a. - c. below.
a. Inpatient	Enter amount incurred for mental health services provided in a hospital as an admitted patient.
b. Residential	Enter amount incurred for residential mental health services provided in licensed community treatment programs.
c. Other Non-Inpatient	Enter all other costs incurred for mental health services not reported on Line 10 a. or 10 b.; include peer services, crisis services, case management, wrap-around services.
11. Dental	Enter amount incurred for dental services, include emergency dental services, dentures, restorative, periodontal, and preventative dental services.
12. Prescription Drugs	Enter costs incurred for pharmaceutical services, medications, and drugs.
13. Transportation	Please provide breakout on Lines a. - b. below.
a. Emergency Medical Transportation	Enter amount incurred for transportation necessary for a client with an emergency medical condition, usually to a hospital, where appropriate emergency medical service is available.
b. Non-emergency Medical Transportation (NEMT)	Enter amount incurred for transportation costs to and from medical services, that does not involve sudden, unexpected occurrence which creates a medical crisis requiring medical services.
14. DME & Supplies	Enter costs incurred for providing Durable Medical Equipment such as wheelchairs, respirators, crutches and custom orthopedic braces and medical supplies such as diapers, syringes, tubing, and gauze bandages to members.
15. Other Member Service Expenses	Enter all other member related costs incurred; must be detailed below. Include provider stabilization payments (made under the 2020 COVID amendment to the CCO contract) in this line, and please make sure it is properly listed in the "Detail of Write-ins" area along with other items.
17. Health-Related Services (Excluding Case Management)	Enter from Report L6.1 Line 19 (OHP LOB): Total Health-Related Services costs; including Flexible Services and Community Benefit Initiative costs.
18. Case Management	Carry forward from Report L6.1 OHP Line 20 (OHP LOB).
19. Fraud Prevention Activities	Enter the amount that is reported on the Minimum Medical Loss Ratio template as defined in the Instructions for that Form.
20. Reinsurance/Stop Loss Premiums	Enter premiums paid or accrued for reinsurance or stop loss insurance; do not include reinsuring all or substantially all of CCO risk.
21. Reinsurance Recoveries	Enter amount received or accrued from reimbursement of claims subject to reinsurance policies. (ENTER AS NEGATIVE NUMBER)
22. Co-payments	Enter amount of client co-payments received or accrued. (ENTER AS NEGATIVE NUMBER)
23. TPR, COB, and Subrogation	Enter amount received or accrued from third party resources, third party liability, subrogation or other third party payment. (ENTER AS NEGATIVE)
24. Premium Deficiency Reserve	Enter amount accrued or (reduced) for Premium Deficiency Reserve.
27. Administrative Services - Compensation	Carry forward from Report L6.1 OHP Line 4.
28. Administrative Services - Other	Carry forward from Report L6.1 OHP Line 14.

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES, EXPENSES & CHANGES IN NET ASSETS

CORPORATE TOTAL

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

		CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
		Q1-2020	Q2-2020	Q3-2020	Q4-2020	YTD 2020
REVENUES	1. Gross Premiums (Capitation & Case Rate Revenue)	\$ 79,954,600	\$ 74,846,839	\$ 79,597,642	\$ 79,877,270	\$ 314,276,351
	a. Hospital Reimbursement Adjustments	-	-	-	-	-
	b. Qualified Directed Payments	14,094,424	10,226,800	12,478,904	9,721,212	46,521,340
	c. Minimum MLR/Risk Corridor Rebate (Revenue)	(6,982)	-	-	835,367	828,385
	d. Insurer Tax	1,592,186	1,560,706	1,573,503	1,784,015	6,510,410
	e. Health Insurance Provider Fee	-	-	-	-	-
	2. Net Premiums	64,274,972	63,059,333	65,545,235	67,536,676	260,416,216
	3. Quality Incentive Pool	3,459,540	3,764,279	27,528	(657,889)	6,593,458
	4. Other Medicaid Revenue	-	-	-	-	-
	5. Other Health Care Related Revenues	-	-	-	-	-
6. TOTAL OPERATING REVENUES		67,734,512	66,823,612	65,572,763	66,878,787	267,009,674
MEMBER SERVICE EXPENSES	7. Hospital Services	-	-	-	-	-
	a. Inpatient	10,295,955	6,381,606	11,413,915	8,760,168	36,851,644
	b. Outpatient	6,893,060	3,863,365	6,133,248	5,967,340	22,857,013
	c. Emergency Room	3,390,142	2,235,883	3,273,723	2,852,796	11,752,544
	8. Physician/Profession Services	14,977,640	9,524,648	13,853,184	12,893,999	51,249,471
	9. Substance Abuse Disorder	1,928,891	1,843,483	1,649,988	1,896,605	7,318,967
	10. Mental Health	-	-	-	-	-
	a. Inpatient	65,782	85,443	161,930	69,984	383,139
	b. Residential	164,748	164,748	109,832	82,374	521,702
	c. Other Non-Inpatient	6,754,447	6,277,255	6,390,347	6,724,626	26,146,675
	11. Dental	3,663,937	3,573,559	3,843,978	3,582,574	14,664,048
	12. Prescription Drugs	7,727,247	7,025,528	7,424,738	7,693,236	29,870,749
	13. Transportation	-	-	-	-	-
	a. Emergency Medical Transportation	741,800	587,050	676,482	575,276	2,580,608
	b. Non-emergency Medical Transportation (NEMT)	1,383,890	1,389,645	1,415,873	1,477,215	5,666,623
14. DME & Supplies	1,328,619	1,268,220	1,338,232	1,370,671	5,305,742	
15. Other Member Service Expenses	2,461,528	3,111,747	3,056,613	4,352,246	12,982,134	
16. MEMBER SERVICE EXPENSES SUBTOTAL		61,777,686	47,332,180	60,742,083	58,299,110	228,151,059
ADJUSTMENTS	17. Health-Related Services (Excluding Case Mgmt)	305,688	883,616	408,890	1,271,676	2,869,870
	18. Case Management	353,928	424,106	434,463	557,563	1,770,060
	19. Fraud Prevention Activities	29,110	35,948	17,836	8,634	91,528
	20. Reinsurance/Stop Loss Premiums	658,479	665,921	678,348	687,804	2,690,552
	21. (Reinsurance Recoveries)	31,987	(380,030)	(275,696)	(559,504)	(1,183,243)
	22. (Co-payments)	-	-	-	-	-
	23. (TPR, COB, and Subrogation)	(293,863)	(206,521)	(233,311)	(408,024)	(1,141,719)
	24. Premium Deficiency Reserve	-	-	-	-	-
25. NET ADJUSTMENTS		1,085,329	1,423,040	1,030,530	1,558,149	5,097,048
26. TOTAL ADJUSTED MEMBER SERVICE EXPENSES		62,863,015	48,755,220	61,772,613	59,857,259	233,248,107
ADMINISTRATIVE	27. Compensation	-	-	-	-	-
	28. Other Administrative Expenses	6,279,918	6,397,816	6,349,977	6,691,882	25,719,593
29. TOTAL ADMINISTRATIVE EXPENSES		6,279,918	6,397,816	6,349,977	6,691,882	25,719,593
30. TOTAL OPERATING EXPENSES		69,142,933	55,153,036	68,122,590	66,549,141	258,967,700
31. NET OPERATING INCOME (LOSS)		(1,408,421)	11,670,576	(2,549,827)	329,646	8,041,974
NON-OPERATING REVENUES AND EXPENSES	32. Net Investment Income	88,301	71,687	56,841	71,971	288,800
	33. Non-Healthcare-Related (Expenses)	16,545	32,307	28,087	12,361	89,300
	34. Other Non-Operating Revenues and (Expenses)	-	-	-	-	-
35. TOTAL NON-OPERATING REVENUES AND EXPENSES		104,846	103,994	84,928	84,332	378,100
36. NET INCOME (LOSS) BEFORE TAXES AND SHARE OBLIGATION		(1,303,575)	11,774,570	(2,464,899)	413,978	8,420,074
37. Provision for Income Taxes		-	3,100,842	(704,585)	(530,600)	1,865,657
38. Provision for SHARE OBLIGATION		-	-	-	100,000	100,000
39. NET INCOME (LOSS)		\$ (1,303,575)	\$ 8,673,728	\$ (1,760,314)	\$ 844,578	\$ 6,454,417
NET ASSETS	40. Net Assets Beginning of Quarter	\$ 17,942,725	\$ 15,500,178	\$ 24,121,327	\$ 23,040,500	\$ 17,942,725
	41. Increase (Decrease) in Common Stock	-	-	-	-	-
	42. Increase (Decrease) in Preferred Stock	-	-	-	-	-
	43. Increase (Decrease) in Paid in Surplus	-	-	-	-	-
	44. Increase (Decrease) in Contributed Capital	-	-	-	-	-
	45. Increase (Decrease) in Surplus Notes	-	-	-	-	-
	46. Increase (Decrease) in Contingency Reserves	-	-	-	-	-
	47. Increase (Decrease) in Net Assets	-	-	-	-	-
	a. Net Income (Loss)	(1,303,575)	8,673,728	(1,760,314)	844,578	6,454,417
	b. Dividends/Distributions to Owners	-	-	-	-	-
	c. Interest on Surplus Notes	-	-	-	-	-
d. Changes in Nonadmitted Assets	(1,080,022)	(52,579)	679,487	105,156	(347,958)	
e. Other Changes in Net Assets	(58,950)	-	-	1,295,060	1,236,110	
48. Net Assets		\$ 15,500,178	\$ 24,121,327	\$ 23,040,500	\$ 25,285,294	\$ 25,285,294

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES, EXPENSES & CHANGES IN NET ASSETS
CORPORATE TOTAL

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
Q1-2020	Q2-2020	Q3-2020	Q4-2020	YTD 2020
Ok	Ok	Ok	Ok	Ok

Check

Details of Write-Ins Line 5:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 5	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 15:					
Value Based Payments -Quality Bonus	1,607,027	2,013,956	2,109,157	3,006,329	8,736,469
Value Based Payments - PCPCH	562,750	570,996	581,584	682,596	2,397,926
Value Based Payments - NEMT	114,305	117,586	118,914	121,134	471,939
Network Access Fees	73,532	73,973	75,562	77,710	300,777
Access Incentives	7,300	-	7,500	2,800	17,600
Interpreter	3,798	9,337	(1,350)	8,251	20,036
Provider -COVID-19 Stimulus	34,000	275,602	147,208	370,000	826,810
Other	58,816	50,297	18,038	83,426	210,577
	-	-	-	-	-
Total Write-Ins Line 15	\$ 2,461,528	\$ 3,111,747	\$ 3,056,613	\$ 4,352,246	\$ 12,982,134
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 34:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 34	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 47e:					
Change in Accounting Principle - GAAP Unrealized Gains/Losses	(58,950)	-	-	-	(58,950)
Change in Deferred Tax Assets	-	-	-	1,295,060	1,295,060
	-	-	-	-	-
Total Write-Ins Line 47e	\$ (58,950)	\$ -	\$ -	\$ 1,295,060	\$ 1,236,110
Check	Ok	Ok	Ok	Ok	Ok

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES & EXPENSES

OHP LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

		OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *
		Q1-2020	Q2-2020	Q3-2020	Q4-2020	YTD 2020
REVENUES	1. Gross Premiums (Capitation & Case Rate Revenue)	\$ 79,902,757	\$ 74,801,587	\$ 79,546,803	\$ 79,838,618	\$ 314,089,765
	a. Hospital Reimbursement Adjustments	-	-	-	-	-
	b. Qualified Directed Payments	14,094,424	10,226,800	12,478,904	9,721,212	46,521,340
	c. Minimum MLR/Risk Corridor Rebate (Revenue)	(6,982)	-	-	785,367	778,385
	d. Insurer Tax	1,591,149	1,559,697	1,572,582	1,783,250	6,506,678
	e. Health Insurance Provider Fee	-	-	-	-	-
	2. Net Premiums	64,224,166	63,015,090	65,495,317	67,548,789	260,283,362
	3. Quality Incentive Pool	3,459,540	3,764,279	27,528	(657,889)	6,593,458
	4. Other Medicaid Revenue	-	-	-	-	-
	5. Other Health Care Related Revenues	-	-	-	-	-
6. TOTAL OPERATING REVENUES		67,683,706	66,779,369	65,522,845	66,890,900	266,876,820
MEMBER SERVICE EXPENSES	7. Hospital Services	-	-	-	-	-
	a. Inpatient	10,292,577	6,381,456	11,413,915	8,760,168	36,848,116
	b. Outpatient	6,890,798	3,863,205	6,133,195	5,967,340	22,854,538
	c. Emergency Room	3,389,030	2,232,811	3,273,723	2,851,412	11,746,976
	8. Physician/Profession Services	14,962,781	9,515,587	13,843,283	12,886,491	51,208,142
	9. Substance Abuse Disorder	1,927,537	1,842,129	1,648,634	1,895,251	7,313,551
	10. Mental Health	-	-	-	-	-
	a. Inpatient	65,782	85,443	161,930	69,984	383,139
	b. Residential	164,748	164,748	109,832	80,585	519,913
	c. Other Non-Inpatient	6,747,135	6,270,211	6,383,479	6,716,295	26,117,120
	11. Dental	3,657,166	3,566,764	3,837,283	3,577,024	14,638,237
	12. Prescription Drugs	7,726,890	7,024,712	7,424,507	7,693,112	29,869,221
	13. Transportation	-	-	-	-	-
	a. Emergency Medical Transportation	741,800	587,050	676,482	575,276	2,580,608
	b. Non-emergency Medical Transportation (NEMT)	1,381,388	1,387,199	1,413,482	1,474,955	5,657,024
14. DME & Supplies	1,328,619	1,268,220	1,338,232	1,370,671	5,305,742	
15. Other Member Service Expenses	2,460,459	3,110,879	3,055,767	4,351,391	12,978,496	
16. MEMBER SERVICE EXPENSES SUBTOTAL		61,736,710	47,300,414	60,713,744	58,269,955	228,020,823
ADJUSTMENTS	17. Health-Related Services (Excluding Case Mgmt)	305,688	883,616	408,890	1,271,676	2,869,870
	18. Case Management	353,928	424,106	434,463	557,563	1,770,060
	19. Fraud Prevention Activities	29,110	35,948	17,836	8,634	91,528
	20. Reinsurance/Stop Loss Premiums	657,274	665,110	677,197	686,363	2,685,944
	21. (Reinsurance Recoveries)	31,987	(380,030)	(275,696)	(559,504)	(1,183,243)
	22. (Co-payments)	-	-	-	-	-
	23. (TPR, COB, and Subrogation)	(293,863)	(206,521)	(233,311)	(408,024)	(1,141,719)
	24. Premium Deficiency Reserve	-	-	-	-	-
25. NET ADJUSTMENTS		1,084,124	1,422,229	1,029,379	1,556,708	5,092,440
26. TOTAL ADJUSTED MEMBER SERVICE EXPENSES		62,820,834	48,722,643	61,743,123	59,826,663	233,113,263
ADMINISTRATIVE	27. Compensation	-	-	-	-	-
	28. Other Administrative Expenses	6,269,158	6,387,296	6,339,699	6,682,160	25,678,313
29. TOTAL ADMINISTRATIVE EXPENSES		6,269,158	6,387,296	6,339,699	6,682,160	25,678,313
30. TOTAL OPERATING EXPENSES		69,089,992	55,109,939	68,082,822	66,508,823	258,791,576
31. NET OPERATING INCOME (LOSS)		(1,406,286)	11,669,430	(2,559,977)	382,077	8,085,244
NON-OPERATING REVENUES AND EXPENSES	32. Net Investment Income	88,301	71,687	56,841	71,971	288,800
	33. Non-Healthcare-Related (Expenses)	16,545	32,307	28,087	12,361	89,300
	34. Other Non-Operating Revenues and (Expenses)	-	-	-	-	-
35. TOTAL NON-OPERATING REVENUES AND EXPENSES		104,846	103,994	84,928	84,332	378,100
36. NET INCOME (LOSS) BEFORE TAXES AND SHARE OBLIGATION		(1,301,440)	11,773,424	(2,475,049)	466,409	8,463,344
37. Provision for Income Taxes		-	3,100,842	(704,585)	(530,600)	1,865,657
38. Provision for SHARE OBLIGATION		-	-	-	100,000	100,000
39. NET INCOME (LOSS)		\$ (1,301,440)	\$ 8,672,582	\$ (1,770,464)	\$ 897,009	\$ 6,497,687

* This sheet should only include activity relating to the OHP portion of the business.

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES & EXPENSES

OHP LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *
Q1-2020	Q2-2020	Q3-2020	Q4-2020	YTD 2020

Details of Write-Ins Line 5:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 5	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 15:					
Value Based Payments -Quality Bonus	1,607,027	2,013,956	2,109,157	3,006,329	8,736,469
Value Based Payments - PCPCH	561,681	570,128	580,738	681,741	2,394,288
Value Based Payments - NEMT	114,305	117,586	118,914	121,134	471,939
Network Access Fees	73,532	73,973	75,562	77,710	300,777
Access Incentives	7,300	-	7,500	2,800	17,600
Interpreter	3,798	9,337	(1,350)	8,251	20,036
Provider -COVID-19 Stimulus	34,000	275,602	147,208	370,000	826,810
Other	58,816	50,297	18,038	83,426	210,577
	-	-	-	-	-
Total Write-Ins Line 15	\$ 2,460,459	\$ 3,110,879	\$ 3,055,767	\$ 4,351,391	\$ 12,978,496
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 34:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 34	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES & EXPENSES -- GUIDANCE FOR COVER ALL KIDS (CAK) LINE OF BUSINESS (LOB)

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

NOTE: Revenues and Expenses for Cover All Kids should be reported as a separate Line of Business and not included in the OHP Line of Business.

Line	Description
1. Gross Premiums (Capitation & Case Rate Revenue)	Enter all premiums received or accrued, include capitation and case rate revenues.
a. Minimum MLR Rebate/Risk Corridor Rebate/(Risk Corridor Settlement Revenue)	If CCO's Minimum MLR exceeds the standard MLR, enter zero. Otherwise, enter amount if added to CCO Total Incurred Medical Related Costs would result in a Minimum MLR equal to the Minimum MLR Standard. Also include adjustments for other risk corridor rebates (ENTER AS NEGATIVE IF ADDITIONAL PAYMENT IS DUE TO CCO).
b. Insurer Tax	Enter amount paid or accrued for the CCO/Managed Care Tax paid per HB 2391.
c. Health Insurance Provider Fee	Enter amount paid or accrued for the health insurance provider fee under ACA.
3. Other Health Care Related Revenues	Enter supplemental health care related revenues received or accrued not listed above and must be detailed in section below.
5. Hospital Services	Please provide breakout on Lines a. - c. below.
a. Inpatient	Enter amount incurred for services furnished in a hospital for the care and treatment of members, include elective (not urgent or emergent) hospital admission, transplant services, do not include inpatient mental health costs (which will be included under mental health inpatient on Line 8.a.)
b. Outpatient	Enter amount incurred for services furnished in a hospital for the care and treatment of an outpatient. Includes physical therapy, occupational therapy, speech therapy, audiology, hearing aids, apnea monitors, home parenteral/enteral therapy, and certain hospital services.
c. Emergency Room	Enter amount incurred for services to provide care for anyone in need of emergency treatment in a licensed hospital facility open 24 hours a day. The cost of urgent care is included on Line 6.
6. Physician/Profession Services	Enter amount incurred for services provided by licensed practitioners or staff for the treatment of member's health.
7. Substance Abuse Disorder	Enter amount incurred for the treatment of Substance Abuse Disorders, including substance dependence and substance abuse. Include substance intoxication, withdrawal, delirium, dementia and substance-induced psychotic or mood disorder as defined in DSM-5 criteria.
8. Mental Health	Please provide breakout on Lines a. - c. below.
a. Inpatient	Enter amount incurred for mental health services provided in a hospital as an admitted patient.
b. Residential	Enter amount incurred for residential mental health services provided in licensed community treatment programs.
c. Other Non-Inpatient	Enter all other costs incurred for mental health services not reported on Line 8.a. or 8.b.; include peer services, crisis services, case management, wrap-around services.
9. Dental	Enter amount incurred for dental services, include emergency dental services, dentures, restorative, periodontal, and preventative dental services.
10. Prescription Drugs	Enter costs incurred for pharmaceutical services, medications, and drugs.
11. Transportation	Please provide breakout on Lines a. - b. below.
a. Emergency Medical Transportation	Enter amount incurred for transportation necessary for a client with an emergency medical condition, usually to a hospital, where appropriate emergency medical service is available.
b. Non-emergency Medical Transportation (NEMT)	Enter amount incurred for transportation costs to and from medical services, that does not involve sudden, unexpected occurrence which creates a medical crisis requiring medical services.
12. DME & Supplies	Enter costs incurred for providing Durable Medical Equipment such as wheelchairs, respirators, crutches and custom orthopedic braces and medical supplies such as diapers, syringes, tubing, and gauze bandages to members.
13. Other Member Service Expenses	Enter all other member related costs incurred; must be detailed below. Include provider stabilization payments (made under the 2020 COVID amendment to the CCO contract) in this line, and please make sure it is properly listed in the "Detail of Write-ins" area along with other items.
15. Health-Related Services (Non-benefit)	Enter any Health-Related Services costs; including Flexible Services and Community Benefit Initiative costs specific to this LOB.
16. Case Management	Enter costs incurred specific to this LOB using the same guidelines on "Report L6.1 Guidance".
17. Fraud Prevention Activities	Enter costs incurred specific to this LOB using the same definitions as included in the Minimum Medical Loss Ratio template Instructions for that Form.
18. Reinsurance/Stop Loss Premiums	Enter premiums paid or accrued for reinsurance or stop loss insurance; do not include reinsuring all or substantially all of CCO risk.
19. Reinsurance Recoveries	Enter amount received or accrued from reimbursement of claims subject to reinsurance policies. (ENTER AS NEGATIVE NUMBER)
20. Co-payments	Enter amount of client co-payments received or accrued. (ENTER AS NEGATIVE NUMBER)
21. TPR, COB, and Subrogation	Enter amount received or accrued from third party resources, third party liability, subrogation or other third party payment. (ENTER AS NEGATIVE)
22. Premium Deficiency Reserve	Enter amount accrued or (reduced) for Premium Deficiency Reserve.
25. Administrative Services - Compensation	Enter costs incurred specific to this LOB using the same guidelines on "Report L6.1 Guidance".
26. Administrative Services - Other	Enter costs incurred specific to this LOB using the same guidelines on "Report L6.1 Guidance".

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES & EXPENSES

CAK LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

		CAK LOB ACTIVITY *	CAK LOB ACTIVITY *	CAK LOB ACTIVITY *	CAK LOB ACTIVITY *	CAK LOB ACTIVITY *
		Q1-2020	Q2-2020	Q3-2020	Q4-2020	YTD 2020
REVENUES	1. Gross Premiums (Capitation & Case Rate Revenue)	\$ 51,843	\$ 45,252	\$ 50,839	\$ 38,652	\$ 186,586
	a. Minimum MLR/Risk Corridor Rebate (Revenue)	-	-	-	50,000	50,000
	b. Insurer Tax	1,037	1,009	921	765	3,732
	c. Health Insurance Provider Fee	-	-	-	-	-
	2. Net Premiums	50,806	44,243	49,918	(12,113)	132,854
	3. Other Health Care Related Revenues	-	-	-	-	-
4. TOTAL OPERATING REVENUES		50,806	44,243	49,918	(12,113)	132,854
MEMBER SERVICE EXPENSES	5. Hospital Services	-	-	-	-	-
	a. Inpatient	3,378	150	-	-	3,528
	b. Outpatient	2,262	160	53	-	2,475
	c. Emergency Room	1,112	3,072	-	1,384	5,568
	6. Physician/Profession Services	14,859	9,061	9,901	7,508	41,329
	7. Substance Abuse Disorder	1,354	1,354	1,354	1,354	5,416
	8. Mental Health	-	-	-	-	-
	a. Inpatient	-	-	-	-	-
	b. Residential	-	-	-	1,789	1,789
	c. Other Non-Inpatient	7,312	7,044	6,868	8,331	29,555
	9. Dental	6,771	6,795	6,695	5,550	25,811
	10. Prescription Drugs	357	816	231	124	1,528
	11. Transportation	-	-	-	-	-
	a. Emergency Medical Transportation	-	-	-	-	-
b. Non-emergency Medical Transportation (NEMT)	2,502	2,446	2,391	2,260	9,599	
12. DME & Supplies	-	-	-	-	-	
13. Other Member Service Expenses	1,069	868	846	855	3,638	
14. MEMBER SERVICE EXPENSES SUBTOTAL		40,976	31,766	28,339	29,155	130,236
ADJUSTMENTS	15. Health-Related Services (Excluding Case Mgmt)	-	-	-	-	-
	16. Case Management	-	-	-	-	-
	17. Fraud Prevention Activities	-	-	-	-	-
	18. Reinsurance/Stop Loss Premiums	1,205	811	1,151	1,441	4,608
	19. (Reinsurance Recoveries)	-	-	-	-	-
	20. (Co-payments)	-	-	-	-	-
	21. (TPR, COB, and Subrogation)	-	-	-	-	-
22. Premium Deficiency Reserve	-	-	-	-	-	
23. NET ADJUSTMENTS		1,205	811	1,151	1,441	4,608
24. TOTAL ADJUSTED MEMBER SERVICE EXPENSES		42,181	32,577	29,490	30,596	134,844
ADMINISTRATIVE	25. Compensation	-	-	-	-	-
	26. Other Administrative Expenses	10,760	10,520	10,278	9,722	41,280
27. TOTAL ADMINISTRATIVE EXPENSES		10,760	10,520	10,278	9,722	41,280
28. TOTAL OPERATING EXPENSES		52,941	43,097	39,768	40,318	176,124
29. NET OPERATING INCOME (LOSS)		(2,135)	1,146	10,150	(52,431)	(43,270)
NON-OPERATING REVENUES AND EXPENSES	30. Net Investment Income	-	-	-	-	-
	31. Non-Healthcare-Related (Expenses)	-	-	-	-	-
	32. Other Non-Operating Revenues and (Expenses)	-	-	-	-	-
33. TOTAL NON-OPERATING REVENUES AND EXPENSES		-	-	-	-	-
34. NET INCOME (LOSS) BEFORE TAXES AND SHARE OBLIGATION		(2,135)	1,146	10,150	(52,431)	(43,270)
35. Provision for Income Taxes		-	-	-	-	-
36. Provision for SHARE OBLIGATION		-	-	-	-	-
37. NET INCOME (LOSS)		\$ (2,135)	\$ 1,146	\$ 10,150	\$ (52,431)	\$ (43,270)

* This sheet should only include activity relating to the CAK portion of the business.

REPORT L6 -- QUARTERLY STATEMENT OF REVENUES & EXPENSES
CAK LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

CAK LOB ACTIVITY *	CAK LOB ACTIVITY *	CAK LOB ACTIVITY *	CAK LOB ACTIVITY *	CAK LOB ACTIVITY *
Q1-2020	Q2-2020	Q3-2020	Q4-2020	YTD 2020

Details of Write-Ins Line 3:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 3	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 13:					
Value Based Payments - PCPCH	1,069	868	846	855	3,638
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 13	\$ 1,069	\$ 868	\$ 846	\$ 855	\$ 3,638
Check	Ok	Ok	Ok	Ok	Ok

Details of Write-Ins Line 32:					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Total Write-Ins Line 32	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok

REPORT L6.1 -- QUARTERLY STATEMENT OF ADMINISTRATIVE AND OTHER NON-BENEFIT COSTS--GUIDANCE OHP LOB

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Line	Description
1. Management Compensation	Enter amount incurred for all salary, benefit packages, and bonuses for any management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees.
2. Non-Management Compensation	Enter amount incurred for all salary, benefit packages, and bonuses for any non-management level employee of the CCO. Include any payroll taxes, relocation expense reimbursement, and any professional licensing fees.
3. Temporary Staff Compensation	Enter amount incurred for all salary, wages, premiums, benefit packages, and bonuses for all temporary staff of the CCO. Include any temporary staff whether part-time and full-time, non-employee staff paid as independent contractors or leased staff.
5. Operations Expenses	Enter operational costs for: • Rent/Lease/Mortgage Interest/Utilities for local office. • Maintenance/Repairs/Custodial/Security expenses for local office. • Information Systems: Communication and information systems costs. • Computer/Equipment lease, rental, or purchases for local office.
6. Corporate Services	Enter amount paid to the corporate entity/parent corporation/or other related organization for any corporate services provided.
7. Parent Fees	Enter amount paid to the corporate entity/parent corporation/or other related organization, which are not directly related to services provided.
8. General Administration Costs	Enter costs for office supplies, postage/mail-outs, printing and copier, marketing materials, training and education, recruiting, travel, depreciation and amortization, and other miscellaneous administrative costs.
9. Claims Processing	Enter direct or vendor related costs related to the processing of provider claims, sub-capitated payments or other distributions to providers. Exclude any amounts included on Lines 1. - 3. above.
10. Provider Network Development	Enter provider contracting, provider credentialing, provider education, and provider relations costs. Exclude amounts for consultant fees (Line 12. Professional Services), directory/mail-outs (Line 8. General Admin) and any compensation amounts (Lines 1. - 3.) included elsewhere.
11. Member Services	Enter amount incurred for customer service/support and grievance and appeals costs. Exclude amounts for consultant fees (Line 12. Professional Services), directory/mail-outs (Line 8. General Admin) and any compensation amounts (Lines 1. - 3.) included elsewhere.
12. Professional Services	Enter amount incurred for professional or consulting services provided by individuals or organizations that are members of a particular profession or possess a particular skill. Include costs such as legal, auditing, tax, or other consulting services. Exclude any amounts included on Lines 1. - 3. above.
13. Other Administrative Expenses	Enter all other administrative costs not included elsewhere; must be detailed below.
15. Hospital Reimbursement Adjustment	Carried over from Report L6.
16. Qualified Directed Payments	Carried over from Report L6.
17. Insurer Tax	Carried over from Report L6.
18. Health Insurance Provider Fee	Carried over from Report L6.
19. Health-Related Services (Excluding Case Mgmt)	Please provide breakout on Lines a. and b. below. Continue to report Case Management costs separately on Line 19.
a. Flexible Services	Health-related services provided to an individual member to supplement covered benefits. To be considered a health-related service, a service must meet the requirements in OARs 410-141-3000 and 410-141-3150.
b. Community Benefit Initiatives	Health-related services which are community-level interventions that include members, but are not necessarily limited to only members, and are focused on improving population health and health care quality. To be considered a health-related service, a service must meet the requirements in OARs 410-141-3000 and 410-141-3150.
20. Case Management	Please provide breakout on Lines a. - c. below.
a. General Case Management	Services provided to ensure that CCO members obtain health services necessary to maintain physical, mental, and emotional development and oral health. Case management services include a comprehensive, ongoing assessment of medical, mental health, substance use disorder or dental needs plus the development and implementation of a plan to obtain or make referrals for needed medical, mental, chemical dependency, or dental services, referring members to community services and supports that may include referrals to Allied Agencies.
b. Intensive Case Management	A specialized case management service provided to members identified as aged, blind, or disabled who have complex medical needs including: (a) Early identification of members eligible for ICM services; (b) Assistance to ensure timely access to providers and capitated services; (c) Coordination with providers to ensure consideration is given to unique needs in treatment planning; (d) Assistance to providers with coordination of capitated services and discharge planning; and (e) Aid with coordinating necessary and appropriate linkage of community support and social service systems with medical care systems.
c. Other Case Management	Any other form of case management service not included in 18.a. or 18.b. Please describe further on Report L6.3.
21. Fraud Prevention Activities	Carried over from Report L6.
22. Reinsurance/Stop Loss Premiums	Carried over from Report L6.
23. Provision For Income Taxes	Carried over from Report L6.

REPORT L6.1 -- QUARTERLY STATEMENT OF ADMINISTRATIVE AND OTHER NON-BENEFIT COSTS

OHP LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

		OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *	OHP LOB ACTIVITY *
		Q1-2020	Q2-2020	Q3-2020	Q4-2020	YTD 2020
SALARIES AND COMPENSATION	1. Management Compensation	\$ -	\$ -	\$ -	\$ -	\$ -
	2. Non-Management Compensation	-	-	-	-	-
	3. Temporary Staff Compensation	-	-	-	-	-
4. TOTAL SALARIES AND COMPENSATION		-	-	-	-	-
OTHER ADMINISTRATIVE EXPENSES	5. Operations Expenses	-	-	-	-	-
	6. Corporate Services	6,269,158	6,387,296	6,339,699	6,682,160	25,678,313
	7. Parent Fees	-	-	-	-	-
	8. General Administration Costs	-	-	-	-	-
	9. Claims Processing	-	-	-	-	-
	10. Provider Network Development	-	-	-	-	-
	11. Member Services	-	-	-	-	-
	12. Professional Services	-	-	-	-	-
13. Other Administrative Expenses	-	-	-	-	-	
14. OTHER ADMINISTRATIVE EXPENSES SUBTOTAL		6,269,158	6,387,296	6,339,699	6,682,160	25,678,313
NON-BENEFIT CMS RECLASSES FROM L6	15. Hospital Reimbursement Adjustment (b)	-	-	-	-	-
	16. Qualified Directed Payments (b)	14,094,424	10,226,800	12,478,904	9,721,212	46,521,340
	17. Insurer Tax (b)	1,591,149	1,559,697	1,572,582	1,783,250	6,506,678
	18. Health Insurance Provider Fee (b)	-	-	-	-	-
	19. Health-Related Services (Excluding Case Mgmt) (a)	305,688	883,616	408,890	1,271,676	2,869,870
	a. Flexible Services	135,038	232,351	89,044	288,282	744,715
	b. Community Benefit Initiative	170,650	651,265	319,846	983,394	2,125,155
	20. Case Management (a)	353,928	424,106	434,463	557,563	1,770,060
	a. General Case Management	134,639	161,554	166,462	218,085	680,740
	b. Intensive Case Management	219,289	262,552	268,001	339,478	1,089,320
	c. Other Case Management	-	-	-	-	-
	21. Fraud Prevention Activities (a)	29,110	35,948	17,836	8,634	91,528
22. Reinsurance/Stop Loss Premiums Paid (a)	657,274	665,110	677,197	686,363	2,685,944	
23. Provision For Income Taxes (b)	-	3,100,842	(704,585)	(530,600)	1,865,657	
24. NON-BENEFIT CMS RECLASSIFICATIONS FROM L6		17,031,573	16,896,119	14,885,287	13,498,098	62,311,077
25. TOTAL ADMINISTRATIVE AND OTHER NON-BENEFIT COSTS FOR RATE SETTING		\$ 23,300,731	\$ 23,283,415	\$ 21,224,986	\$ 20,180,258	\$ 87,989,390

Check Compensation	Ok	Ok	Ok	Ok	Ok
Check Other Administrative Expenses	Ok	Ok	Ok	Ok	Ok
Check Health-Related Services (Excluding Case Management)	Ok	Ok	Ok	Ok	Ok
Check Case Management Costs	Ok	Ok	Ok	Ok	Ok

Detail of Write-Ins Line 13:						
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
Total Write-Ins Line 13	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Check	Ok	Ok	Ok	Ok	Ok	Ok

* This sheet should only include activity relating to the OHP portion of the business.

(a) Costs generally allowable as a component of Incurred Medical Related Costs for purposes of the Minimum MLR calculation.

(b) Costs generally allowable as an offset within Medical Related Revenues for purposes of the Minimum MLR calculation.

Report L6.21 OHP -- HEALTH RELATED SERVICES - BIENNIAL

OHP LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Purpose: In order to track the cost of goods or services provided under this Member service expenses line, and since this data will not be collected on a claim form, this report will need to be completed.

Introduction: Health-related services are non-covered services under the Oregon Health Plan that are intended to improve care delivery and overall member and community health and well-being. Any medical service covered under the Oregon State Plan cannot be categorized as a health-related service.
 Health-related services may include but are not limited to: Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers; Education for health improvement or education supports, including those related to SDOH-E (e.g. education for health improvement and management, and supports for early childhood education, language and literacy, high school graduation, and higher education); Food services and supports, including those related to SDOH-E (e.g. vouchers, meal delivery, farmer's market in a food desert); Housing services and supports, including those related to SDOH-E (e.g. temporary housing or shelter, utilities, critical repairs, environmental remediation, including lead); Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition (e.g. items to improve mobility, air conditioner, athletic shoes, other specialized clothing); Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan (e.g. transportation for groceries or non-medical appointments related to individual social needs; community-level transportation improvements such as bike lanes and walking paths); Trauma informed services and supports across sectors, including those related to SDOH-E (e.g. implementing trauma informed care across sectors, ACEs training in schools); Other non-covered clinical services and improvements (e.g. supports for community oral health services, EHR meaningful use); or Other non-covered social and community health services and supports (e.g. social needs screening and referral, including community resource and referral technology and EHR integration, multi-sector interventions to improve population health, and interventions to address other SDOH-E, including employment and built environment improvements).

As defined in OAR 410-141-3845, health-related services must meet the following criteria: a) be designed to improve health quality; b) increase the likelihood of desired health outcomes in a manner that is capable of being objectively measured and produce verifiable results and achievements; c) be directed toward either individuals or segments of members, or provide health improvements to the population beyond those enrolled without additional costs for the non-members; and d) be based on evidence-based medicine, widely accepted best clinical practice, or criteria issued by accreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations. Health Related Services also include investments designed to support expenditures related to health information technology and meaningful use requirements necessary to accomplish the activities that are set forth in 45 CFR 158.151 that promote clinic community linkage and referral processes or support other activities as defined in 45 CFR 158.150.

Instructions: Unless otherwise noted in the CCO Guidance for Exhibit L Financial Reporting Template, all fields below are required for each HRS investment. This guidance is available at www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx.

For guidance on the HRS Categories in column c., refer to OHA's CCO Guidance for Exhibit L Financial Reporting Template: Health-Related Services Expenditures guidance available on the OHA HRS website (www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx).

The Total Health-Related Services Costs in Report L6.21 OHP must equal Report L6 OHP Line 17.

The information included in both the biennial tab (L6.21) and annual tab (L6.22) should reflect HRS expenditures made from premium revenue. CCOs may use funds received from the Quality Incentive Measures Program, including the Quality Pool and Challenge Pool, to spend on HRS. These expenditures should be reflected in the HRS tabs in the Exhibit L report. However, if a CCO uses dollars received from the Quality Incentive Measures Program to fund HRS, the CCO may not reflect such expenditures on tab L17, L17.1, or L17.2. Expenditures listed in L17, L17.1, and L17.2 must be mutually exclusive to expenditures listed in the HRS tabs (L6.21 and L6.22).

Notes: By entering expenditures in this report, your CCO is attesting that each expenditure is not a Medicaid covered service and that it aligns with the HRS definition noted above.
 Report Case Management Costs on Report L6.3

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.
Expenditure/Health-related services investment name	Description of services provided	HRS Category	Amount incurred for Flexible Services	Amount incurred for Community Benefit Initiative	Amount incurred for Health Information Technology	Total HRS incurred (Flex Services + CBI + HIT)	Number of members directly receiving (if applicable)	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 expenditures.	Describe intended measureable outcomes
ex. Housing support referral program or air conditioners		Select a category from the dropdown list	-	-	-	-	-		
BABEs - Josephine County	Voucher system for expecting and new mothers.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	6,486	-	-	6,486	93	This is a member centric reward program for pregnant women and babies up to 3 years old for making health choices, completing doctor visits and attending community sponsored classes (WIC-Parenting).	Decrease medical costs and ensure proper prenatal and pregnancy care.
BABEs - Jackson County	Voucher system for expecting and new mothers.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	7,466	-	-	7,466	140	This is a member centric reward program for pregnant women and babies up to 3 years old for making health choices, completing doctor visits and attending community sponsored classes (WIC-Parenting).	Decrease medical costs and ensure proper prenatal and pregnancy care.
Transportation services and supports	For rides to be eligible under this program, they must be for: grocery trips, health and wellness education classes, support groups such as AA, gym trips or social services (food bank, SS office). The ride cannot be an eligible NEMT benefit ride.	f.Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan;	192,961	-	-	192,961	753	Transportation as a supplementary service is necessary to meet basic needs.	Access to supplementary services and to meet basic human needs.
Food services and supports	Supplementary food - At the onset of the COVID -19 pandemic, the AllCare Health Care Coordination staff compiled a list of members who needed help accessing food. They purchased, sorted and arranged deliveries with little to no contact to those members.	c.Food services and supports, including those related to SDOH-E;	4,226	-	-	4,226	403	Members were unable to obtain fresh vegetables, fruit, meat, bread and dairy products from local food banks following depletion of inventory due to the pandemic	Members will have enough balanced nutritious food to eat
Script Gym Programs - Chronic Pain	A Health & Wellness program which is chosen by a members medical provider to cover multiple areas of focus including nutrition, fitness, and stress reduction in a group setting, and may include individual appointments. Each participant receives 6 one-on-one personal training sessions to help meet individual needs.	b.Education for health improvement or education supports, including those related to SDOH-E;	554	-	-	554	2	The script program is designed to achieve the following goals: 1) improve health outcomes compared to a baseline and reduce health disparities among specific populations and 2) implement, promote, and increase wellness and health activities.	The script program is designed to achieve

k.	l.	m.	n.	o.	p.	q.	r.	s.	t.	u.	v.	w.	x.
Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
Select a timeframe from the dropdown list				Select a timeframe from the dropdown list	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown
up to 1 year (12 months)	1/1/2020	12/31/2020	Better birth outcomes	up to 5 years (60 months)	No	No	No	Yes	Yes	Yes	Yes	No	Yes
up to 1 year (12 months)	1/1/2020	12/31/2020	Better birth outcomes	up to 5 years (60 months)	No	No	No	Yes	Yes	Yes	Yes	No	Yes
up to 1 year (12 months)	1/1/2020	12/31/2020	Members will have nutritious food, get exercise, receive community supports for alcohol and drug abuse, parenting services, rent assistance, obtain SNAP benefits and other DHS services, obtain social security benefits.	up to 1 year (12 months)	No	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	4/3/2020	5/23/2020	Better physical and mental health	up to 6 months	No	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	1/1/2020	12/31/2020	nd health activities and bring down non-pr	more than 5 years (more than 6	No	No	No	Yes	No	Yes	Yes	No	Yes

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.
Expenditure/Health-related services investment name	Description of services provided	HRS Category	Amount incurred for Flexible Services	Amount incurred for Community Benefit Initiative	Amount incurred for Health Information Technology	Total HRS incurred (Flex Services + CBI + HIT)	Number of members directly receiving (if applicable)	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 expenditures.	Describe intended measurable outcomes
Script Gym Programs - Lose It	A Health & Wellness program which is chosen by a members medical provider to cover multiple areas of focus including nutrition, fitness, and stress reduction in a group setting, and may include individual appointments. Each participant receives 6 one-on-one personal training sessions to help meet individual needs.	b.Education for health improvement or education supports, including those related to SDOH-E;	8,466	-	-	8,466	60	The script program is designed to achieve the following goals: 1) improve health outcomes compared to a baseline and reduce health disparities among specific populations and 2) implement, promote, and increase wellness and health activities.	The script program is designed to achieve the following goals: 1) improve health outcomes compared to a baseline and reduce health disparities among specific populations and 2) implement, promote, and increase wellness and health activities.
Adolescent Well Care Visit Incentive Program	AllCare Incentive Program for adolescent's to incentivise a members to make appointment and receive an annual well care visit.	h.Other non-covered clinical services and improvements; or	3,000	-	-	3,000	200	Program incentivizes age group to develop and maintain annual visits with their PCP. AllCare has noted this is a difficult age group to engage in their health care.	Develop relationship with PCP and learn the importance of annual well care visits
Lifeline	Purchase Automatic Medication Dispenser	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	1,177	-	-	1,177	-	Research has shown that regular exercise can ease pain long term by improving muscle tone, strength, and flexibility. Exercise may also cause a release of endorphins, the body's natural painkillers.	Having appropriate gym shoes will allow member to fully participate in the chronic pain program with personal trainer to help relieve chronic pain symptoms.
Infant Massage Training	Loving Touch Program - Understand the impact of trauma on behavior and beyond Covid-19 supporting Children & families	b.Education for health improvement or education supports, including those related to SDOH-E;	80	-	-	80	-		
Rogue Retreat	Rogue Retreat provides 5 different levels of housing and shelter to homeless individuals and families that get them out of survival mode and give them a stable foundation. Once they have a safe and stable place to sleep and take care of their daily living necessities they can then begin to work with our case managers to help them set short and long term goals to begin their journey to self-sufficiency.	d.Housing services and supports, including those related to SDOH-E;	192,443	-	-	192,443	178	Rogue Retreat is a private housing program that provides housing and shelter to homeless members. The program has multiple levels of entry and works through its case management program to help their clients learn self-sufficiency with both short- and long-term goals. AllCare CCO supports our member participation in the program by contracting with Rogue Retreat to provide case management services for our members enrolled in Rogue Retreat's programs.	Member will be housed and provided with case management during the time period with the ultimate goal of helping member find permanent housing which will decrease overall medical costs of the member.
Maslow	Provides different levels of housing and shelter to homeless individuals and families that get them out of survival mode and give them a stable foundation. Once they have a safe and stable place to sleep and take care of their daily living necessities they can then begin to work with our case managers to help them set short and long term goals to begin their journey to self-sufficiency. Services includes both THW and peer counselors.	d.Housing services and supports, including those related to SDOH-E;	257,225	-	-	257,225	267	Maslow is a non-profit providing housing and shelter to homeless members. The program has multiple levels of entry and works through its case management program to help clients learn self-sufficiency with both short- and long-term goals. AllCare CCO supports our member participation in the program by contracting with Maslow to provide case management services for our members.	Member will be housed and provided with case management during the time period with the ultimate goal of helping member find permanent housing which will decrease overall medical costs of the member.
Rogue Retreat - Cindy's Haven	Cindy's Haven is for pregnant members that are in need of safe and secure housing during their pregnancy. During their stay they receive case management to assist with their pregnancy and prenatal needs.	d.Housing services and supports, including those related to SDOH-E;	36,000	-	-	36,000	-	Rogue Retreat is a private housing program that provides housing and shelter to homeless members. The program has multiple levels of entry and works through its case management program to help their clients learn self-sufficiency with both short- and long-term goals. AllCare CCO supports our member participation in the program by contracting with Rogue Retreat to provide case management services for our members enrolled in Rogue Retreat's programs.	Member will be housed and provided with case management during the time period with the ultimate goal resulting in a positive outcome with the birth resulting in decreased medical costs for both mother and infant.
Case Management Activity	Pulse Oximeter	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	35	-	-		1	Monitoring pulse while focal seizures are occurring	Monitoring will allow parents to intervene when hypoxia is occurring
Care Coordination Management Activity	Birth Certificate	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	55				1	Members needs California birth certificate in order to apply for HUD housing voucher program. Member is homeless.	Member will be out of the elements maintaining better health.
Care Coordination Management Activity	Tobacco cessation milestone celebration	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	310				31	\$10 gift cards to celebrate tobacco free milestones	Member will remain tobacco free
Nutrition Support	Hemp protein powder	c.Food services and supports, including those related to SDOH-E;	267				1	Member will receive protein in liquid form	Member will receive nutrition with sever TMJ in both sides of jaw.
Housing services and supports	Four months rent	d.Housing services and supports, including those related to SDOH-E;	1,800				1	Stable housing will promote healing from symptoms of cancer therapies.	Remain housed.

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Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 1 year (12 months)	1/1/2020	12/31/2020	Increase member wellness and health activities and bring down non-preventative health care costs	more than 5 years (more than 60 months)	No	No	No	Yes	No	Yes	Yes	No	Yes
up to 1 year (12 months)	1/1/2020	12/31/2020	Increase member wellness and improve knowledge of wellcare visits	Select a timeframe from the dropdown list	No	No	No	Yes	Yes	No	Yes	No	No
up to 1 year (12 months)	1/1/2020	1/8/2021	Chronic pain management	up to 1 year (12 months)	No	No	No	Yes	No	No	Yes	No	No
up to 1 year (12 months)	1/1/2020	12/31/2020		up to 6 months	No	No	No	Yes	No	No	Yes	No	No
up to 1 year (12 months)	1/1/2020	12/31/2020	Decreased medical costs and meeting SDOH-E needs.	more than 5 years (more than 60 months)	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes
up to 1 year (12 months)	1/1/2020	12/31/2020	Decreased medical costs and meeting SDOH-A needs.	more than 5 years (more than 60 months)	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes
up to 1 year (12 months)	1/1/2020	12/31/2020	Decreased for both and meeting SDOH-A needs.	more than 5 years (more than 60 months)	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes
more than 5 years (more than 60 months)	3/26/2020	3/26/2021	Reduced usage of ED and hospital stays	up to 5 years (60 months)	No	No	No	Yes	Yes	No	No	No	No
more than 5 years (more than 60 months)	5/12/2020	7/30/2020	reduced ED visits and hospitalizations	more than 5 years (more than 60 months)	No	No	No	Yes	Yes	No	No	No	Yes
up to 1 year (12 months)	1/1/2020	12/31/2020	Better overall health and reduction in medical claims related to tobacco use	up to 1 year (12 months)	No	No	No	Yes	No	Yes	Yes	No	No
up to 1 year (12 months)	3/12/2020	3/12/2021	Member will ingest liquid protein in a form she is not allergic to	up to 1 year (12 months)	No	No	No	Yes	No	No	Yes	No	No
up to 6 months	5/1/2020	7/1/2020	Side effects of cancer therapies will abate. Strength and endurance will return with P.T. for return to normal work life.	up to 6 months	No	No	No	Yes	No	No	No	No	Yes

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Expenditure/Health-related services investment name	Description of services provided	HRS Category	Amount incurred for Flexible Services	Amount incurred for Community Benefit Initiative	Amount incurred for Health Information Technology	Total HRS incurred (Flex Services + CBI + HIT)	Number of members directly receiving (if applicable)	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 expenditures.	Describe intended measureable outcomes
Housing services and supports	First and last months rent	d.Housing services and supports, including those related to SDOH-E;	1,000				1	Stable housing will promote healing and allow home health care	Body reconditioning, following trans metatarsal amputations, recovery from cellulitis and abscess at distal amputation site. Learning safe ambulation
Care coordination management activities	Hotel lodging to learn cares for infant's medical conditions and provide breast milk for safe storage in NICU for infant when able to trial PO feeds.	d.Housing services and supports, including those related to SDOH-E;	1,384				1	Mother of infant in NICU will learn to properly care for child upon discharge and provide breast milk for proper storage so mom can learn to safely do PO feeds when infant is able.	Infant will thrive and continue gaining weight once on PO feeds.
Care coordination management activities	First month rent	d.Housing services and supports, including those related to SDOH-E;	1,437				1	Stable housing will provide member's children with less skin eruptions and better control of sensory disorders and less depression and anxiety for member.	Less pcp, urgent care and ED visits.
Housing services and supports	Prorated rent plus 1 full month	d.Housing services and supports, including those related to SDOH-E;	1,326				1	Member in 3rd trimester of pregnancy will be housed.	Member will deliver healthy child and regain custody of other children.
Housing services and supports	RV parking space	d.Housing services and supports, including those related to SDOH-E;	484				1	Safe parking of RV to prevent city ticketing for unlawful parking.	Member will feel safe and be able to use electricity, toilet and water.
Housing services and supports	Hotel lodging	d.Housing services and supports, including those related to SDOH-E;	442	-	-	442	1	Members home being cleaned of debris/trash.	Member will be able to sleep in her bed and live in the h house.
Housing services and supports	3 months hotel lodging due to wildfire disaster.	d.Housing services and supports, including those related to SDOH-E;	2,149	-	-	2,149	1	Members home and all personal property were destroyed by wildfire. Member has comorbidities preventing congregate living in shelter.	Member with co morbidities at high risk for covid-19 exposure will be safe.
Housing services and supports	54 nights lodging due to wildfire disaster. Member was scheduled for surgery and recovery.	d.Housing services and supports, including those related to SDOH-E;	4,747	-	-	4,747	1	Member will have a safe place to stay in noncongregate setting to remain covid free prior to and after surgery.	Member will have necessary surgery.
Housing services and supports	26 nights lodging due to wildfire disaster.	d.Housing services and supports, including those related to SDOH-E;	2,262	-	-	2,262	1	Members home and all personal property were destroyed by wildfire. Member has comorbidities preventing congregate living in shelter.	Member with co morbidities at high risk for covid-19 exposure will be safe.
Housing services and supports	3 nights lodging	d.Housing services and supports, including those related to SDOH-E;	532				1	Members home piled to the ceiling with trash and debris. Aged and People with Disabilities paying a service to clean home and seal floors with harsh chemicals	Member will have a safe living environment.
Items for the living environment	Purchase Automatic Medication Dispenser	d.Housing services and supports, including those related to SDOH-E;	650				1	Taking your medicine as prescribed or medication adherence is important for controlling chronic conditions, treating temporary conditions, and overall long term health and well-being.	Member will take medication at scheduled times, decrease ED visits, hospital stays
Items for the living environment	Athletic shoes	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	68				1	Research has shown that regular exercise can ease pain long term by improving muscle tone, strength, and flexibility. Exercise may also cause a release of endorphins, the body's natural painkillers.	Having appropriate gym shoes will allow member to fully participate in the chronic pain program with personal trainer to help relieve chronic pain symptoms.
Items for the living environment	Weight scale	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	41				1	Research has shown that regular exercise can ease pain long term by improving muscle tone, strength, and flexibility. Exercise may also cause a release of endorphins, the body's natural painkillers.	Reducing chronic pain.
Items for the living environment	Rental Automatic Medication Dispenser	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	250				1	Taking your medicine as prescribed or medication adherence is important for controlling chronic conditions, treating temporary conditions, and overall long term health and well-being.	Member will take medication at scheduled times, decrease ED visits, hospital stays
Items for the living environment	Removal of accumulation of garbage and junk impeding ability to enter trailer and property with broken leg.	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	3,102				1	Following a broken leg member unable to enter trailer where he resided due to accumulation of junk inside. Property outside unkempt drawing vermin.	Member will be housed in an environment where he is able to walk with crutches inside and outside.
Items for the living environment	Camper Van battery	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	217				1	Member is homeless, living in a van. Member will be housed promoting better health.	Respiratory infections and illnesses will be reduced allowing avoidance of ED and hospitalizations. .
Items for the environment	Talking clock	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	26				1	Member will be able to know the current date, day and time.	Member will be able to keep appointments on time.
Items for the environment	Gym shoes	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	30				1	Member will exercise	Weight loss

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up to 1 year (12 months)	3/17/2020	3/17/2021	Body reconditioning and healing of cellulitis and abscess.	up to 1 year (12 months)	No	No	No	Yes	No	No	No	No	Yes
up to 5 years (60 months)	4/8/2020	6/2/2020	Decrease ED visits and future complications associated with infant's medical conditions.	up to 5 years (60 months)	No	No	No	Yes	Yes	Yes	Yes	No	Yes
up to 1 year (12 months)	6/1/2020	7/1/2020	Reduce pcip, urgent care and ED use.	up to 1 year (12 months)	No	No	No	Yes	No	No	No	No	Yes
up to 6 months	7/27/2020	2/1/2021	Healthy infant delivered to member with safe secure housing.	up to 6 months	No	No	No	Yes	No	No	No	No	Yes
up to 6 months	12/29/2020	6/30/2021	Member will feel safe and be able to use electricity, toilet and water.	up to 6 months	No	No	No	Yes	No	No	No	No	Yes
up to 6 months	10/23/2020	10/26/2020	Member will feel safe in her home.	up to 6 months	No	No	No	Yes	No	No	No	No	Yes
up to 6 months	9/16/2020	12/16/2020	Member and her granddaughter will not be exposed to congregate housing, limiting exposure to covid-19.	up to 6 months	No	No	No	Yes	No	Yes	Yes	No	Yes
up to 6 months	9/19/2020	11/12/2020	Members health will be better following surgery.	up to 6 months	No	No	No	Yes	Yes	No	Yes	No	Yes
up to 6 months	10/10/2020	11/5/2020	Member will not be infected by covid-19 in cognate living shelter	up to 6 months	No	No	No	Yes	Yes	No	Yes	No	Yes
up to 6 months	10/23/2020	10/26/2020	Member will no longer sleep on floor, can sleep in bed and have freedom to move thought her house. Able to cook food and have sanitary living conditions	up to 6 months	No	No	No	Yes	No	Yes	Yes	No	Yes
up to 1 year (12 months)	1/7/2020	1/7/2021	Reduced usage of ED and hospital stays	up to 1 year (12 months)	No	No	No	Yes	No	Yes	No	No	No
up to 1 year (12 months)	1/8/2020	1/8/2021	Chronic pain management	up to 1 year (12 months)	No	No	No	Yes	No	No	Yes	No	No
up to 1.5 years (18 months)	1/14/2020	7/14/2021	Chronic pain management	up to 1.5 years (18 months)	No	No	No	Yes	No	No	Yes	No	No
up to 6 months	1/17/2020	3/1/2020	Reduced usage of ED and hospital stays	up to 6 months	No	No	No	Yes	No	No	Yes	No	No
up to 1.5 years (18 months)	1/23/2020	1/23/2020	Reduced usage of the ED and hospital stays	up to 1 year (12 months)	No	No	No	Yes	No	No	No	No	No
up to 1 year (12 months)	2/7/2020	2/7/2020	Reduced usage of the ED and hospital stays	up to 1 year (12 months)	No	No	No	Yes	No	No	No	No	Yes
up to 5 years (60 months)	3/3/2020	3/3/2025	Won't miss medical/dental appointments and scheduled rides.	more than 5 years (more than 60 months)	No	No	No	Yes	No	No	No	No	Yes
up to 1 year (12 months)	1/28/2020	12/31/2020	Member will attend workouts	up to 1 year (12 months)	No	No	No	Yes	No	No	Yes	No	No

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Expenditure/Health-related services investment name	Description of services provided	HRS Category	Amount incurred for Flexible Services	Amount incurred for Community Benefit Initiative	Amount incurred for Health Information Technology	Total HRS incurred (Flex Services + CBI + HIT)	Number of members directly receiving (if applicable)	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 expenditures.	Describe intended measureable outcomes
Items for the environment	Weight scale	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	18				1	Monitor weight	Weight loss
Items for the environment	Microwave oven	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	40				1	Eating warm healthy food encourages nutrition intake.	Eat food
Items for the living environment	Replacement HEPPA filters	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	66				1	Dirty air exacerbates respiratory issues	Clean in home air will reduce respiratory symptoms.
Items for the living environment	Weighted utensils, scoop bowls and resistance bands.	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	70				1	Member will be able to feed herself more comfortably ensuring proper nutrition and exercise hands, wrists and arms.	Member will experience less pain from carpal tunnel and arthritis
Items for the living environment	Power inverter	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	159				1	Member is homeless living in a car. Will be enabled to operate CPAP and nebulizer.	Member will breathe properly while sleeping and receive medication via nebulizer.
Items for the living environment	Replacement set of car keys	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	40				1	Member is homeless living in a car. Will be enabled to lock car to prevent theft of the car and personal property inside the car when needing to leave for toileting, obtaining food, medical and dental appts.	Member can attend medical and dental appointments.
Items for the living environment	Portable wallet with controlled internal temperature for insulin storage	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	31				1	Homeless member will be administering insulin that is stable meeting his healthcare needs.	Stable blood sugar
Housing services and supports	Rental of automated medication dispenser	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	100				1	Member will take prescribed RX as ordered	Member to take medication at scheduled times, decrease ED visits, hospital stays
Care coordination management activities	Automobile power inverter	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	159				1	Member is homeless living in her car. Will be able to use nebulizer to manage chronic lung disease.	Member will breath better and avoid exacerbations of lung disease
Care coordination management activities	Replacement fee for Assurance Wireless Phone	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	6				1	Member will be able to make and receive calls from medical providers for appointments and schedule NEMT services.	Make and keep appointments with medical providers and obtain NEMT services to appointments and to get RXs.
Care coordination management activities	Warm clothing, jacket, shoes, hat, blanket, air mattress, personal hygiene wipes and toilet paper	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	189				1	Member in need or warm clothing, shoes and personal supplies in order to feel comfortable to establish care with a pcp.	Member will establish with pcp, have blisters on toes treated, receive complete health care.
Care coordination management activities	Electric space heater	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	50				1	Member will be warm in his trailer reducing respiratory infections and related illness.	Member will be warm in his trailer
Care coordination management activities	Heated lap blanket	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	33				1	Chronic pain will be reduced enabling member to complete ADLs	Chronic pain reduced
Care coordination management activities	Folding grocery cart	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	60				1	Safe transfer of food from market to home.	Member able to obtain a larger quantity of nutritious food to take home.
Care coordination management activities	Household room air purifiers	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	360				1	Breathing air with reduced particles of allergens and toxins will be beneficial.	Member will breath easier while at home avoiding exacerbations of lung disease.
Care coordination management activities	Bed wedge for sleeping	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	30				1	Raising chest for sleep will limit respiratory distress.	Member will breathe better while in a prone position.
Care coordination management activities	Digital weight scale	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	21				1	Monitoring daily weight will help prevent exacerbation of chronic heart disease.	Member will be able to monitor fluid build up within body and around heart.
Care coordination management activities	Installation of home safety transfer pole	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	60				1	Safe transfer from wheelchair to bed.	Member will be able to transfer safely from wheelchair to bed resulting in less fall risk and emergency ambulance and hospital care.
Care coordination management activities	Large collapsible folding wagon	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	122				1	Member will be able to move around with personal property and keep medications from becoming lost.	Security of personal property including prescription medications.

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up to 1 year (12 months)	3/12/2020	3/12/2020	Member will be able to monitor weight.	up to 1 year (12 months)	No	No	No	Yes	No	No	Yes	No	No
up to 1 year (12 months)	3/23/2020	3/23/2021	Member will consume healthy food.	up to 1 year (12 months)	No	No	No	Yes	No	No	No	No	Yes
up to 1 year (12 months)	4/27/2020	4/27/2001	Reduced usage of ED and hospital stays	Select a timeframe from the dropdown list	No	No	No	Yes	No	No	No	No	No
more than 5 years (more than 60 months)	5/13/2020	5/13/2026	Proper caloric intake to meet nutritional needs.	more than 5 years (more than 60 months)	No	No	No	Yes	No	No	No	No	No
more than 5 years (more than 60 months)	4/30/2020	4/30/2026	Reduce ED visits and hospitalizations.	more than 5 years (more than 60 months)	No	No	No	Yes	No	No	No	No	No
more than 5 years (more than 60 months)	5/20/2020	5/20/2026	Reduce ED visits and hospitalizations.	more than 5 years (more than 60 months)	No	No	No	Yes	No	No	No	No	No
more than 5 years (more than 60 months)	5/11/2020	6/1/2025	Reduced urgent care, ED visits and hospitalizations	more than 5 years (more than 60 months)	No	No	No	Yes	Yes	Yes	Yes	No	Yes
up to 6 months	1/1/2020	3/1/2020	Reduced usage of ED and hospital stays	up to 6 months	No	No	No	Yes	No	Yes	No	No	No
up to 5 years (60 months)	1/13/2020	1/14/2025	Reduced urgent care, ED visits and hospitalizations	more than 5 years (more than 60 months)	No	No	No	Yes	Yes	No	No	No	No
up to 1 year (12 months)	1/14/2020	2/14/2020	Reduced visits to urgent care and ED.	up to 1 year (12 months)	No	No	No	Yes	Yes	No	No	No	No
up to 1 year (12 months)	1/14/2020	1/15/2021	Member will receive the attention of pcp and needed care.	up to 1.5 years (18 months)	No	No	No	Yes	No	No	No	No	Yes
more than 5 years (more than 60 months)	1/27/2020	1/31/2025	Member will be warm and enabled to stay in his home.	up to 5 years (60 months)	No	No	No	Yes	No	No	No	No	Yes
up to 5 years (60 months)	1/28/2020	2/1/2025	Chronic pain will be reduced allowing member to complete ADLs with reduced pain.	up to 5 years (60 months)	No	No	No	Yes	No	No	Yes	No	No
more than 5 years (more than 60 months)	6/12/2020	7/1/2025	Member will prepare nutritious food at home with less trips to market on public transportation.	up to 5 years (60 months)	No	No	No	Yes	No	No	No	No	No
more than 5 years (more than 60 months)	6/18/2020	6/30/2025	Reduce ED visits and hospitalizations and ambulance services.	more than 5 years (more than 60 months)	No	No	No	Yes	Yes	No	No	No	No
more than 5 years (more than 60 months)	6/22/2020	6/30/2025	Reduce ED visits and hospitalizations.	more than 5 years (more than 60 months)	No	No	No	Yes	No	No	No	No	No
more than 5 years (more than 60 months)	6/22/2020	6/30/2025	Reduce ED visits and hospitalizations and ambulance services.	more than 5 years (more than 60 months)	No	No	No	Yes	No	No	No	No	No
more than 5 years (more than 60 months)	6/23/2020	7/1/2025	Prevent falls, emergency ambulant and ED visits and hospitalizations.	more than 5 years (more than 60 months)	No	No	No	Yes	No	No	No	No	No
up to 1 year (12 months)	7/9/2020	8/1/2021	Reduce pcp, urgent care and ED use.	up to 1 year (12 months)	No	No	No	Yes	No	No	No	No	Yes

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Expenditure/Health-related services investment name	Description of services provided	HRS Category	Amount incurred for Flexible Services	Amount incurred for Community Benefit Initiative	Amount incurred for Health Information Technology	Total HRS incurred (Flex Services + CBI + HIT)	Number of members directly receiving (if applicable)	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 expenditures.	Describe intended measureable outcomes
Care coordination management activities	Removal of non-operational heating system and replacement	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	1,465				1	Member will have safe heating in home and no exposure to CO2 gas.	Member will be enabled to continue to live in home
Items for the living environment	Wheel chair ramp	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	5,457				1	Member with BKA will be able to safely enter and leave his home.	Member will be able to enter and leave his home to attend medical appts, obtain food.
Items for the living environment	Plumbing repair	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	380				1	Environmental hazard under member's trailer will be eliminated.	Member will be enabled to continue to live in home
Items for the living environment	Portable wallet with controlled internal temperature for insulin storage	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	34				1	Homeless member will be administering insulin that is stable meeting his healthcare needs.	Stable blood sugar
Items for the living environment	Clothing, shoes, personal care items	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	321				1	Member lost home and all personal property in wildfire.	Basic clothing, shoes and personal care items will aid in members independence and well being.
Housing services and supports	Cell phone and minutes	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	48				1	Members home and all personal property were destroyed by wildfire. Member needs to be able to use phone to make calls.	Member will reach FEMA, American Red Cross for housing and food supports, other social supports and services and medical providers.
Items for the living environment	Body pillow	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	23				1	Member will have better body alignment while sleeping, reducing pain.	Reducing chronic pain.
Items for the living environment	clothing, shoes, weight scale and wrist watch	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	337				1	Members home and all personal property were destroyed by wildfire. Member needs to monitor weight for chronic heart disease and take RX at prescribed times of day.	Member will have clothing and shoes and avoid ED and hospitalization.
Housing services and supports	Cell phone minutes	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	21				1	Members home and all personal property were destroyed by wildfire. Member needs to be able to use phone to make calls.	Member will reach FEMA, American Red Cross for housing and food supports, other social supports and services and medical providers.
Items for the living environment	Portable wallet with controlled internal temperature for insulin storage	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	30				1	Homeless member will be administering insulin that is stable meeting her healthcare needs.	Stable blood sugar
Items for the living environment	Rental Automated medication dispenser	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	650				1	Taking your medicine as prescribed or medication adherence is important for controlling chronic conditions, treating temporary conditions, and overall long term health and well-being.	Member will be enabled to adhere to prescribed time of day to take RXs, reducing ED visits, hospital stays
Items for the living environment	Weighted blanket	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	35				1	Weighted blankets can help with sensory seeking behaviors and severe sleep concerns.	Weighted blanket will assist with sensory seeking behaviors, anxiety, ODD/ADHD behaviors and severe sleep concerns.
Items for the living environment	Apnea monitor	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	88				1	Parents need to know when child stops breathing for appropriate actions as necessary.	Notify parents when child stops breathing.
Items for the living environment	Air purifier	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	216				1	Chronic lung disease symptom exacerbations will be reduced.	Breathing clean air will help members damaged lungs.
Items for the living environment	Weight scale	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	26	-	-		1	Monitoring daily weight will help prevent exacerbation of chronic heart disease.	Member will be enabled to report weight increases to PCP for possible change in RX regimen to manage water gain.
Items for the living environment	Body pillow	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	24			24	1	Body alignment while sleeping will reduce nighttime pain promoting restful sleep.	Reduced back pain
Items for the living environment	Warm jacket and pants	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	140	-	-	140	1	Wearing appropriate cold weather outerwear will reduce negative effects of cold weather and risk of hypothermia.	Better sleep and no hypothermia
Items for the living environment	Air purifier	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	160	-	-	160	1	Chronic lung disease symptom exacerbations will be reduced.	Breathing clean air will help members damaged lungs.

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Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 5 years (60 months)	7/31/2020	8/1/2025	Member will continue to have stable housing.	up to 5 years (60 months)	No	No	No	Yes	No	No	No	No	Yes
more than 5 years (more than 60 months)	8/5/2020	8/6/2025	Fall risk reduced, able to attend medical appointments and obtain food.	more than 5 years (more than 60 months)	No	No	No	Yes	No	Yes	No	No	Yes
up to 1 year (12 months)	8/31/2020	9/1/2021	Member will be enabled to remain in home.	up to 1 year (12 months)	No	No	No	Yes	No	No	No	No	Yes
up to 5 years (60 months)	9/3/2020	9/4/2025	Reduced urgent care, ED visits and hospitalizations	more than 5 years (more than 60 months)	No	No	No	Yes	Yes	No	Yes	No	Yes
up to 6 months	9/10/2020	3/11/2021	Member will have change of clothing and personal hygiene items.	up to 6 months	No	No	No	Yes	No	Yes	No	No	Yes
up to 6 months	9/12/2020	9/12/2020	Member will be enabled to reach FEMA, American Red Cross, social supports and services and medical providers.	up to 6 months	No	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	9/17/2020	9/18/2021	Reduced urgent care and ED visits for pain	up to 1 year (12 months)	No	No	No	Yes	Yes	No	No	No	No
up to 6 months	9/21/2020	9/23/2020	Less ambulance, ED and hospitalizations.	up to 6 months	No	No	No	Yes	Yes	Yes	Yes	No	Yes
up to 6 months	9/24/2020	9/24/2020	Member will be enabled to reach FEMA, American Red Cross, social supports and services and medical providers.	up to 6 months	No	No	No	Yes	No	No	Yes	No	Yes
more than 5 years (more than 60 months)	9/29/2020	9/30/2025	Reduced urgent care, ED visits and hospitalizations	more than 5 years (more than 60 months)	No	No	No	Yes	Yes	Yes	Yes	No	Yes
up to 1 year (12 months)	10/1/2020	1/1/2021	Number of seizures reduced and less falls, reducing ambulance, ED and hospitalizations	up to 1 year (12 months)	No	No	No	Yes	Yes	Yes	No	No	No
up to 5 years (60 months)	10/8/2020	10/8/2025	Reduced sensory seeking behaviors, anxiety and help with sleep.	up to 5 years (60 months)	No	No	No	Yes	No	Yes	Yes	No	No
up to 1 year (12 months)	10/16/2020	10/16/2021	Reduced urgent care, ambulance, ED visits and hospitalizations	up to 1 year (12 months)	No	No	No	Yes	Yes	No	No	No	No
up to 2 years (24 months)	10/20/2020	10/20/2022	Reduced urgent care, ambulance, ED visits and hospitalizations	up to 2 years (24 months)	No	No	No	Yes	Yes	No	No	No	No
up to 2 years (24 months)	10/23/2020	10/24/2022	Reduced urgent care, ambulance, ED visits and hospitalizations	up to 2 years (24 months)	No	No	No	Yes	Yes	No	No	No	No
up to 1 year (12 months)	10/26/2020	10/26/2022	Reduced urgent care, ambulance and ED visits	up to 1 year (12 months)	No	No	No	Yes	Yes	No	No	No	No
up to 5 years (60 months)	10/27/2020	10/27/2025	Less risk of cold weather skin damage.	up to 5 years (60 months)	No	No	No	Yes	No	No	No	No	Yes
up to 2 years (24 months)	10/30/2020	11/1/2022	Reduced urgent care, ambulance, ED visits and hospitalizations	up to 2 years (24 months)	No	No	No	Yes	Yes	No	No	No	No

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Expenditure/Health-related services investment name	Description of services provided	HRS Category	Amount incurred for Flexible Services	Amount incurred for Community Benefit Initiative	Amount incurred for Health Information Technology	Total HRS incurred (Flex Services + CBI + HIT)	Number of members directly receiving (if applicable)	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 expenditures.	Describe intended measurable outcomes
Items for the living environment	Forehead thermometer	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	25	-	-	25	1	Member feels lightheaded when running a fever.	Checking body temperature will allow member to know if at fall risk.
Items for the living environment	Fees for past due porta potty rental and to pump out trailer sewage tank	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	163	-	-	163	1	Member will be enabled to use toilet in trailer.	Removes risk to self and environment from toileting out doors.
Items for the living environment	Water heater replacement and plumbing repair.	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	496	-	-	496	1	Member will be able to bathe regularly caring for chronic skin condition.	Reduce skin infection rate.
Items for the living environment	Stethoscope	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	21	-	-	21	1	Parents of infant with tachycardia can monitor heart rate at home.	Infant will continue to have normal heart rate
Items for the living environment	Pulse oximeter	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	21	-	-	21	1	Ability to monitor oxygen level will allow administration of oxygen.	Prevent hypoxia at home.
Items for the living environment	Monthly rental of Life Alert system	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	222	-	-	222	1	If member falls she can press life alert button for help.	Member will feel safe in and around her home and receive help if needed.
Rogue Community Health - Legal Assistance Program	Legal Assistance Program - AllCare helps fund a position at Rogue Community Health (legal). This staff provides legal assistance for any Rogue Community patients that needs assistance. Examples, eviction, paperwork, etc.	i.Other non-covered social and community health services and supports.		(12,948)	-	(12,948)		Funds were returned to AllCare in 2020 from 2019 grant program. Website component of the program was not completed, funds were returned.	
ASCEND Program Grab & Go Youth STEAM Activity Kits	The goods funded are intended to improve overall member and community health and well-being of youth in Gold Beach by enabling the Curry Public Library's ASCEND Program to offer weekly Grab & Go STEAM Activity Kits. Kits funded will expand materials available to include developmentally appropriate materials for preschool aged children. Kits will be designed to help build skills in science, technology, engineering, art and math during Comprehensive Distance Learning and other program closures due to COVID-19.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	3,000			Not Available	The Center for Global Development recommends Equity-Focused Approaches to Learning Loss during COVID-19 noting that most COVID responses in education will end up by privileging better-off children. Students from households with greater levels of connectivity, higher levels of parental education, greater availability of parental time for engagement, and in-home availability of books and materials have much better ability to access and benefit from distance learning. They note that systems should be able to work with partners to safely deliver or allow families to pick up a basic package of learning materials, including books and writing materials as the impact that learning materials can have on learning continuity during periods of school closure are well researched. Source: https://www.cgdev.org/blog/equity-focused-approaches-learning-loss-during-covid-19 This investment addresses the regional priority of Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2828/colaborativecurrychip-final.pdf	The intended measurable outcomes of this investment include: development and implementation of Activity Kit distribution program; increase in available supports to families for creating enriching out of school time for children and youth; decrease in child and youth sense of isolation during COVID-19; and, increased engagement in learning activities.

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Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 1 year (12 months)	11/11/2020	11/11/2021	Member will not be at risk for falling if running a temperature.	up to 1 year (12 months)	No	No	No	Yes	No	Yes	Yes	No	No
up to 6 months	11/20/2020	5/20/2021	Member will be able to toilet in doors.	up to 6 months	No	No	No	Yes	No	No	No	No	Yes
up to 2 years (24 months)	12/5/2020	12/6/2022	Reduced urgent care and ED visits for pain	up to 2 years (24 months)	No	No	No	Yes	Yes	No	No	No	No
up to 1 year (12 months)	12/13/2020	12/13/2020	Reduced urgent care, ED visits and hospitalizations	up to 1 year (12 months)	Yes	No	No	Yes	Yes	No	Yes	No	No
up to 1 year (12 months)	12/18/2020	12/18/2021	Member will be enabled to administer home oxygen as needed to prevent hypoxia.	up to 1 year (12 months)	No	No	No	Yes	Yes	Yes	Yes	No	No
up to 6 months	12/29/2020	6/30/2021	Member will feel safe in and around her home and receive help if needed.	up to 6 months	No	No	No	Yes	Yes	Yes	Yes	No	No
			Decrease meeting SDOH(12,948)R needs.										
up to 6 months	6/11/2020	11/30/2020	Evidence indicates that there is a positive return on investment when families have equitable access to materials to support their children's out of school time learning, especially during times of crisis such as the COVID-19 pandemic. Program is likely to reduce child and youth experiences of isolation, increase parent capacities for supporting their children, and decrease health inequities caused by poor education outcomes of at risk students. These upstream interventions are likely to result in lower long-term health care costs and improved academic engagement and achievement.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a. Expenditure/Health-related services investment name	b. Description of services provided	c. HRS Category	d. Amount incurred for Flexible Services	e. Amount incurred for Community Benefit Initiative	f. Amount incurred for Health Information Technology	g. Total HRS incurred (Flex Services + CBI + HIT)	h. Number of members directly receiving (if applicable)	i. 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 expenditures.	j. Describe intended measurable outcomes
At Home Learning Support Materials for Parents and Caregivers	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of families with young children in Jackson and Josephine Counties by enabling the Outreach Program Team at Siskiyou Community Health Center to modify their service delivery model to ensure continuity and safety of care during the COVID-19 pandemic. Funded activities and materials will ensure distribution of quality, developmentally appropriate activity kits and tangible good items to families enrolled in the Outreach Program's home visiting services (Health Families, Health Start and Project Baby Check). Services do not qualify as a covered benefit under the Oregon Medicaid Program.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	3,200			Not Available	Home Visitors are using information from two evidence-based curricula, Growing Great Kids (https://www.greatkidsinc.org/) and Parents as Teachers (https://parentsasteachers.org/), as the foundation for the kit development. The Center for Global Development recommends Equity-Focused Approaches to Learning Loss during COVID-19 noting that most COVID responses in education will end up by privileging better-off children. Students from households with greater levels of connectivity, higher levels of parental education, greater availability of parental time for engagement, and in-home availability of books and materials have much better ability to access and benefit from distance learning. They note that systems should be able to work with partners to safely deliver or allow families to pick up a basic package of learning materials, including books and writing materials as the impact that learning materials can have on learning continuity during periods of school closure are well researched. Source: https://www.cgdev.org/blog/equity-focused-approaches-learning-loss-during-covid-19 According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that	The intended measurable outcomes of this investment include: increase caregiver capacity to provide enriching, nurturing experiences for their children while isolated at home; decrease caregiver isolation, stress, and the risk of child abuse and/or neglect; and, increase caregiver access to tangible goods to help with the care of their children.
Azalea Park Outdoor Fitness Area	The goods funded are intended to improve overall member and community health and well-being of residents of the Brookings-Harbor community by enabling the City of Brookings to purchase and install equipment in a new outdoor fitness area that is being planned for Azalea Park. This equipment will facilitate activities of varying levels of difficulty to accommodate for age and ability of all community members, allowing for full body exercise, educational and informational signage, and safe surfacing.	l.Other non-covered social and community health services and supports.	-	5,000			Not Available	Studies by the National Institutes of Health indicated that supporting the establishment and improvement of Built Environments can positively impact health outcomes. Built Environments are the places built or designed by humans, including buildings, grounds around buildings, layout of communities, transportation infrastructure, and parks and trails. Changing built environments and policies is expected to have long-term impact on most or all of the people in those places. Characteristics of built environments, from neighborhoods to cities, have been related to rates of chronic disease and mental health and risk factors such as obesity and hypertension. Physical activity is believed to be a critical mechanism by which built environments can affect chronic disease. Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3315587/ This investment addresses the regional priority of Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2628/colaborativecurrychip-final.pdf	The intended measurable outcomes of this investment include: establish a free outdoor community park; increase education of community members about the importance of health and well-being; establish various levels of exercise difficulty to accommodate age and ability; create an inviting and inclusive atmosphere; provide options for a full body workout with materials that will not deteriorate given the climate and proximity to the ocean; and, engage community partners to achieve this vision.

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Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 1 year (12 months)	4/9/2020	3/31/2021	Evidence indicates that there is a positive return on investment when families have equitable access to materials to support their children's out of school time learning, especially during times of crisis such as the COVID-19 pandemic. Program is likely to reduce child and youth experiences of isolation, increase parent capacities for supporting their children, and decrease health inequities caused by poor education outcomes of at risk students. These upstream interventions are likely to result in lower long-term health care costs and improved academic engagement and achievement.	more than 5 years (more than 60 months)	No	No	Yes	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	3/10/2020	3/31/2021	Benefits include increased accessibility for all community members to safe spaces where physical activity can take place. Such activity is likely to contribute to the prevention of serious health conditions, which ultimately results in a reduction in health care costs.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a. Expenditure/Health-related services investment name	b. Description of services provided	c. HRS Category	d. Amount incurred for Flexible Services	e. Amount incurred for Community Benefit Initiative	f. Amount incurred for Health Information Technology	g. Total HRS incurred (Flex Services + CBI + HIT)	h. Number of members directly receiving (if applicable)	i. 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 expenditures.	j. Describe intended measurable outcomes
Basic Needs for Domestic Abuse Survivors	The services funded are intended to improve the well-being of people who have been victims of trafficking in the AllCare Service region by increasing the capacity of the Rebecca Bender Initiative to provide assistance to survivors for counseling, rent, food and clothing when other sources of support are not available.	g.Trauma informed services and supports across sectors, including those related to SDOH E;	-	5,000			Not Available	Best practices show that people who have been victims of trafficking need help with integrating back into a healthy, productive life. The funds granted will enable us to provide counseling, job coaching, clothes, food and shelter and since the pandemic has hit we are very limited on grant funds coming in. Source: https://digitalcommons.georgiasouthern.edu/cgi/viewcontent.cgi?article=1207&context=honors-theses This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2826/all-in-for-health-chip-2019.pdf	The intended measurable outcome of this investment includes: increase in food and rental assistance, as well as tangible goods such as clothes and housing.
Basic Supports for Domestic Violence Survivors	The goods and services funded are intended to improve overall member and community health and well-being of survivors of domestic violence in the Illinois Valley area who have been affected by COVID-19 by increasing the Illinois Valley Safe House Alliance's capacity to provide assistance with rent, emergency shelter, utility bills, and other needs associated with maintaining the safety of victims and their families for which other resources are not available.	i.Other non-covered social and community health services and supports.	-	5,000			Not Available	We use the housing model "Housing First", and look for guidance through recognized organizations, including OCADSV, Futures Without Violence, OVW, VAWA, and CVSSD. Source: https://www.futureswithouthome.org/funding-announcement-project-catalyst-phase-ii-statewide-transformation-health-ipv-human-trafficking/page/16/ This investment addresses the regional priority of Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2826/all-in-for-health-chip-2019.pdf	The intended measurable outcome of this investment includes: increase supports in ending a violent relationship decreases immediate and long-term mental health complications such as depression, anxiety, post-traumatic stress and/or risk of suicide.
Bear Creek Greenway COVID-19 Response	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of individuals living along the Greenway (river) by increasing the capacity of Jackson County Emergency Operations Center in providing food, transportation, and COVID-19 screening in Jackson County.	i.Other non-covered social and community health services and supports.	-	20,000			Not Available	Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:	The intended measurable outcomes of this investment include: decrease spread of COVID-19 in Jackson County; and, increased basic services to high-risk population

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up to 6 months	5/18/2020	12/31/2020	Program is likely to decrease medical costs and long-term effects to ones mental health and well-being.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	12/13/2020	12/31/2021	Decreased rate of ED visits and/or hospitalizations, improved ACES family scores over time, improved parenting skills, improved child engagement in education, lower rates of long-term behavioral health complications.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/10/2020	4/30/2021	Reduced impact on emergency departments, reduced spread of COVID-19, reduced negative health impacts and outcomes for the unsheltered homeless population.	more than 5 years (more than 60 months)	Yes	Yes	No	Yes	Yes	Yes	Yes	No	Yes

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Big Idea Next - Youth Mentoring Program	The services funded are intended to improve overall member and community health and well-being of high school students in alternative education programs by increasing the Unite Way of Jackson County's capacity to providing staff to assist students with barrier removal to school engagement and increase their graduation rates.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	12,500			Not Available	<p>A report by the National Mentoring Partnership states that consistent, enduring presence of a caring adult in a young person's life can be the difference between staying in school or dropping out, making healthy decisions or engaging in risky behaviors, and realizing one's potential or failing to achieve one's dreams. Mentors can make a profound difference in the lives of their mentees — and in turn, strengthen our communities, economy, and country. Source: https://files.eric.ed.gov/fulltext/ED558065.pdf</p> <p>Evidence in The Chronicle of Evidence Based Mentoring states that having a trusted adult in one's life can be a key support to young people in making and managing the transitions of young adulthood, however not all young people have access to such an adult. Formal youth mentoring programs aim to fill this gap for individual young people. Source: https://www.evidencebasedmentoring.org/equipping-adults-to-better-support-young-people-informal-mentoring-programs/</p> <p>The Association for Psychological Science also supports that, while the quality and duration of mentoring can greatly impact overall outcomes, findings point toward the flexibility and broad applicability of mentoring as an approach for supporting positive youth</p>	The intended measurable outcomes of this investment include: increase availability and duration of quality mentoring for students at risk of disengaging from school; and, increase high school graduation rates.
Classroom Modifications for COVID-19 Safety	The goods funded are intended to improve overall member and community health and well-being of students returning to classrooms during COVID-19 by increasing the capacity of Jackson Co. School Dist. #91 in purchasing individual student desks in compliance with distancing directives in the Butte Falls School District, a region devastated by the Oberchain Fire.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	5,000			Not Available	<p>The Oregon Department of Education, in collaboration with the Oregon Health Authority and the Center for Disease Control, has developed the best practice standards (requirements and recommendations) for modifying classrooms in response to COVID-19. Providing single-student desks is the least costly and most doable solution we can find for providing "a welcoming seat in the room for every student." We will document how the use of single student desks allows us to accomplish this in our effort to get every student back to school when conditions allow. Source: https://www.oregon.gov/highered/about/Documents/News-Updates/OHA-HECC-higher-education-health-standards-covid-FINAL.pdf</p> <p>This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2626/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcome of this investment includes: increase number of individual desks to comply with state requirements for distancing during COVID-19.

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up to 1 year (12 months)	5/21/2020	6/30/2021	Investing in youth's education results in supporting working families, support social, emotional, cognitive, and academic development, reduce risky behaviors, promote physical health, and provide a safe and supportive environment for children and youth.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 2 years (24 months)	12/2/2020	12/31/2022	Education leaders do not seek a monetary return on their investment, like business leaders do; they seek greater student learning, or other outcomes like student citizenship, higher graduation rates, or increased lifetime earnings and career options. They want to use their scarce dollars on what works best for students.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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ClearMask Distribution to Infant Mental Health and Early Childhood Care & Education Workforce	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of Infant Mental Health Professionals, Early Childhood Care and Education Professionals, and the young children and caregivers they serve in Jackson, Josephine, Curry and Southern Douglas Counties by distributing CDC approved ClearMasks to allow for visual connections during services.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	5,000			Not Available	<p>Program is modeled after a best practice developed by the Florida Infant Mental Health Association. Source: https://www.faimh.org/faces</p> <p>55% of communication is visual. Traditional masks block faces and prevent our ability to see facial expressions and emotions, catch visual cues, and communicate. The ClearMask™ brand is the first fully transparent, FDA-cleared, class II transparent surgical mask with full-face visibility. Our mask has a smart, patent-pending design optimized for comfort and breathability, while providing assured protection. The mask blocks aerosols, fluids, and sprays from our faces through its anti-fog, transparent plastic barrier and meets applicable ASTM level 3 standards. Source: https://www.theclearmask.com/product</p> <p>This investment addresses the regional priority of Behavioral Health and Parenting Support & Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase safety for Infant Mental Health and Early Care and Education Professionals serving families with young children through the purchase and distribution of CDC approved ClearMasks; and, increase the ability of professionals to effectively serve young children and their families with evidence-based practices that encourage bonding and health social emotional development.
Commercial Refrigerators for Perishable Food Supplies	The goods funded are intended to expand the capacity of Calvary Chapel of Grants Pass to purchase two commercial grade refrigeration units to ensure availability of perishable food to those in need, increase the nutritional quality of food boxes, and improve food safety of people struggling with hunger and food-insecurity in Josephine County.	c.Food services and supports, including those related to SDOH-E;	-	5,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity =as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: expand capacity to ensure safe refrigeration of perishable food; increase available healthy food for distribution to those in need; and, increase the nutritional quality of food boxes.

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up to 1.5 years (18 months)	11/20/2020	6/30/2022	Evidence indicates that there is a positive return on investment in supporting parents and caregivers to build skills to develop healthy attachments with their young children. High quality early childhood care and education professionals are uniquely qualified to build these adult capabilities. Program is likely to increase opportunities for these services to be delivered safely during COVID-19 using the ClearMasks. In-person delivery of services is an evidence-based best practice.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
more than 5 years (more than 60 months)	5/18/2020		Evidence indicated that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Expenditure/Health-related services investment name	Description of services provided	HRS Category	Amount incurred for Flexible Services	Amount incurred for Community Benefit Initiative	Amount incurred for Health Information Technology	Total HRS incurred (Flex Services + CBI + HIT)	Number of members directly receiving (if applicable)	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 expenditures.	Describe intended measurable outcomes
Community Inclusion	The services funded are intended to improve overall member and community health and well-being of intellectually and developmentally disabled community by hosting community inclusive events throughout Curry County.	i.Other non-covered social and community health services and supports.	-	5,000			Not Available	<p>People with I/DD are more likely to have underlying health conditions that leave them more susceptible to the pandemic and, unfortunately, if they cannot be adequately supported living in the community, they are at high risk of ending up in nursing homes, state institutions, and other congregate settings which have been at the heart of the disease spreading. Source: http://thearc.org/wp-content/uploads/2020/05/Briefing-Paper.pdf</p> <p>This investment addresses the regional priority of Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: Establish inclusive events for Individuals with I/DD that will foster relationships and a sense of fitting in. Establish training and support groups for families and providers are known to relieve stress and lower rates of abuse and neglect. Expansion of The Arc's Fitness for All program will help us to reach out and provide specific health and nutrition related curriculum tailored to individuals with I/DD. Source: https://caseforinclusion.org/application/files/5015/8179/5128/Case_for_Inclusion_2020_Key_Findings_021420web.pdf
Community Information Exchange	The services funded are intended to improve care delivery and overall member and community health and well-being of residents of Jackson and Josephine County by contracting with Unite Us to implement a robust Community Information Exchange.	i.Other non-covered social and community health services and supports.	-	-	115,000		Not Available	<p>Community Information Exchange, a national leader in the deployment of a CIE, explains that this technology creates an ecosystem comprised of multidisciplinary network partners that use a shared language, a resource database, and an integrated technology platform to deliver enhanced community care planning. Care planning tools enable partners to integrate data from multiple sources and make bi-directional referrals to create a shared longitudinal record. By focusing on these core components, a CIE enables communities to shift away from a reactive approach to providing care toward proactive, holistic, person-centered care. Source: https://ciesandiego.org</p> <p>According to the Health Information Technology, Quality and Evaluation Center, the collection of data related to patients' nonmedical needs through use of Social Determinant of Health assessment tools can accelerate systemic population health improvement, as well as engage patients in addressing their social non-medical needs through coordinated access to appropriate services. Source: https://hiteqcenter.org/DesktopModules/EasyDNNNews/DocumentDownload.ashx?portalid=0&moduleid=718&articleid=1536&documentid=292</p>	The intended measurable outcomes of this investment include: The services funded are intended to improve care delivery and overall member and community health and well-being of residents of Jackson and Josephine County by launching the Unite Us Community Information Exchange.

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up to 1 year (12 months)	1/6/2020	1/31/2021	Evidence indicates that there is a positive return on investment when communities promote productivity, reach those in need, and track health, safety, and quality of life for those with I/DD.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	10/15/2020	12/31/2021	The use of CIE to increase communication between service providers has been demonstrated as a best practice for increasing quality needs screening, making accurate and timely referrals, and tracking outcomes for clients. The system makes it possible to send referrals with client consent and is built on trauma informed principles. Ultimately, use of CIE enables communities to work together on behalf of clients to ensure care is accessed in the moment of need which decreases the cost of services for more acute interventions downstream.	more than 5 years (more than 60 months)	Yes	No	No	Yes	Yes	No	Yes	Yes	Yes

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COVID-19 and Wildfire Recovery Fund	The goods and services funded are intended to improve overall member and community health and well-being of residents of Curry County affected by COVID-19 and recent wildfires by supporting Coastline Neighbors's ability to provide emergency supports for: rent and mortgage assistance, utility, food, medical, personal protective equipment, and other needs identified by community members for which sources of support are not available.	i.Other non-covered social and community health services and supports.	-	7,000			Not Available	<p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum of social needs. Source: https://www.cdc.gov/pcd/issues/2020/20_032_2.htm</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alcarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcome of this investment includes: increase flexible, responsive supports available to individuals in Curry County to support recovery from COVID-19 and recent wildfires.
COVID-19 and Wildfire Recovery Fund	The goods and services funded are intended to improve overall member and community health and well-being of youth and their families in Jackson and Josephine Counties affected by COVID-19 and recent wildfires by supporting College Dream's ability to provide emergency supports for: rent and mortgage assistance, utility, food, medical, personal protective equipment, and other needs identified by community members for which sources of support are not available.	i.Other non-covered social and community health services and supports.	-	9,134			Not Available	<p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum of social needs. Source: https://www.cdc.gov/pcd/issues/2020/20_032_2.htm</p> <p>This investment addresses the regional priorities of Behavioral Health, Housing, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alcarehealth.com/media/2826/all</p>	The intended measurable outcomes of this investment include: increase in families able to pay their mortgage, rent, and utility bills; increase in food stability for families affected by the COVID-19 pandemic; increase in access to technology (internet, computer, smart phone) for youth and families especially in rural communities; and, increase in youth and families who have access to sanitation supplies and personal protective equipment.

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up to 1 year (12 months)	4/15/2020	4/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	5/27/2020	5/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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COVID-19 and Wildfire Recovery Fund	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of youth, ages 12 to 18, in Josephine County by enabling Joe's Place Ministries to distribute food boxes, hygiene products, school supplies and gift cards to local grocery stores during the COVID-19 pandemic when other sources of support are not available. Funds enable Joe's Place to deliver these supplies to the youth and their families at the places where they are living, primarily in Grants Pass and Cave Junction.	Other non-covered social and community health services and supports.	-	6,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: increase vulnerable youth access to food and tangible goods during the COVID-19 pandemic to help alleviate stress on families.
COVID-19 and Wildfire Recovery Fund	The goods and services funded are intended to improve overall member and community health and well-being of the LGBTQ and BIPOC communities of rural Southern Oregon affected by COVID-19 and recent wildfires by increasing NativeWomanshare's ability to provide emergency supports for: rent and mortgage assistance, utility, food, medical, personal protective equipment, and other needs identified by community members for which sources of support are not available.	Other non-covered social and community health services and supports.	-	5,000			Not Available	<p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum of social needs. Source: https://www.cdc.gov/pcd/issues/2020/20_0322.htm</p> <p>This investment addresses the regional priorities of Behavioral Health, Housing, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2626/all</p>	The intended measurable outcomes of this investment include: increase availability of temporary safe living space free from violence for LGBTQ and BIPOC individuals displaced by the COVID-19 pandemic and/or wildfires; and, increase nutritional supports for LGBTQ and BIPOC individuals displaced by the COVID-19 pandemic and/or wildfires.

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Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 6 months	4/15/2020	10/31/2020	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	12/2/2020	12/31/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a. Expenditure/Health-related services investment name	b. Description of services provided	c. HRS Category	d. Amount incurred for Flexible Services	e. Amount incurred for Community Benefit Initiative	f. Amount incurred for Health Information Technology	g. Total HRS incurred (Flex Services + CBI + HIT)	h. Number of members directly receiving (if applicable)	i. 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 expenditures.	j. Describe intended measurable outcomes
COVID-19 and Wildfire Recovery Fund	The goods and services funded are intended to improve overall member and community health and well-being of residents of Jackson County affected by COVID-19 and recent wildfires by supporting the Teresa McCormick Center's ability to provide emergency supports for: rent and mortgage assistance, utility, food, medical, personal protective equipment, and other needs identified by community members for which sources of support are not available.	i.Other non-covered social and community health services and supports.	-	35,000			Not Available	<p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum of social needs. Source: https://www.cdc.gov/pcd/issues/2020/20_0322.htm</p> <p>This investment addresses the regional priorities of Behavioral Health, Housing, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2826/all</p>	The intended measurable outcome of this investment includes: increase availability of goods available to meet the basic needs of individuals and families directly affected by recent wildfires and/or COVID-19.
COVID-19 and Wildfire Recovery Fund	The goods and services funded are intended to improve overall member and community health and well-being of Southern Douglas County residents affected by COVID-19 and recent wildfires by supporting the United Community Action Network's ability to provide emergency supports for: rent and mortgage assistance, utility, food, medical, personal protective equipment, and other needs identified by community members for which sources of support are not available.	i.Other non-covered social and community health services and supports.	-	15,000			Not Available	<p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum of social needs. Source: https://www.cdc.gov/pcd/issues/2020/20_0322.htm</p> <p>This investment addresses the regional priorities of Behavioral Health, Housing, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2826/all</p>	The intended measurable outcome of this investment includes: increase adequate capacity to meet emergency support needs for residents of rural Southern Douglas County.

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up to 1 year (12 months)	11/30/2020	11/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	5/13/2020	5/31/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a. Expenditure/Health-related services investment name	b. Description of services provided	c. HRS Category	d. Amount incurred for Flexible Services	e. Amount incurred for Community Benefit Initiative	f. Amount incurred for Health Information Technology	g. Total HRS incurred (Flex Services + CBI + HIT)	h. Number of members directly receiving (if applicable)	i. 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 expenditures.	j. Describe intended measurable outcomes
COVID-19 and Wildfire Recovery Fund	The goods and services funded are intended to improve overall member and community health and well-being of residents of Jackson and Josephine Counties affected by COVID-19 and recent wildfires by supporting United Way of Jackson County's ability to provide emergency supports for: rent and mortgage assistance, utility, food, medical, personal protective equipment, and other needs identified by community members for which sources of support are not available.	h.Other non-covered clinical services and improvements; or	-	49,000			Not Available	<p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum of social needs. Source: https://www.cdc.gov/pcd/issues/2020/20_0322.htm</p> <p>This investment addresses the regional priorities of Behavioral Health, Housing, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-laboratrecvcurrychip-final.pdf</p>	The intended measurable outcome of this investment includes: increase flexible, responsive supports available to individuals and non-profit organizations in Jackson and Josephine Counties to support recovery from COVID-19 and recent wildfires.
COVID-19 and Wildfire Recovery Fund	The goods and services funded are intended to improve overall member and community health and well-being of residents of Curry County affected by COVID-19 and recent wildfires by supporting United Way of Southwestern Oregon's ability to provide emergency supports for: rent and mortgage assistance, utility, food, medical, personal protective equipment, and other needs identified by community members for which sources of support are not available.	h.Other non-covered clinical services and improvements; or	-	26,750			Not Available	<p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum of social needs. Source: https://www.cdc.gov/pcd/issues/2020/20_0322.htm</p> <p>This investment addresses the regional priority of Health System Capacity, Health Equity, and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaboratrecvcurrychip-final.pdf</p>	The intended measurable outcome of this investment includes: increase flexible, responsive supports available to individuals and non-profit organizations in Curry County to support recovery from COVID-19 and recent wildfires.

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up to 1 year (12 months)	4/15/2020	4/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	11/17/2020	11/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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COVID-19 and Wildfire Recovery Fund	The goods and services funded are intended to improve overall member and community health and well-being of victims of Domestic Violence in Josephine Counties affected by COVID-19 and recent wildfires by supporting the Women's Crisis Support Team's ability to provide emergency supports for: rent and mortgage assistance, utility, food, medical, personal protective equipment, and other needs identified by community members for which sources of support are not available.	i.Other non-covered social and community health services and supports.	-	15,000			Not Available	<p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum of social needs. Source: https://www.cdc.gov/pcd/issues/2020/20_0322.htm</p> <p>This investment addresses the regional priorities of Behavioral Health, Housing, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2826/all</p>	The intended measurable outcome of this investment includes: increase support for individuals and families fleeing domestic and sexual violence to achieve immediate safety, access resources, and connect to community services' establish emergency assistance.
COVID-19 and Wildfire Recovery Triage Services and Tangible Goods	The goods and services funded are intended to improve overall member and community health and well-being of Josephine County residents affected by COVID-19 and/or recent wildfires by increasing the capacity of the United Community Action Network to provide emergency supports for: rent and mortgage assistance, utility, food, medical, personal protective equipment, and other needs identified by community members for which sources of support are not available. Funds will enable staff to deliver services at pop-up locations in remote areas and to provide on-going care coordination as needed.	i.Other non-covered social and community health services and supports.	-	25,000			Not Available	<p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum of social needs. Source: https://www.cdc.gov/pcd/issues/2020/20_0322.htm</p> <p>This investment addresses the regional priorities of Behavioral Health, Housing, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2826/all</p>	The intended measurable outcome of this investment includes: increase flexible, responsive supports available to individuals in Josephine County to support recovery from COVID-19 and recent wildfires.

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up to 1 year (12 months)	4/28/2020	4/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/23/2020	4/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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COVID-19 Client Support Needs	The goods funded are intended to improve overall member and community health and well-being of individuals in recovery in Josephine County by increasing the capacity for the Grants Pass Sobering Center to provide for client's basic needs for supplies, PPE and some nutritional items due to the COVID-19 pandemic.	i.Other non-covered social and community health services and supports.	-	20,000			Not Available	Sobering centers offer an alternative to incarceration and relieve overuse of emergency services while assisting individuals with substance use issues supporting public health intervention and model. Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PM6417567/ This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf	The intended measurable outcomes of this investment include: increase COVID-19 protection to a vulnerable population; intermediate relief for those in transition from a supported environment back into an independent setting; and, increased recovery rates.
COVID-19 Quarantine Support	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of people with COVID and in quarantine/isolation by increasing the capacity of Douglas Public Health Network to provide support services including food and supply delivery, medication pick up, dropping off thermometers and pulse oximeters and general case management in the Southern Douglas County area. Funding will also be used to support the local COVID-19 hotline that has run 7 days a week since March 12th. Health education materials related to COVID will also be drafted and supported with these funds.	i.Other non-covered social and community health services and supports.	-	5,000			Not Available	We follow the Oregon Health Authority Investigative Guidelines for COVID-19, these are also largely based on CDC guidelines for contact tracing and isolation of people positive COVID-19 cases. Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html	The intended measurable outcomes of this investment include: increase available quarantine/isolation supplies; increase number of locally relevant health education materials on quarantine, isolation, symptoms and testing options for COVID; and, increase in people testing positive to remain in isolation.
COVID-19 Rapid Rehousing Project	The goods funded are intended to improve overall member and community health and well-being of unhoused people by increasing the capacity of The Curry County Homeless Coalition in providing first, last & deposits for rental units, help locating rental units, and use of computers in search for employment and housing resources in Curry County.	d.Housing services and supports, including those related to SDOH-E;	-	10,000			Not Available	Helps address urgent needs of members and community members, especially since there is no shelter or navigation center in Curry County. The following article on mobile homeless outreach services concludes that "In sum, the current literature suggests that outreach and engagement should be viewed as a mainstay of services for people experiencing homelessness. By "meeting people where they are," the process of outreach increases the likelihood of improving housing and health outcomes. Only by integrating these services with other best practices and investigating their impact will homeless people be optimally served." https://benthamopen.com/contents/pdf/TOHS/PJ/TOHSPJ-3-53.pdf This investment addresses the regional priorities of Health System Capacity, Health Equity, and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf	The intended measurable outcomes of this investment include: Increase in rapid rehousing for people currently relying on temporary emergency shelter in motels in Curry County.

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up to 1 year (12 months)	10/19/2020	10/31/2021	Sobering center utilization will result in a decrease to incarceration rates and decrease the overuse of emergency services for substance use issues.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	12/2/2020	12/31/2021	COVID-19 transmission prevention support and investments lower hospital admission rates, lower death risk factors and improve long-term comorbid complications from COVID-19. These supports will also decrease the risk of vicarious trauma within the medical field and others in the helping profession.	more than 5 years (more than 60 months)	Yes	Yes	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	6/3/2020	6/30/2021	Evidence indicates that there is a positive return on investment when enabling families to achieve stable, affordable housing by providing the assistance to do so, and monitoring the number of families that assistance is granted.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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COVID-19 Relief Fund	The goods funded are intended to improve overall member and community health and well-being of Head Start's low income families affected by COVID-19 by increasing the capacity of Head Start to provide gift cards for cleaning supplies, feminine hygiene products, diapers, wipes, and other items when other sources of support are not available.	i.Other non-covered social and community health services and supports.	-	8,852			Not Available	<p>According to the New England Journal of Medicine, in the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p> <p>This investment addresses the regional priority of Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allecarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase each family's ability to obtain tangible goods to support their household during this uncertain time, thus helping to create family stability.
COVID-19 Wraparound Services	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of individuals that have tested positive for COVID-19 by increasing Lomakatsi's ability to provide wraparound services in Jackson and Josephine Counties. The services provided assist clients with accessing groceries, cleaning supplies, personal items, and medications.	i.Other non-covered social and community health services and supports.	-	5,000			Not Available	<p>This approach utilizes Evidence Based Standardized Protocols regarding emergency preparedness response to a global pandemic and utilizing the Homeland Security Whole Community Approach to address community health and wellness. Lomakatsi is implementing an Oregon Health Authority Grant as a Community Based Organization serving the tribal and Latinx communities. We also incorporate the Collaborative Framework Model to empower local community collaboratives. Lomakatsi is currently operating as Essential Workers mandated by the USDA under a Continuity of Operations Plan (COOP), on federal, state, county and tribal land bases. We are in strict compliance with OSHA, OHA, FEMA and CDC guidelines. We also utilize the Institute of Medicine Model Prevention Strategies to document and track activities. Source: https://www.domprep.com/preparedness/public-health-a-whole-community-approach-partner/</p> <p>This investment addresses the regional priority of Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allecarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcome of this investment includes: clients who are in isolation or quarantined due to COVID-19 will have increased direct services through Instacart to have food and personal necessities delivered to their home by Lomakatsi staff who coordinate this delivery once the client is referred.

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up to 1 year (12 months)	5/27/2020	5/31/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	12/4/2020	12/31/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a. Expenditure/Health-related services investment name	b. Description of services provided	c. HRS Category	d. Amount incurred for Flexible Services	e. Amount incurred for Community Benefit Initiative	f. Amount incurred for Health Information Technology	g. Total HRS incurred (Flex Services + CBI + HIT)	h. Number of members directly receiving (if applicable)	i. 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 expenditures.	j. Describe intended measurable outcomes
Culturally Specific Education on COVID-19	The services funded are intended to improve overall member and community health and well-being of Limited English Proficiency Speakers in Jackson and Josephine Counties by enabling the Southern Oregon Health Equity Coalition (SoHealth-E) to contract with licensed interpreter services to create and publish easy to understand information about COVID-19 and available resources. Materials will be translated into Spanish and written in plain language in , culturally and linguistically responsive ways. Information will include: how to take precautionary steps to prevent the spread of COVID-19, updates on statewide regulations, the importance of using of masks, and how low-income high-risk individuals can access masks for free.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	5,000			Not Available	With the adverse impact that coronavirus disease 2019 (COVID-19) has had on the Latinx community, certain strategies should be implemented to achieve health equity, according to study results recently published in Infectious Diseases. Source: https://www.infectiousdiseaseadvisor.com/home/topics/covid19/coronavirus-disease-2019-covid-19-and-the-hispanic-latinx-population/ This investment addresses the regional priority of Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf	The intended measurable outcomes of this investment include: launch of communication materials in Spanish; and, decrease the number of individuals contracting COVID-19.
Daily Supplies for Fragile Individuals	The services funded are intended to improve overall member and community health and well-being to a vulnerable population; infants, children and mothers by increasing the capacity of Illinois Valley Family Coalition to provide support for economically fragile and rural individuals in need of daily supplies such as diapers, wipes, formula, food and more in Josephine County.	i.Other non-covered social and community health services and supports.	-	5,000			Not Available	According to the US Department of Human Services, assisting families outlined in this grant supports the following: Reduced personal and family stress fewer incidents of child abuse, improved social functioning of the children, improved physical health, improved mental health and improved educational achievement. Source: https://www.oregon.gov/dhs/CHILDREN/Documents/Child-and-Family-Services-Plan-FY-2020-2024.pdf This investment addresses the regional priority of Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf	The intended measurable outcome of this investment includes: increase services and supplies for those experiencing basic needs.
Demonstration Kitchen Equipment and Installation	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of children, ages birth to 10, in Jackson County by enabling Kid Time to establish a Demonstration Kitchen at their new location. The kitchen will provide the opportunity to increase meal service by 25% for the preschool programs provided by Kid Time. Funds will also enable the launch of new nutrition education opportunities for parents and caregivers, outdoor education, teaching gardens and more.	c.Food services and supports, including those related to SDOH-E;	-	25,000			Not Available	Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Source: https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/ This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:	The intended measurable outcome of this investment includes: installation of high quality Demonstration Kitchen.

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up to 1 year (12 months)	4/21/2020	4/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	5/18/2020	5/31/2021	The US Department of Human Services supports the cost-benefit analyses for items outlined in this grants which will help to reduce the following: health and mental health care costs, costs of out-of-home care services, costs of child welfare services, law enforcement and judicial system costs for intervention in cases of child abuse and neglect with a potential to increased earnings of the child's family members.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	1/13/2020	1/31/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a. Expenditure/Health-related services investment name	b. Description of services provided	c. HRS Category	d. Amount incurred for Flexible Services	e. Amount incurred for Community Benefit Initiative	f. Amount incurred for Health Information Technology	g. Total HRS incurred (Flex Services + CBI + HIT)	h. Number of members directly receiving (if applicable)	i. 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 expenditures.	j. Describe intended measurable outcomes
Domestic Violence Service Delivery Modifications	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of individuals experiencing interpersonal violence in Curry County by increasing the capacity of Oasis Advocacy & Shelter, Inc. to provide remote case management services during COVID-19. Case management services will include planning for safety, assistance in accessing supports, and continued engagement in community planning and social service meetings. Funds will help provide remote access to clients that are currently studying online that are residents in shelter.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	-	3,000			Not Available	<p>According to Rural Health Information Hub, victims who live in small communities may be well-acquainted with healthcare providers and law enforcement officers. For that reason, they may be reluctant to report abuse, fearing that their concerns will not be taken seriously, their confidentiality will not be maintained, their reputations may be damaged, or that they may incur even more abuse. Having remote access to services increases the likelihood of services decreasing child neglect, abuse, sexual assault, homicide, human trafficking and more. Source: https://www.ruralhealthinfo.org/topics/violence-and-abuse</p> <p>This investment addresses the regional priorities of Health System Capacity, Health Equity, and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: maintain services through a modified delivery system to ensure interventions, supports, services and safety planning are available during the COVID-19 pandemic; decrease risk of mental and physical injuries for individuals and families experiencing domestic violence; and, decrease technology barriers to service delivery during COVID-19.
Domestic/Child Abuse Task Force Project- Youth Resource Bags	The goods funded are intended to improve overall member and community health and well-being of those who may be experiencing abuse in their homes by increasing Wally's House's capacity to provide bags that include basic hygiene items, snacks, activities for children, and a pocket card with information on resources and supports for those who may be, or knows of a family or friend, experiencing abuse in the home in Curry County.	i.Other non-covered social and community health services and supports.	-	5,000			Not Available	<p>In the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p> <p>This investment addresses the regional priorities of Health System Capacity, Health Equity, and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: Increase in utilization of domestic/child abuse prevention & support systems. Safer homes and increased wellbeing- action to help reduce adverse childhood experiences (ACEs) in children.

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up to 6 months	4/21/2020	10/31/2020	Program is likely to promote the accessing of domestic violence services during COVID-19, resulting in a reduction of the harm experienced by victims. Benefits are likely to include reduction in health care costs due to physical and/or emotional harm.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	6/3/2020	12/31/2020	Program is likely to reduce the impact of COVID-19 on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Emergency Domestic Violence Shelter	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of individuals experiencing interpersonal violence in Curry County by increasing the capacity of Oasis Advocacy & Shelter, Inc. to provide the necessary COVID-19 sheltering protocols prior to transiting into a more long-term support environment for those experiencing interpersonal violence.	d.Housing services and supports, including those related to SDOH-E;	-	10,000			Not Available	<p>From a public health and social development perspective, investing in violence prevention can help reduce not only the burden of disease associated with deaths and non-fatal injuries, but even more importantly, it can help reduce the substantial burden of violence-related behavioral, mental health, and physical health outcomes according to the World Health Organization. Source: https://www.who.int/violenceprevention/publications/why_invest_in_violence.pdf</p> <p>This investment addresses the regional priorities of Health System Capacity and Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: increase in stable shelter for Domestic Violence survivors.
Emergency Food Backpacks	The goods funded are intended to improve overall member and community health and well-being of families of the Rogue River School District affected by school closures due to the COVID-19 Pandemic by increasing the Gleaners ability to gather, package and distribute Emergency Food Backpacks.	c.Food services and supports, including those related to SDOH-E;	-	2,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: increase emergency community food supply; maintain professional relationships with CBOs and retailers; increase fresh food to emergency food system; and, reduce food waste.

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up to 1 year (12 months)	11/23/2020	11/30/2021	Supports for interpersonal violent victims decreases hospitalizations, incarceration rates, mental health complications and improves child abuse and neglect. This all impacts the overall cost impacts to the healthcare system.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/15/2020	4/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Emergency Food Boxes	The goods funded are intended to improve overall member and community health and well-being of residents of the Illinois Valley affected by the acute wildfires of 2020 through increasing the Josephine County Food Banks ability to purchase, package and distribute Emergency Food Boxes at Pop Up Social Service events.	c.Food services and supports, including those related to SDOH-E;	-	756			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: increase emergency community food supply; maintain professional relationships with CBOs and retailers; increase fresh food to emergency food system; and, reduce food waste.
Emergency Food Boxes	The goods funded are intended to improve overall member and community health and well-being of families of the Three Rivers School District living in remote areas of Josephine County and affected by school closures due to the COVID-19 Pandemic by increasing the Josephine County Food Banks ability to purchase, package and distribute Emergency Food Boxes weekly at elementary school sites.	c.Food services and supports, including those related to SDOH-E;	-	1,473			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: increase emergency community food supply; maintain professional relationships with CBOs and retailers; increase fresh food to emergency food system; and, reduce food waste.

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up to 6 months	10/1/2020	3/31/2020	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	4/17/2020	10/31/2020	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Emergency Food Boxes	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of residents of Josephine County experiencing food insecurity by increasing supplies and capacity available to the Josephine County Food Bank's to deliver food boxes. Focus of funds will be on serving Wolf Creek and Selma areas in which residents encounter a higher rate of food insecurity and have fewer opportunities to obtain sufficient healthy food.	c.Food services and supports, including those related to SDOH-E;	-	5,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: increase emergency community food supply; maintain professional relationships with CBOs and retailers; increase fresh food to emergency food system; and, reduce food waste.
Emergency Food Boxes	The goods funded are intended to improve overall member and community health and well-being of people suffering with food insecurity by increasing the capacity of Oregon Coast Community Action in producing emergency food boxes in Curry County.	c.Food services and supports, including those related to SDOH-E;	-	30,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2628/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: maintain appropriate food stores and increase distribution throughout Curry County; and, maintain support channels for food network partners and pantries.

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up to 6 months	11/23/2020	5/31/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/23/2020	4/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a. Expenditure/Health-related services investment name	b. Description of services provided	c. HRS Category	d. Amount incurred for Flexible Services	e. Amount incurred for Community Benefit Initiative	f. Amount incurred for Health Information Technology	g. Total HRS incurred (Flex Services + CBI + HIT)	h. Number of members directly receiving (if applicable)	i. 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 expenditures.	j. Describe intended measurable outcomes
Emergency Meals for Students	The goods funded are intended to improve overall member and community health and well-being of children living in poverty by increasing the Ruch Outdoor Community School's capacity to provide meals to children in the Ruch and Applegate communities who would have normally had access to free school breakfasts and lunches when schools were open, but for whom those resources are not currently available due to COVID-19 restrictions.	c.Food services and supports, including those related to SDOH-E;	-	6,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: increase healthy food availability to youth; and, reduce hunger and the effects of hunger, food insecurity, and poor nutrition for at-risk, rural youth.
Emergency Shelter	The services funded are intended to improve care delivery and improve overall member and community health and well-being of vulnerable homeless youth and families, especially those with medical conditions, by increasing capacity for Maslow Project in providing emergency shelter in Jackson, Josephine, and So. Douglas counties.	d.Housing services and supports, including those related to SDOH-E;	-	15,000			Not Available	<p>Homeless families with children aged 18 or younger experiencing homelessness are at greater exposure risk to COVID-19. Many are medically fragile and have identified conditions making their exposure particularly risky and are at risk for extreme food insecurity, may need to escape domestic violence, or have extreme tensions in the family under non-COVID times, further adding to the stress and impact on this population. Source: https://pediatrics.aappublications.org/content/146/2/e20201408?download=true</p> <p>This investment addresses the regional priority of Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alcarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcome of this investment includes: increase emergency shelter for vulnerable homeless youth/ families, especially those with medical conditions and decreased risk for COVID exposure.
Equipment Replacement	The goods funded are intended to enable community members affected by the recent Obenchain and Almeda Fire to restart employment by increasing the capacity of the United Rotary Clubs of Southern Oregon to replace equipment lost in the fires that is need ensure employment stability when other sources of support are not available.	i.Other non-covered social and community health services and supports.	-	5,000			Not Available	<p>Best practices with communities recovery tell us that keeping workers and their families in the community, being part of the recover and rebuild are important to the communities to recover and be better.</p> <p>This investment addresses the regional priority of Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alcarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: ensure people affected by recent wildfires to get back to work by enabling the replacement of equipment needed to maintain secure employment.

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up to 6 months	4/29/2020	10/31/2020	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/15/2020	4/30/2021	Addressing youth homelessness is a best practice in preventing chronic homelessness in those same youth when they become adults. Preventing youth homelessness is associated with short-term improvements in access to care, services, and improved educational outcomes. Long-term, addressing youth homelessness is associated with a reduction in risk-taking behaviors, decreased incarceration, improved economic stability, and stronger positive social connections - all of which are social determinates of health associated with improved health outcomes.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	12/8/2020	12/31/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	No	No	Yes

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Evidence-Based Parenting Classes - Curriculum Purchase and Online Programming	The goods and services funded are intended to improve overall member and community health and well-being of Parents, Caregivers and children in Jackson and Josephine Counties by increasing and expanding the availability of evidence-based parenting education sessions offered online during the COVID-19 pandemic. Sessions will be offered in both English and Spanish and focus on families with children from birth to 10 years of age. Costs include trained facilitator wages, the purchase of hardware to ensure quality delivery of no-contact sessions online, the purchase of Make Parenting A Pleasure, 2nd Ed. curriculum in English and Spanish, as well as enhanced demographic advertisement outreach.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	9,900			Not Available	According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Source: https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/ Make Parenting A Pleasure®, Second Edition, Parenting Now's flagship child abuse prevention program, is a research- and evidence-based group curriculum for use with highly stressed parents of children from 0 to 8 years old. Make Parenting A Pleasure® is grounded in the Center for the Study of Social Policy's Protective Factors Framework: parental resilience; social connections; concrete support in times of need; knowledge of parenting and child development; and social and emotional competence of children. These five factors are associated with reducing the potential for child abuse and neglect. Source: https://parentingnow.org/parenting-educators/make-parenting-a-pleasure-second-edition/	The intended measurable outcomes of this investment include: resume and expand on evidence-based parenting education session that were in place prior to stay-at-home orders; and, enable the offering of an innovative, no-contact method for parents to access high-quality opportunities to learn new parenting skills in both English and Spanish.
Farm Worker and Immigrant Family COVID-19 Wraparound Supports	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being Farm Worker and Immigrant families in Jackson County by increasing the capacity of Unete to provide emergency support for: food and medication, navigation services, and information on COVID-19 through media campaigns and one-on-one interactions.	l.Other non-covered social and community health services and supports.	-	15,000			Not Available	In the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641 This investment addresses the regional priority of Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHIP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHIP. Source: https://www.alicarehealth.com/media/2626/all-in-for-health-chip-2019.pdf	The intended measurable outcomes of this investment include: increase in COVID-19 information to the Spanish speaking community including ads in print and radio media; establish Farm Worker Task force to develop an outreach plan for reaching out to this vulnerable population and distribute informational/resource materials to other agencies serving Farm worker and immigrant families including school districts, migrant education, housing projects, employment services and legal services; launch immediate access to emergency food and medication needs for farm worker and immigrant families to reduce food insecurity and improve health outcomes by maintaining prescription medication use for chronic disease control and other medical needs; increase navigation services to assist families and individuals accessing local health and mental health services; and, continue application assistance for OHP coverage for all OHP medical programs and refer those eligible for marketplace coverage to appropriate agencies for follow up.

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up to 1 year (12 months)	5/7/2020	4/30/2021	Evidence indicates that there is a positive return on investment when families have equitable access to evidence-based parent education sessions to increase their capacity to support child development and family stability, especially during times of crisis such as the COVID-19 pandemic. Program is likely to reduce parent experiences of isolation, increase parent capacities for supporting their children, and decrease health inequities caused by family instability. These upstream interventions are likely to result in lower long-term health care costs and reduced costs within the Child Welfare system.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/22/2020	4/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Financial Education and Credit Counseling Services	The services funded are intended to improve the financial stability of residents of Curry County by increasing Consumer Credit Counseling Service of Southern Oregon's capacity to offering training, resources, and debt management skills and tools.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	25,000			Not Available	<p>The Society for Human Resource Management notes that the rise of the global COVID-19 pandemic has caused economic repercussions across the United States. They suggest that one to help American workers—now and in the future—is to improve their financial literacy. COVID-19 is an opportune time to focus on the importance of employee financial education. Source: https://www.shrm.org/ResourcesAndTools/hr-topics/behavioral-competencies/Pages/The-Importance-of-Financial-Literacy-During-the-COVID-19-Pandemic.aspx</p> <p>According to the U.S. Financial Literacy and Education Commission's U.S. National Strategy for Financial Literacy 2020, financial education is key to unlocking the foundations of economic opportunity and powering a strong and resilient economy. Millions of Americans have been adversely impacted by the COVID-19 pandemic and face significant financial uncertainties as a result. They suggest that a clear and coordinated strategy for financial education that supports and enhances the many critical federal efforts that are providing economic relief will aid in individual and community recovery. Source: https://home.treasury.gov/system/files/136/US-National-Strategy-Financial-Literacy-2020.pdf</p>	The intended measurable outcome of this investment includes: increase community member financial stability by providing quality financial education to improve financial literacy.
Financial Education and Credit Counseling Services	The services funded are intended to improve the financial stability of residents of Jackson County by increasing Consumer Credit Counseling Service of Southern Oregon's capacity to offering training, resources, and debt management skills and tools.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	5,000			Not Available	<p>The Society for Human Resource Management notes that the rise of the global COVID-19 pandemic has caused economic repercussions across the United States. They suggest that one to help American workers—now and in the future—is to improve their financial literacy. COVID-19 is an opportune time to focus on the importance of employee financial education. Source: https://www.shrm.org/ResourcesAndTools/hr-topics/behavioral-competencies/Pages/The-Importance-of-Financial-Literacy-During-the-COVID-19-Pandemic.aspx</p> <p>According to the U.S. Financial Literacy and Education Commission's U.S. National Strategy for Financial Literacy 2020, financial education is key to unlocking the foundations of economic opportunity and powering a strong and resilient economy. Millions of Americans have been adversely impacted by the COVID-19 pandemic and face significant financial uncertainties as a result. They suggest that a clear and coordinated strategy for financial education that supports and enhances the many critical federal efforts that are providing economic relief will aid in individual and community recovery. Source: https://home.treasury.gov/system/files/136/US-National-Strategy-Financial-Literacy-2020.pdf</p>	The intended measurable outcome of this investment includes: increase community member financial stability by providing quality financial education to improve financial literacy.

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up to 1 year (12 months)	4/29/2020	4/30/2021	Evidence indicates that there is a positive return on investment when people have access to the tools to assist them in improving the financial stability by offering the best quality education possible for financial literacy skill building.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	11/23/2020	11/30/2021	Evidence indicates that there is a positive return on investment when people have access to the tools to assist them in improving the financial stability by offering training, resources, and debt management skills and tools.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Fire Relief Basic Needs Fund	The goods and services funded are intended to improve overall member and community health and well-being of vulnerable populations in Jackson County affected by COVID-19 and the wildfires by increasing the capacity of The Arc of Jackson County in providing step-by-step navigation of governmental assistance websites like Oregon Health plan or the SNAP nutritional program and a grocery delivery program where groceries are delivered to the front door of the family in isolation or quarantine free of charge to them, allowing families to stay in and stay safe with no-contact delivery of necessary items.	Other non-covered social and community health services and supports.	-	5,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: Create immediate support for the vulnerable populations in Jackson County affected by COVID-19 and the wildfires; increase navigation of governmental assistance websites like Oregon Health plan or the SNAP nutritional program; increase food security.
Food and Durable Medical Equipment Distribution	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of residents of Jackson County by the Community Action Agency, ACCESS. These funds will provide for increased access to Durable Medical Equipment (DME) for vulnerable populations that has been sanitized according to recommended protocols during the COVID-19 Pandemic. Funds will also support increased and secure food supplies for distribution to vulnerable populations by enabling the organization's capacity to shift its delivery model to make up for the closure of local pantries due to reduced staffing and volunteers during the COVID-19 pandemic.	Other non-covered social and community health services and supports.	-	50,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: increase access to Durable Medical Equipment for vulnerable populations in Jackson County that have been sanitized according to recommended protocols; increase and secure food supplies for distribution to vulnerable populations; and, increase ACCESS's ability to shift the delivery model to make up for the closure of local pantries due to reduced staffing and volunteers.

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up to 1 year (12 months)	12/2/2020	12/31/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/15/2020	4/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food and durable medical equipment for at risk populations. Programs are likely to decrease medical costs associated with food insecurity or adverse health events associated with not having proper DME readily available.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Food Bank Supplies	The goods funded to are intended to improve overall member and community health and well-being of risk persons in Curry County, especially those seeking refuge from wildfires and those affected by COVID-19, by increasing the capacity of Brookings Harbor Community Helpers to access nutritious food at local food banks, especially high protein items.	c.Food services and supports, including those related to SDOH-E;	-	7,500			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity =as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: increase the availability of nutritious food available to support at risk persons, especially those seeking refuge from wildfires or affected by COVID-19; increase local coordination of food security services; and, reduce barriers to accessing needed food supplies.
Food Pantry Supplies	The goods funded are intended to improve overall member and community health and well-being of the food insecure population of Curry County by increasing the Christian Help Food Bank's capacity to offering holiday food baskets to families in need.	c.Food services and supports, including those related to SDOH-E;	-	5,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: reduce food insecurity; and, increase sense of community and connection.

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up to 1 year (12 months)	11/23/2020	11/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	12/9/2020	6/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a. Expenditure/Health-related services investment name	b. Description of services provided	c. HRS Category	d. Amount incurred for Flexible Services	e. Amount incurred for Community Benefit Initiative	f. Amount incurred for Health Information Technology	g. Total HRS incurred (Flex Services + CBI + HIT)	h. Number of members directly receiving (if applicable)	i. 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 expenditures.	j. Describe intended measurable outcomes
Food Pantry Supplies	The goods funded are intended to improve overall member and community health and well-being of the food insecure population of Brookings by increasing the Brookings Church of the Nazarene's capacity to purchase of food for in to those in need due to COVID-19 and recent wildfires.	c.Food services and supports, including those related to SDOH-E;	-	2,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity =as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: remove barriers to accessing adequate and appropriate nutrition; and, maintain access to appropriate nutrition during COVID-19 and during recovery from recent wildfires.
Food Pantry Supplies	The goods funded are intended to improve overall member and community health and well-being of the food insecure population of Brookings by increasing the Brookings Church of the Nazarene's capacity to purchase of food for in to those in need due to COVID-19 and recent wildfires.	c.Food services and supports, including those related to SDOH-E;	-	2,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity =as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: remove barriers to accessing adequate and appropriate nutrition; and, maintain access to appropriate nutrition during COVID-19 and during recovery from recent wildfires.

k. Length of investment or initiative	l. Start date of investment (mm/dd/yyyy)	m. End date of investment (mm/dd/yyyy)	n. Describe projected return on investment	o. Time period during which this service is predicted to achieve outcomes	p. Is the recipient of HRS funds a non-clinical social determinant of health partner?	q. Is the recipient of HRS funds a public health entity?	r. Is the recipient of HRS funds a clinical provider?	s. Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	t. Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	u. Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	v. Is the investment designed to implement, promote, and increase wellness and health activities?	w. Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	x. Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 1 year (12 months)	6/3/2020	6/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	6/3/2020	6/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a. Expenditure/Health-related services investment name	b. Description of services provided	c. HRS Category	d. Amount incurred for Flexible Services	e. Amount incurred for Community Benefit Initiative	f. Amount incurred for Health Information Technology	g. Total HRS incurred (Flex Services + CBI + HIT)	h. Number of members directly receiving (if applicable)	i. 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 expenditures.	j. Describe intended measurable outcomes
Food Pantry Supplies and Home Delivery Services	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of residents of Ashland, Talent and Phoenix by increasing the Ashland Food Bank's capacity to purchase of food for in to those in need due to COVID-19 and recent wildfires. Funds will expand home delivery service for those not able to leave their homes due to the increased risks of COVID-19.	c.Food services and supports, including those related to SDOH-E;	-	3,500			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: remove barriers to accessing adequate and appropriate nutrition; and, maintain access to appropriate nutrition during COVID-19 and during recovery from recent wildfires.
Food Supplies, Sanitation Materials, Preschool and Family Support Services	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of the residents of Butte Falls by increasing the capacity of The Landing Community Center to provide nutritious food and other tangible goods, upgrade its sanitation practices per CDC guidance to continue preschool programming during COVID-19, and provide ongoing family support programs.	l.Other non-covered social and community health services and supports.	-	10,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity =as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies</p>	The intended measurable outcomes of this investment include: increase in available nutritious food and other tangible goods for distribution; increased capacity to ensure implementation of recommended safety protocols during COVID-19; and, enable continuity of care through preschool and family support programming.

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Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 1 year (12 months)	12/1/2020	12/31/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	11/20/2020	6/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity. Evidence indicates that there is a positive return on investment from supporting the stability and resilience of families caring for young children. Programs that increase parent and caregiver capacity to understand child development, support social-emotional competencies, access concrete supports, establish and maintain social connections, and build their own resilience have a cumulative benefit for family wellbeing. Proactive efforts to support these Protective Factors can result in a reduction of the need for intervention by Child Welfare which directly correlates with reduced costs for the health care system, especially during times of crisis such as pandemics or recovery from natural disasters.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Foster Parent Support Line	The services funded are intended to improve overall member and community health and well-being of Foster Parents and the children/youth in their care in Curry County by providing a 24-hour Foster Parent Support Line. Funds will support highly qualified parent coaches to help to address situations where there is an identified need for support before, during, and after crisis. Parenting Coaches will provide direct services including coaching on behavioral management, safety and boundaries, de-escalation, talking to children during crisis, emotional support for foster parents, and providing outside resources and materials. Coaches will also make follow-up calls to caregivers within 72 hours to build on previous education, and offer further supports for caregiver needs.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	-	6,600			Not Available	According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Source: https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/ This investment addresses the regional priority of Health System Capacity and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2828/colaborativecurrychip-final.pdf	The intended measurable outcomes of this investment include: increase timely, quality staffing of coaching calls to support foster parents by highly qualified staff; increased identification of the needs of foster parents to feel supported, trained, and help stabilize the children in their care; and, increase ongoing follow-up supports needed by foster parents.
Foundry Village Facility Improvements	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of homeless individuals in Josephine County by increasing the capacity of Rogue Retreat to install ADA accessible bathrooms at Foundry Village and to ensure surfaces funded are intended to improve hygiene, sanitation, and safety for the residents. Funds will support improvements deemed especially valuable based on the additional healthcare needs of the populations and the novel risks associated with the COVID-19 pandemic.	d.Housing services and supports, including those related to SDOH-E;	-	22,000			Not Available	This investment addresses the regional priority of Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2826/all-in-for-health-chip-2019.pdf	The intended measurable outcomes of this investment include: increase safe and affordable housing in Josephine County; increase safety protocols in place to protect staff and residents from COVID-19; and, reduce overall homelessness.
Fresh Alliance Food Rescue Program	The goods funded are intended to improve overall member and community health and well-being of those suffering from food insecurity by increasing the capacity of Josephine Co. Food Bank in providing fresh, perishable food in the local emergency food system as well as a carbon-reduction program in Josephine County. Collect food donation from corporate partnerships as part of the nation-wide "Fresh Alliance" food rescue program.	c.Food services and supports, including those related to SDOH-E;	-	5,000			Not Available	Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:	The intended measurable outcome of this investment includes: increase in provision of fresh, health food for those with food insecurity.

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up to 6 months	5/21/2020	12/31/2020	Evidence indicates that there is a positive return on investment when foster parents have the necessary support by staff qualified to place coaching calls. This will enable them to ensure they feel supported and trained to make sure the children in their care are stable.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	6/3/2020		Evidence indicates that the reduction of homelessness in communities results in reduced costs within the health care, criminal justice and other social service sectors. Program is likely to reduce COVID-19 infection rates among residents and the subsequent need for urgent or emergent care related to COVID-19 or other communicable diseases. Benefits of the installation of high quality materials include a reduced need for facilities maintenance which will decrease ongoing operational expenses.	up to 5 years (60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/17/2020	4/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity and/or quality nutrition.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Grab & Go Activity Kits for Children and Youth	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of young children in Jackson County through the purchase, packaging and distribution of Grab & Go Activity Kits by museum staff to augment learning during the COVID-19 Pandemic and resulting requirement for Comprehensive Distance Learning and/or child care program closures.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	10,000			Not Available	<p>The Center for Global Development recommends Equity-Focused Approaches to Learning Loss during COVID-19 noting that most COVID responses in education will end up by privileging better-off children. Students from households with greater levels of connectivity, higher levels of parental education, greater availability of parental time for engagement, and in-home availability of books and materials have much better ability to access and benefit from distance learning. They note that systems should be able to work with partners to safely deliver or allow families to pick up a basic package of learning materials, including books and writing materials as the impact that learning materials can have on learning continuity during periods of school closure are well researched. Source: https://www.cgdev.org/blog/equity-focused-approaches-learning-loss-during-covid-19</p> <p>This investment addresses the regional priority of Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: development and implementation of Activity Kit distribution program; increase in available supports to families for creating enriching out of school time for children and youth; decrease in child and youth sense of isolation during COVID-19; and, increased engagement in learning activities.
Grab & Go Activity Kits for Rogue River Elementary School	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of youth in Rogue River Elementary School catchment area through the purchase, packaging and distribution of Grab & Go Youth Summer Activity Kits by school staff to augment learning during the COVID-19 Pandemic and resulting requirement for Comprehensive Distance Learning.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	4,300			Not Available	<p>The Center for Global Development recommends Equity-Focused Approaches to Learning Loss during COVID-19 noting that most COVID responses in education will end up by privileging better-off children. Students from households with greater levels of connectivity, higher levels of parental education, greater availability of parental time for engagement, and in-home availability of books and materials have much better ability to access and benefit from distance learning. They note that systems should be able to work with partners to safely deliver or allow families to pick up a basic package of learning materials, including books and writing materials as the impact that learning materials can have on learning continuity during periods of school closure are well researched. Source: https://www.cgdev.org/blog/equity-focused-approaches-learning-loss-during-covid-19</p> <p>This investment addresses the regional priority of Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: development and implementation of Activity Kit distribution program; increase in available supports to families for creating enriching out of school time for children and youth; decrease in child and youth sense of isolation during COVID-19; and, increased engagement in learning activities.

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Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 1 year (12 months)	4/23/2020	3/31/2021	Evidence indicates that there is a positive return on investment when families have equitable access to materials to support their children's out of school time learning, especially during times of crisis such as the COVID-19 pandemic. Program is likely to reduce child and youth experiences of isolation, increase parent capacities for supporting their children, and decrease health inequities caused by poor education outcomes of at risk students. These upstream interventions are likely to result in lower long-term health care costs and improved academic engagement and achievement.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/14/2020	3/31/2021	Evidence indicates that there is a positive return on investment when families have equitable access to materials to support their children's out of school time learning, especially during times of crisis such as the COVID-19 pandemic. Program is likely to reduce child and youth experiences of isolation, increase parent capacities for supporting their children, and decrease health inequities caused by poor education outcomes of at risk students. These upstream interventions are likely to result in lower long-term health care costs and improved academic engagement and achievement.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Grab & Go Activity Kits for Title I Families and English Language Learners	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of Title I Families and English Language Learners, and other at risk populations in Jackson County by increasing Unete's capacity to purchase, packaging and distribution of Grab & Go Youth Summer Activity Kits to augment learning during the COVID-19 Pandemic and resulting requirement for Comprehensive Distance Learning.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	20,000			Not Available	<p>The Center for Global Development recommends Equity-Focused Approaches to Learning Loss during COVID-19 noting that most COVID responses in education will end up by privileging better-off children. Students from households with greater levels of connectivity, higher levels of parental education, greater availability of parental time for engagement, and in-home availability of books and materials have much better ability to access and benefit from distance learning. They note that systems should be able to work with partners to safely deliver or allow families to pick up a basic package of learning materials, including books and writing materials as the impact that learning materials can have on learning continuity during periods of school closure are well researched. Source: https://www.cgdev.org/blog/equity-focused-approaches-learning-loss-during-covid-19</p> <p>This investment addresses the regional priorities of Health Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: development and implementation of Activity Kit distribution program; increase in available supports to families for creating enriching out of school time for children and youth; decrease in child and youth sense of isolation during COVID-19; and, increased engagement in learning activities.
Grab & Go Youth Summer Activity Kits	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of youth in Curry County through the purchase, packaging and distribution of Grab & Go Youth Summer Activity Kits by the Chetco Community Public Library.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	24,500			Not Available	<p>The Center for Global Development recommends Equity-Focused Approaches to Learning Loss during COVID-19 noting that most COVID responses in education will end up by privileging better-off children. Students from households with greater levels of connectivity, higher levels of parental education, greater availability of parental time for engagement, and in-home availability of books and materials have much better ability to access and benefit from distance learning. They note that systems should be able to work with partners to safely deliver or allow families to pick up a basic package of learning materials, including books and writing materials as the impact that learning materials can have on learning continuity during periods of school closure are well researched. Source: https://www.cgdev.org/blog/equity-focused-approaches-learning-loss-during-covid-19</p> <p>This investment addresses the regional priorities of Health Equity and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaboratrecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: development and implementation of Activity Kit distribution program; increase in available supports to families for creating enriching out of school time for children and youth; decrease in child and youth sense of isolation during COVID-19; and, increased engagement in learning activities.

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up to 1 year (12 months)	12/16/2020	12/30/2021	Evidence indicates that there is a positive return on investment when families have equitable access to materials to support their children's out of school time learning, especially during times of crisis such as the COVID-19 pandemic. Program is likely to reduce child and youth experiences of isolation, increase parent capacities for supporting their children, and decrease health inequities caused by poor education outcomes of at risk students. These upstream interventions are likely to result in lower long-term health care costs and improved academic engagement and achievement.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	7/1/2020	1/31/2021	Evidence indicates that there is a positive return on investment when families have equitable access to materials to support their children's out of school time learning, especially during times of crisis such as the COVID-19 pandemic. Program is likely to reduce child and youth experiences of isolation, increase parent capacities for supporting their children, and decrease health inequities caused by poor education outcomes of at risk students. These upstream interventions are likely to result in lower long-term health care costs and improved academic engagement and achievement.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Grants Pass Warming Center Operations	The services funded are intended to improve overall member and community health and well-being of homeless individuals by increasing the capacity of Rogue Retreat in providing shelter for unsheltered and chronic homeless persons in the Grants Pass area. This is especially vital as Grants Pass has no other low-barrier shelter services and, historically, has not had weather-dependent shelter. This is the first, pilot, year of this shelter. Extra services provided related to COVID safety and screening.	d.Housing services and supports, including those related to SDOH-E;	-	30,000			Not Available	<p>Helping to provide needed shelter and improve health outcomes, engagement, and connection to services. Rogue Retreat relies heavily on Best-Practices in the development and implementation of all our programs. We gather information and use it to better our practices, to promote individual's successes as well as the overall successes of all our programs. We improve what is working and modify or discard what is not working. In the establishment of the Urban Campground our experience in the establishment of Hope Village and the Kelly Shelter proved invaluable. Rogue Retreat provides relationship based case management that is individualized and is uniquely tailored to the needs of each participant in order to provide essential wrap around supportive services that help participants to progress towards permanent housing and self-sufficiency. This Case Management program has been tested, modified and incorporated according to past experiences. Source: https://www.rogue retreat.com/what-we-do/</p> <p>This investment addresses the regional priority of Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: establish of for up to 40 persons per night, referral to services, reduction of law enforcement engagement of guests, reduction of ED and hospitalization need.
Health Mobile Pantry - Free Mobile Food Market	The goods and services funded are intended to improve overall member and community health and well-being of food insecure families and those with chronic disease in Jackson County by increasing ACCESS's capacity to offer their Healthy Mobile Pantry and Free Mobile Food Market to an expanded service area. The Mobile Food Pantry will travel to three medical clinic sites four times per month to provide healthy food to those in need. The Pantry caters to those with food security issues and chronic diseases, such as diabetes and hypertension.	c.Food services and supports, including those related to SDOH-E;	-	10,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity =as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: increase regular and convenient access to the healthy foods; and, improve health by providing 50,000 pounds of nutritious food at the three clinic sites four times per month.

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up to 1 year (12 months)	4/29/2020	4/30/2021	Original research into Rogue Retreat's programs in partnership with CORE (Center for Outcomes Research and Education) indicates a healthcare savings of \$1,462 per member per year who are enrolled in housing and case management, compared to eligible members who are on the waiting list.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	2/17/2020	2/28/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.
Expenditure/Health-related services investment name	Description of services provided	HRS Category	Amount incurred for Flexible Services	Amount incurred for Community Benefit Initiative	Amount incurred for Health Information Technology	Total HRS incurred (Flex Services + CBI + HIT)	Number of members directly receiving (if applicable)	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 expenditures.	Describe intended measurable outcomes
HIV and Hepatitis C Testing and PrEP Among At-Risk Populations	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of PWID, MSM/LGBTQ+ people, Indigenous communities, and rural communities by increasing the capacity of HIV Alliance to provide HIV/HCV tests and supplies, prevention staff FTE, marketing and advertising to engage and recruit new clients, syringe exchange/opioid overdose response supplies to engage PWID in testing and PrEP, rental costs, and travel expenses to expand services to Wolf Creek and Glendale.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	-	20,000			Not Available	Our HIV/Hepatitis C prevention program utilizes evidence-based practices that are empirically supported and are endorsed by the Centers for Disease Control and Prevention and Oregon Health Authority. The CDC recently updated its recommendations to encourage Hepatitis C testing for all individuals, with more regular testing encouraged for high-risk populations, such as people who inject drugs. HIV testing is recommended for all individuals and more frequent testing is strongly encouraged for higher-risk groups, including men who have sex with men and people who inject drugs. HIV Alliance outreaches to these target populations to engage them in testing for HIV and Hepatitis C as well as other prevention services. Testing has been shown to be effective in reducing risks for HIV and Hepatitis C transmission. We also assist clients in obtaining PrEP, the highly effective medication for preventing HIV, which is also approved by the FDA. In addition, syringe exchanges are effective in helping to prevent transmission of HIV and Hepatitis C through reducing the reuse of syringes and have been shown to lead to improvements in additional health outcomes for people who inject drugs. We also distribute naloxone, which is highly effective in reversing opioid overdoses and is approved by the FDA. https://www.cdc.gov/hepatitis/hcv/index.htm	The intended measurable outcomes of this investment include: increase the number of at-risk people in Josephine and Southern Douglas Counties who know their HIV and HCV status; and, engage target populations in HIV/HCV testing and PrEP.
HIV/Hepatitis C Prevention and Opioid Response during COVID-19	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being by increasing the capacity of HIV Alliance to provide continued case management activities, services and supplies that assist vulnerable individuals living with an infectious disease while meeting COVID mandates to remain at home.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	-	30,000			Not Available	The Centers for Disease Control and Prevention has recommended maintaining essential services and providing care and treatment for those living with HIV during the COVID-19 pandemic. Source: https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/maintaining-essential-HIV-services.html	The intended measurable outcomes of this investment include: decrease in risk for HIV and Hepatitis C among Josephine County PWID during COVID-19 through the provision of sterile syringes/safer injection supplies; decrease in risk for opioid overdose and death via overdose among Josephine County PWID during COVID-19 through the provision naloxone and fentanyl test strips and training; and, increase in access to services (e.g., substance use disorder treatment, treatment for HIV and Hepatitis C) for Josephine County PWID during COVID-19 through information and referral.

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up to 1 year (12 months)	10/6/2020	9/30/2021	Decrease risk of infectious disease through preventive and case management services.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	4/23/2020	10/31/2021	Decrease risk of infectious disease through preventive and case management services.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Homeless Management Information System End User Training	The services funded are intended to improve care delivery and improve overall member and community health and well-being of the homeless population in Jackson County by increasing the capacity of the Continuum of Care partners to offer first-time, refresher, and mandatory annual training for all users of the HMIS system.	d.Housing services and supports, including those related to SDOH-E;	-	20,000			Not Available	<p>According to the Center for Disease Control and Prevention, improving Social Determinants of Health—conditions in the places where people live, learn, work, and play—can make a positive impact on health outcomes. Housing is a key SDOH. Source: https://www.cdc.gov/socialdeterminants/about.html</p> <p>The U.S. Department of Housing and Urban Development recommends that local Continuum of Care (CoC) groups utilize a Homeless Management Information System (HMIS) technology system to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. Source: https://www.hudexchange.info/programs/hmis/</p> <p>This investment addresses the regional priority of Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: increase the efficient assessment and prioritization of those experiencing homelessness that is based on standardized risk factors and vulnerabilities; increase timely placements in safe, stable housing; and, increase access to wraparound services to support individual or family needs.
Homeless Outreach Advocacy Team	The services funded are intended to improve care delivery and improve overall member and community health and well-being of the homeless population by increasing the capacity of St. Timothy's Advocacy Team case workers to provide case management during this increased need in Curry County.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	-	20,800			Not Available	<p>According to the New England Journal of Medicine, in the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2628/colaborativecurrychip-final.pdf</p>	The intended measurable outcome of this investment includes: increase support services for homeless population during COVID-19.

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up to 1 year (12 months)	3/17/2020	3/31/2021	Supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons according to the US Interagency Council on Homelessness.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	No	No	Yes
up to 1 year (12 months)	5/7/2020	5/31/2021	Supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons according to the US Interagency Council on Homelessness.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Housing and Case Management Services	The services funded are intended to improve overall member and community health and well-being of the homeless population by increasing the capacity of Rogue Retreat in provide short term housing and case management for individuals and families to help move up from homelessness and ultimately into long term housing in Grants Pass.	d.Housing services and supports, including those related to SDOH-E;	-	10,000			Not Available	<p>Housing is a key social determinant of health and is the foundation of family stability. It is one of the top two issues impacting the health and well-being of families in Jackson and Josephine Counties according to the 2018 Community Health Assessment of Jackson and Josephine Counties. We know that differences in health are striking in communities with poor SHOD such as unstable housing, low income, unsafe neighborhoods, or substandard education.^{5,6} By applying what we know about SHOD, we can not only improve individual and population health but also advance health equity. Healthy People 2020 highlights the importance of addressing SHOD by including "create social and physical environments that promote good health for all" as one of the four overarching goals for the decade. (Social Determinants of Health: Know What Affects Health, Centers for Disease Control and Prevention, Social Determinants of Health) Source: https://www.rogue retreat.com/what-we-do/</p> <p>This investment addresses the regional priority of Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alcarehealth.com/media/2826/all-</p>	The intended measurable outcomes of this investment include: decrease the number of homeless individuals in Grants Pass.
Housing and Resource Program Continuation	The services funded are intended to improve overall member and community health and well-being of families in Southern Oregon by increasing the capacity of Illinois Valley Family Coalition to provide supportive housing and services.	d.Housing services and supports, including those related to SDOH-E;	-	10,000			Not Available	<p>Housing is a key social determinant of health and is the foundation of family stability. It is one of the top two issues impacting the health and well-being of families in Jackson and Josephine Counties according to the 2018 Community Health Assessment of Jackson and Josephine Counties. We know that differences in health are striking in communities with poor SHOD such as unstable housing, low income, unsafe neighborhoods, or substandard education. By applying what we know about SHOD, we can not only improve individual and population health but also advance health equity. Healthy People 2020 highlights the importance of addressing SHOD by including "create social and physical environments that promote good health for all" as one of the four overarching goals for the decade. (Social Determinants of Health: Know What Affects Health, Centers for Disease Control and Prevention, Social Determinants of Health) Source: https://www.cdc.gov/socialdeterminants/index.htm</p> <p>This investment addresses the regional priorities of Housing and Parenting Support & Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcome of this investment includes: increase stabilization of housing and employment for vulnerable populations living in rural communities.

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up to 1 year (12 months)	1/13/2020	1/31/2021	Original research into Rogue Retreat's programs in partnership with CORE (Center for Outcomes Research and Education) indicates a healthcare savings of \$1,462 per member per year who are enrolled in housing and case management, compared to eligible members who are on the waiting list.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1.5 years (18 months)	7/1/2020	11/30/2021	Supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons according to the US Interagency Council on Homelessness.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Housing and Service Navigation	The goods and services funded are intended to improve overall member and community health and well-being of homeless individuals by increasing the capacity of Options for Helping Residents of Ashland in providing housing/shelter and case management in Ashland.	d.Housing services and supports, including those related to SDOH-E;	-	10,000			Not Available	<p>Housing is a key social determinant of health; local evidence indicates that housing interventions are more effective when combined with case management and service coordination; using hotels as shelter is immediately beneficial because the rooms are available due to COVID travel reductions and especially impactful to the homeless population since congregate shelters in the community have closed due to safety concerns. Source: https://nihc.org/resource/benefits-using-empty-hotels-shelter-during-pandemic</p> <p>This investment addresses the regional priority of Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: create additional shelter options and spaces for homeless individuals; build stronger connection to other social services; and, reduce need for escalated health care and costs (e.g., emergency department visits, pre-term births, reinfection, etc.)
Housing for Fire Survivors in Jackson County	The goods funded are intended to improve overall member and community health and well-being of housing-insecure or homeless families by increasing the capacity of Options for Helping Residents of Ashland in providing basic living essentials to help them secure or remain in secure housing in Jackson County.	d.Housing services and supports, including those related to SDOH-E;	-	5,000			Not Available	<p>From the CBO: "In our experience Barrier Removal is clearly a best practice. While we are unaware of research on its efficacy, we have found through seven years of experience that meeting a critical need immediately empowers people to overcome challenges and to move forward. We employ a Housing First model that seeks to rapidly rehouse any unhoused person regardless of the reason for their situation. We combine that service with Resource Navigation that assists guests in defining and surmounting the barriers that they perceive to be impeding their progress. Barrier Removal is a key component in this process." Source: https://endhomelessness.org/what-housing-first-really-means/</p> <p>This investment addresses the regional priority of Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase availability of tangible goods to at-risk or homeless families; and, secure or maintain stable housing for 15 families.

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up to 1 year (12 months)	5/7/2020	5/31/2021	Based on experience with similar programs in the are, we expect to see an increase in available non-congregate shelter availability (direct) and a decrease in emergency department utilization among the population served (indirect).	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	12/2/2020	12/31/2021	Original research into Rogue Retreat's programs (a similar program operating in our region) in partnership with CORE (Center for Outcomes Research and Education) indicates a healthcare savings of \$1,462 per member per year who are enrolled in housing and case management, compared to eligible members who are on the waiting list.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Housing for Unsheltered Women	The goods and services funded are intended to improve overall member and community health and well-being of homeless people by increasing the capacity of Parker House in providing temporary housing, community resources and education in Jackson County.	d.Housing services and supports, including those related to SDOH-E;	-	5,000			Not Available	<p>Similar to Opportunity Village Eugene, which was used as a model for Hope Village in Medford, and to Hope Village, which has shown remarkable outcomes in improving participant self-sufficiency based on a case-management matrix, Parker House is designed to provide a low-barrier, managed home for homeless members. Using a third-party review of Rogue Retreat's local housing programs, conducted by the Center of Outcomes, Research and Education (CORE), healthcare costs could be reduced by 20%, ED utilization could be decreased, and participation in Primary Care could be improved. Additionally, research from Ohio SDOH programs indicate reduced infant mortality rates among homeless women who are housed in transitional and supported programs. Source: https://blogs.uoregon.edu/cscenter/tag/opportunity-village-eugene-oregon/</p> <p>This investment addresses the regional priority Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcome of this investment includes: increase available safe housing for women in Jackson County.
Hugo Hills Recovery Facility Improvements	The goods funded are intended to improve care delivery and improve overall member and community health and well-being for people in substance use recovery by supporting OnTrack's capacity to modify a new facility in Grants Pass. Funds will support a deep cleaning of the facility, painting the interior, purchasing furniture and kitchen equipment, HVAC repairs, and installing a security camera system. Goods funded do not qualify as a covered benefit under the Oregon Medicaid program.	h.Other non-covered clinical services and improvements; or	-	10,000			Not Available	<p>The National Institute on Drug Abuse (NIDA) recommends a comprehensive treatment program for individuals with substance use disorder (SUD) in order to treat needs they often have in addition to their SUD. Specifically, NIDA suggests providing services related to the following issues: medical care, mental health care, HIV/AIDS, child care, educational, vocational, family counseling, housing, transportation, financial, and legal. By providing a comprehensive model that combines core and wraparound services, treatment centers can deliver a higher quality of treatment. In this article, we assessed the relationship between client characteristics and the availability of wraparound services in SUD treatment centers. Source: https://pubmed.ncbi.nlm.nih.gov/26751366/</p> <p>This investment addresses the regional priorities of Behavioral Health and Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcome of this investment includes: increase the number of addiction treatment beds in Josephine County and reduce the wait times to access treatment.

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up to 1 year (12 months)	5/20/2020	5/31/2021	Supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons according to the US Interagency Council on Homelessness.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	5/11/2020	5/31/2021	Program is likely to increase the number of treatment beds and reduce emergency room and police interactions.	more than 5 years (more than 60 months)	Yes	No	Yes	Yes	No	No	Yes	No	Yes

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iPads to Increase access to Interpretation Services for Deaf Individuals	The goods funded are intended to improve care delivery to deaf individuals in Southern Oregon by increasing AllCare Health's ability to provide iPads on which individuals can view interpreter services, thereby increasing access to quality care.	i.Other non-covered social and community health services and supports.	-	4,200			Not Available	<p>The National Disability Authority's Center for Excellence in Universal Design recommends the best practice of ensuring signing interpreters should appear screens at a sufficient size and resolution to enable viewers at normal viewing distances to clearly see and accurately recognize all movements and facial expressions. This increases meaningful language access. Source: http://universaldesign.ie/Technology-ICT/Irish-National-IT-Accessibility-Guidelines/Digital-TV-equipment-and-services/guidelines-for-digital-tv-equipment-and-services/Sign-Language-Interpreting/Ensure-that-the-signer-is-easy-to-see-and-read/</p> <p>This investment addresses the regional priority of Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcome of this investment includes: increase in meaningful access to services for deaf individuals.
Items for Household Living	The goods funded are intended to improve overall member and community health and well-being of homeless, economically fragile women and their children by increasing the capacity of Parker House in the provision of household living items funded is intended to improve hygiene and comfort while offsetting income losses due to COVID in the Ashland area.	d.Housing services and supports, including those related to SDOH-E;	-	1,000			Not Available	<p>Providing basic items for living and living supports (food, hygiene), allows the program to be more immediately responsive to household needs and prevents negative outcomes associated with poor nutrition and promotes social distancing by preventing members from having to leave the home unnecessarily. This is especially important since, in a group housing situation, one point of infection could result in the whole Parker House population becoming infected. Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html</p>	The intended measurable outcomes of this investment include: increase in number of people served, number and types of items provided
Jackson County Syringe Exchange Program	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of community members who inject drugs in Jackson County by enabling Jackson County Public Health Department to adapt their service delivery model for their established Syringe Exchange Program necessary due to the COVID-19 Pandemic. The service population accessing the program experiences high acuity of risks and funds will enable staff to provide: a consistent opportunity for clean supply distribution, health checks, and a compassionate place that provides opportunities for connection to other needed services. Services provided include: sterile syringes, safe injection equipment, safer sex supplies, at risk reduction counseling and referrals to other social services such as medical care, STD/HIV testing and treatment, mental health services, alcohol and drug treatment, medication assisted treatment, Naloxone, immunization services and reproductive health services.	h.Other non-covered clinical services and improvements; or	-	30,000			Not Available	<p>HIV/Hepatitis C prevention program utilizes evidence-based practices that are empirically supported and are endorsed by the Centers for Disease Control and Prevention and Oregon Health Authority. Source: https://www.oregon.gov/oha/PH/DiseasesConditions/HIVSTDViralHepatitis/AdultViralHepatitis/Pages/training.aspx https://www.cdc.gov/policy/hst/h5/cleansyringes/index.html</p>	The intended measurable outcomes of this investment include: increase outreach to homeless individuals; increase supplies, health checks, and safe space; increase community awareness of homelessness; reduction of stigma.

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up to 2 years (24 months)	4/27/2020	4/30/2022	Evidence indicates that there is a positive return on investment when deaf individuals can view signing services thereby increasing access to quality care. Signing interpreters should appear screens at a sufficient size and resolution to enable viewers at normal viewing distances to clearly see and accurately recognize all movements and facial expressions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	Yes	Yes
up to 1 year (12 months)	5/4/2020	5/31/2021	Supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons according to the US Interagency Council on Homelessness.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	12/23/2020	12/31/2021	Decrease risk of infectious disease through preventive and case management services.	more than 5 years (more than 60 months)	No	Yes	No	Yes	Yes	Yes	Yes	No	Yes

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Jog Your Memory - Memory Support Classes for Seniors	The goods and services funded are intended to improve overall member and community health and well-being of Seniors living in Jackson and Josephine Counties by providing Jog Your Memory the capacity to provide weekly 60-minute, interactive Zoom engagement sessions. Sessions are based on an evidence informed curriculum that includes memory challenges, spatial activities, attention exercises, scientific information about memory and aging, and a homework assignment. Funds also support the production, packaging and mailing of tangible materials to participants to support engagement and positive health outcomes.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	8,219			Not Available	<p>According to published research by Dr. Robert Winningham, Ph.D., older adults who participate in memory enhancement programs like Jog Your Memory can improve their memory abilities. Results include improvement and maintenance of seniors' overall wellness, and indicated that participants experience an increase in memory ability, as well as a decrease in depressive symptoms. Source: https://digitalcommons.wou.edu/fac_pubs/14/</p> <p>This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allcarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase opportunities for Seniors to engage in guided sessions that enhance memory; decreased sense of isolation and depression in Seniors; and, increased confidence in cognitive abilities.
Language Access Services at Regional Food Banks	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of residents of Jackson, Josephine and Curry Counties by deploying three Spanish Interpreters to be on-site at food pantries 20-hours per week for a two month time period. Funds also cover the purchase of three iPads for Video Remote Interpreting and the estimated cost to pay for the VRI services, which will allow the food banks to provide access to over 30 spoken and signed languages.	i.Other non-covered social and community health services and supports.	-	30,000			Not Available	<p>The National Disability Authority's Center for Excellence in Universal Design recommends the best practice of ensuring signing interpreters should appear screens at a sufficient size and resolution to enable viewers at normal viewing distances to clearly see and accurately recognize all movements and facial expressions. This increases meaningful language access. Source: http://universaldesign.ie/Technology-ICT/Irish-National-IT-Accessibility-Guidelines/Digital-TV-equipment-and-services/Guidelines-for-digital-tv-equipment-and-services/Sign-Language-Interpreting/Ensure-that-the-signer-is-easy-to-see-and-read/</p> <p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend</p>	The intended measurable outcome of this investment includes: increase qualified staff onsite at regional food banks to ensure best practice Language Access supports for non-English speaking community members accessing needed services to achieve food security.

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up to 6 months	7/17/2020	12/31/2020	Program is likely to reduce stress, depression and cognitive decline in Seniors by promoting social interaction and memory enhancement exercises.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	5/13/2020	5/31/2021	Evidence indicates that there is a positive return on investment when the staff on site at regional food banks are qualified to ensure that language supports for non-English speaking community members are able to access the quality food they need to achieve food security.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	Yes	Yes

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Latino Health & Wellness Project	The services funded are intended to improve overall member and community health and well-being of the low-income, immigrant, Latino children, youth and parents in the Listo Program by increasing the capacity of Listo in providing Health & Wellness classes in Jackson County.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	10,000			Not Available	Listo Program and La Clinica conducted a survey last year to Listo families about their needs in health and wellness. The survey showed that the most requested classes were nutrition/wellness classes, stress management, and Zumba. As a result, in 2018-19 Listo Program and La Clinica delivered the first pilot project "Health and Wellness Project- Tu espacio, Salud y Bienestar." This pilot project was well received by Listo parents. 88% of the participants that took the training reported that by taking this workshop they gained more knowledge in stress management, more balanced diets and physical exercise habits to lead a healthier life. 83% of the participants that took the training reported that they would like to participate again in workshops that cover these topics in the future. According to the American Community Survey, U.S. Census, 2010-2014, nearly a third of Jackson County's Latino population lack health insurance. A 2015 Oregon Healthy Teens Survey reported that over one-third of Latino youth are overweight or obese. The lack of health insurance, health care access, and lack culturally appropriate services for Latinos contributes to the health inequality. La Clinica observations: Based on observations from wellness coaches at La Clinica, about 90% of Spanish speaking wellness coach patients present symptoms of depression and anxiety.	The intended measurable outcomes of this investment include: 85% of participants will increase their knowledge on how to manage stress in a healthy way; 85% of participants will learn how to make healthy choices, meals and set up goals for their own wellbeing; and, 85% of participants will increase physically activities and engagement with their peers and families.
Latinx and Migrant Family Outreach	The goods and services funded are intended to improve overall member and community health and well-being of Latinx and migrant families by of Jackson County by increasing the capacity of the Phoenix Talent School District to provide Spanish translation and interpretation services, coordinate RV donations and deliveries, facilitate relief efforts, gather and disseminate information Spanish-speaking and migrant community members, and work directly with community partners and non-profit organizations.	i.Other non-covered social and community health services and supports.	-	30,000			Not Available	While there is little research about the role of school districts in community rebuilding efforts, we know that education is essential to the economic, social emotional, and civic health of a community. As a public school district, we also recognize that we are a trusted, non-partisan source of information and support for all families. The Alameda Fire devastated our communities of Phoenix and Talent, and our Spanish-speaking and migrant families were impacted disproportionately by the fire. We recognize that many of our families have language barriers to accessing social services and relief efforts and, in some cases, are unable to access (or have fear of accessing) federal programs. Our role as a school district in rebuilding the towns of Phoenix and Talent is critical. The Institute of Medicine (2015) stated, "Support from such key partners, as school districts, will be essential to the success of such [rebuilding] efforts" from their Committee on Post-Disaster Recovery of a Community's Public Health, Medical, and Social Services. The funding from AllCare would increase the capacity of our school district staff to represent and advocate for our Latinx families on rebuilding efforts. This investment addresses the regional priorities of Healthy Equity and Parenting Support & Life Skills as included in the 2019-	The intended measurable outcomes of this investment include: expand hours for our bilingual staff in support of our Latinx and migrant families in the recovery and rebuilding efforts for the next 18 months; establish Spanish translation and interpretation services to facilitate relief efforts; and, expand education and direct support.

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up to 1 year (12 months)	3/17/2020	3/31/2021	Evidence indicates that there is a positive return on investment from supporting the stability and resilience of families caring for young children. Programs that increase parent and caregiver capacity to understanding child development, support social-emotional competencies, access concrete supports, establish and maintain social connections, and build their own resilience have a cumulative benefit for family wellbeing. Proactive efforts to support these Protective Factors can result in a reduction of the need for intervention by Child Welfare which directly correlates with reduced costs for the health care system.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 2 years (24 months)	11/30/2020	11/30/2022	When families have support to recover from natural disasters and pandemics they are more likely to be able to maintain family stability and attachment. Benefits of such investments are likely to increase positive physical and behavioral health outcomes, as well as decrease the need for higher cost interventions in the Child Welfare or justice systems.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Love From Me To You - Social Connection Campaign for Seniors	The services funded are intended to improve overall member and community health and well-being of Seniors in Southwestern Oregon by providing KOBI with the capacity to engage youth in creating art that convey messages of care for Seniors. These pieces of art will then be use to produce on-air and online messages that, when distributed, will lessen the effects of the high levels of isolation Seniors are experiencing during the COVID-19 Pandemic.	i.Other non-covered social and community health services and supports.	-	8,000			Not Available	<p>Studies by the have shown that social isolation has been associated with adverse health outcomes in older adults. Social isolation and loneliness-common concerns in older adults have been exacerbated by the COVID-19 pandemic. This is especially true for older adults, living in long-term care facilities and the community, at risk of social isolation during the COVID-19 pandemic. Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7514226</p> <p>This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p> <p>This investment addresses the regional priority of Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: engage youth in creating art that communicates thoughts of support to the senior population of Southwestern Oregon and Northern California; production of high-quality on-air and online content with messages of support for Seniors; and, decrease the sense of isolation in the vulnerable Senior population.
Mobile Homeless Outreach Services	The goods and services funded are intended to improve overall member and community health and well-being of homeless and at risk persons by increasing the capacity of Curry County Homeless Coalition to deliver tangible goods to homeless and at risk persons, the coordination of supportive services, and the delivery of social services in Curry County.	i.Other non-covered social and community health services and supports.	-	10,000			Not Available	<p>According to a study published by the Open Health Services and Policy Journal mobile homeless outreach services should be viewed as a mainstay of services for people experiencing homelessness. By meeting people where they are the process of outreach increases the likelihood of improving housing and health outcomes. Only by integrating these services with other best practices and investigating their impact will homeless people be optimally served. Source: https://benthamopen.com/contents/pdf/TOHS/PJ/TOHSPJ-3-53.pdf</p> <p>This investment addresses the regional priority of Health System Capacity and Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: Number of services provided and number of vulnerable unhoused youth served.
Multi-Agency Shelter Transition Team (MASTT) Wildfire Survivor Support	The services funded are intended to improve care delivery and improve overall member and community health and well-being of survivors of the wildfire survivors in Jackson County who are currently living in temporary housing, such as motel rooms, RVs or short-term units provided by increasing the capacity of the Multi-Agency Shelter Transition Team (MASTT) is to assist with the development of an individualized recovery plans. Recovery plans will include navigation assistance from MASTT organizations to support the transition into interim or permanent housing, as it becomes available, and connections to resources that meet the specific needs of the displaced individual or household.	d.Housing services and supports, including those related to SDOH-E;	-	16,700			Not Available	<p>The Multi-Agency Shelter Transition Team is a best-practice developed by the Federal Emergency Management Agency (FEMA), the U.S. Department of Housing and Urban Development (HUD), and the American Red Cross to assist survivors during national disasters.</p> <p>This investment addresses the regional priorities of Housing and Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase the housing stability of wildfire survivors by facilitating transitions from motel rooms and other temporary housing to interim or permanent housing; and, increase the delivery of wraparound services by addressing the unique needs of wildfire survivors and connecting them to available services.

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up to 6 months	4/27/2020	10/31/2020	Benefits include a reduction in the experience of isolation in the vulnerable Senior population currently being experienced due to necessary precautions in response to the COVID-19 pandemic. Program is likely to reduce depression and associated adverse health outcomes, which will result in a decrease in health care costs.	up to 1 year (12 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	11/20/2020	11/19/2021	Access to resources to meet health care needs leads to reduction of infection rates and reduced need for urgent or emergent care related to communicable disease; improved access to services and improved connection to case management and referrals for individuals living in rural communities leads to increased stabilization of housing, employment and overall well being.	up to 1 year (12 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	12/15/2020	6/30/2021	Supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons according to the US Interagency Council on Homelessness.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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On-Line Recovery Support Groups	The services funded are intended to improve care delivery and improve overall member and community health and well-being of those recovering from both mental health challenges of any kind and alcohol/drug abuse and addiction by increasing the capacity of Dual Diagnosis Anonymous of Oregon Inc. to provide online recovery support groups in the AllCare service area.	i.Other non-covered social and community health services and supports.	-	10,000			Not Available	<p>Dual Diagnosis Anonymous has historic data supporting participation results in higher rates of recovery, improved socialization skills, lower isolation rates and mental health relapse symptoms, improved medication compliance and lower suicide ideation. Source: https://ddainc.org/wp-content/uploads/2020/11/USA-First-persons-Perspective.pdf https://ddainc.org/wp-content/uploads/2020/11/Adv-in-DD-DDA-submission-revised_FINAL.pdf</p> <p>This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p> <p>This investment addresses the regional priority of Health System Capacity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: increase in number of dual diagnosis individuals in long-term recovery; and, decrease social isolation.
Packaging to Deliver Homebound Senior Meals	The goods funded are intended to improve overall member and community health and well-being of Seniors in Gold Beach by increasing the capacity of the Gold Beach Community Senior Center to provide nutritious food for members of this vulnerable, special needs population in a rural community who have limited financial means and/or supports during the COVID-19 pandemic.	c.Food services and supports, including those related to SDOH-E;	-	1,016			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcome of this investment includes: increase nutritional support decreases chronic condition complications related to poor nutrition and diet.

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up to 1 year (12 months)	12/8/2020	12/31/2021	Support groups offer individuals the opportunity to increase social skills and hope, decrease isolation and stigma while normalizing everyday struggles increasing the likelihood of treatment compliance, medication management and family cohesion.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	6/24/2020	6/30/2021	Proper nutrition and dietary supports improve weakened immune systems, which lower the risk of infections, improves wound healing, muscle and bone strength while decreasing risks to falls and fractures.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Patient Outreach and Support Materials	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of residents of Curry County by increasing the capacity of Coast Community Health Center to assist patients in managing illness in their homes to help prevent the transmission of COVID-19. Funds will support the Outreach Team to support individuals through telecommunication and providing home-care kits when these individuals are determined to be sick or at risk of getting sick. Kits will have information sheets, as well as other items to support recovery (e.g., electrolyte beverages, surgical masks or cloth masks, gloves, thermometers, and oximeters). Goods do not qualify as a covered benefit under the Oregon Medicaid Program.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	-	6,000			Not Available	<p>The Cochrane Collaboration states that the updated review summarizes evidence available from studies that show how quarantine affects the spread of COVID-19. The studies included in the review consistently conclude that quarantine can play a role in controlling the spread of coronavirus SARS-CoV-2. While early implementation of quarantine and its combination with other public health measures helps to ensure effectiveness, key uncertainties remain as to how these measures can best be adopted and when they can be relaxed. Source: https://www.cochrane.org/news/updated-cochrane-rapid-review-assesses-effectiveness-quarantine-during-covid-19-pandemic</p> <p>This investment addresses the regional priorities of Health System Capacity, Health Equity, and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaboratorcurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: increase in the remote support leading to individuals' self efficacy and ability in managing individual and family wellness.
Personal Protective Equipment and Space Modifications to increase Oral Health Services	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of Curry County by increasing the capacity of Coast Community Health Center to increase safe and accessible dental services in a rural community through space modifications and the purchase of CDC recommended PPE. PPE does not qualify as a covered benefit under the Oregon Medicaid Program.	h.Other non-covered clinical services and improvements; or	-	6,000			Not Available	<p>According to the American Dental Association, when people have access to dental care it improves overall health.</p> <p>Healthy People 2020 prioritizes the prevention and control of oral and craniofacial diseases, conditions, and injuries, and the improvement of access to preventive services and dental care. It notes that some Americans do not have access to preventive programs and that people who have the least access to preventive services and dental treatment have greater rates of oral diseases. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health</p> <p>According to the National Rural Oral Health Initiative—a combined effort of the National Rural Health Association and the DentaQuest Partnership for Oral Health Advancement working to improve oral health disparities amongst rural Americans—oral health issues have plagued those in rural communities and enhancements to the access of quality oral health care for all is key to improving health outcomes. Source: https://www.ruralhealthweb.org/programs/rural-oral-health-initiative</p> <p>This investment addresses the regional priority of Health System Capacity as included in the 2019-2022 Community Health</p>	The intended measurable outcomes of this investment include: increase safe and accessible dental services in a rural community through space modifications and the purchase of CDC recommended PPE.
Personal Protective Equipment to increase Oral Health Services	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of patients accessing oral health services at Siskiyou Community Health Center by supporting their purchase of the necessary PPE, in accordance with OHA and CDC guidelines. Goods do not qualify as a covered benefit under the Oregon Medicaid Program.	h.Other non-covered clinical services and improvements; or	-	20,000			Not Available	<p>ADA recommends that everyone have access to oral health services to prevent dental disease which affects the overall health of the body. Source: https://www.ada.org/en/about-the-ada/dentists-doctors-of-oral-health</p> <p>This investment addresses the regional priority of Oral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase the purchase of PPE to increase access to oral health services in accordance with OSHA and CDC guidelines.

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up to 1.5 years (18 months)	4/30/2020	11/30/2021	Evidence indicates that there is a positive return on investment when when patients are assisted in managing illness in their homes to help prevent the transmission of COVID-19. Supporting individuals through telecommunication and providing home-care kits when these individuals are determined to be sick or at risk of getting sick will enable the health system to monitor the health of their patients. Kits will have information sheets, as well as other items to support recovery (e.g., electrolyte beverages, surgical masks or cloth masks, gloves, thermometers, and oximeters).	more than 5 years (more than 60 months)	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
up to 1.5 years (18 months)	6/25/2020	12/31/2021	Evidence indicates that there is a positive return on investment when preventative oral health services are accessed to prevent oral hygiene and prevent decay. Such preventative services or early treatment of decay result in decrease treatment costs for more acute decay.	up to 1 year (12 months)	No	No	Yes	Yes	No	Yes	Yes	No	Yes
up to 1 year (12 months)	6/3/2020	6/30/2021	Evidence indicates that there is a positive return on investment when preventative oral health services are accessed to prevent oral hygiene and prevent decay. Such preventative services or early treatment of decay result in decrease treatment costs for more acute decay.	more than 5 years (more than 60 months)	No	No	Yes	Yes	No	Yes	Yes	No	Yes

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Point in Time County Mobile Data App Access and Participant Incentive Cards	The goods and services funded are intended to improve overall member and community health and well-being of unhoused population by increasing the capacity of the Jackson County Continuum of Care to fund the cost of a mobile application for data collection and the purchase of gift cards for survey respondents at encampments, community meals, social service agencies, emergency shelters, transitional living programs, and other places where people receive services in Jackson County to ensure accurate data is captured during the 2021 Point in Time County.	d.Housing services and supports, including those related to SDOH-E;	-	6,350			Not Available	<p>The US Department of Housing and Urban Development is strongly recommending to all CoCs that mobile apps be used as the primary means of conducting the street count of those experiencing homelessness during the COVID-19 pandemic. The mobile technology has allowed greater planning using GIS to regularly update where people are sleeping. Mobile technology requires less physical interaction with other people. CoCs that use mobile technology do not need to distribute printed maps or surveys volunteers. Rather, volunteers can download the mobile application at home on their personal device and use that for the count. Mobile applications generally have a refresher section that volunteers can use as a refresher on how to safely and accurately count. Mobile applications often allow quick feedback for CoCs to determine if data are complete.</p> <p>Source: https://files.hudexchange.info/resources/documents/Conducting-the-2021-Unsheltered-PIT-Count.pdf</p> <p>The Jackson County Homeless Management Information System/Coordinated Entry Workgroup researched the best practices for conducting the PIT Count during a pandemic. The Counting Us app is an industry-proven mobile app developed specifically for the purposes of conducting the annual Point in</p>	The intended measurable outcomes of this investment include: increase the quality of data collected during the 2021 PIT while implementing the use of technology to ensure volunteer and community member safety; and, increase the rate of participation in the survey.
Preschool and Child Care Expansion	The services funded are intended to improve care delivery and overall member and community health and well-being of young children in Jackson County by increasing capacity of the Gingerbread House Early Learning Center to provide quality preschool and child care services to low income families, foster families, and children of parents currently enrolled in drug and alcohol treatment programs. Services provided will include preschool hours, extended child care hours, and USDA meals.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	8,000			Not Available	<p>Health Affairs states that a growing body of research indicates that while Early Childhood Care & Education programs are not necessarily designed to improve child health, a growing body of research indicates that they may lead to short- and long-term improvements in health-related outcomes.</p> <p>Source: https://www.healthaffairs.org/doi/10.1377/hpb.20190325.519221/full/</p> <p>According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Source: https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/</p> <p>This investment addresses the regional priorities of Behavioral Health, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: increase the safe, quality, affordable care available to children and their families; ensure access to child care and early learning programming for vulnerable populations; increase nutrition resources for young children; and, increase opportunities for social emotional growth of children and activities that support family stability.

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up to 6 months	12/17/2020	5/31/2021	Supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons according to the US Interagency Council on Homelessness.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	No	No	Yes
up to 1 year (12 months)	3/17/2020	3/31/2021	Evidence indicates that high-quality early childhood care and education programs support positive outcomes for children and their families. One leading indicator of impact include reduced involvement in the Child Welfare system.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Professional Development Support for Parents & Providers During COVID-19	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of Infant Mental Health and other Early Childhood Care and Education Professionals, as well as the families they serve, by enabling the Oregon Infant Mental Health Association (ORIMHA) to provide quality, online professional development sessions and supplementary materials. Sessions will focus on: self-care, equity, rural community living, poverty, and intimate partner violence. Funds will: increase ORIMHA' capacity to coordinate trainings, publish Social Media posts, and update materials on the organization's website to enable long-term access for professionals and parents. site to hold recorded sessions; Presenter Stipends; Technical Support for Publishing Sessions Online to increase community access; pay a highly qualified, Masters level professionals to create quality content for the sessions and accompanying resources; translation and interpretation of content into Spanish; and, access to an easy to access online learning platform.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	5,000			Not Available	<p>According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Source: https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/</p> <p>Studies show that investments in the Quadruple Aim that add a focus on improving the work life of health and social care providers is essential to ensuring progress on the Triple Aim: enhancing patient experience, improving population health, and reducing costs. Providing opportunities for professionals to gain skills to prevent and address burnout is key to this new focus. Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226781/</p> <p>This investment addresses the regional priorities of Behavioral Health, Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and</p>	The intended measurable outcomes of this investment include: increase parent coping strategies, positive parenting practices, and awareness of low cost or no-cost resources available; increase professional skill development for those in the fields supporting children and families (e.g., medical, mental health, home visiting, etc.); provide training opportunities that meet the evidence-based competency areas of the Oregon Infant Mental Health Endorsement; and, increase the competency of the workforce serving children and families across Oregon.
Project Adult Addictions - Peer Support Specialists Online Training	The services funded are intended to improve care delivery and improve overall member and community health and well-being of adults with substance use disorder by increasing the capacity of Foundations for Recovery to provide access to Peer Support Training in Jackson, Josephine, So. Douglas, and Curry Counties. Project will include researching the best way to present the knowledge, skills, and attitudes of a Peer Support Specialist through online means and creating video presentations from community partners who will be able to present resources available while illustrating powerfully what a PSS does and how they can serve their communities.	g.Trauma informed services and supports across sectors, including those related to SDOH-E;	-	12,000			Not Available	<p>Peer Support is an evidence-based practice. The use of adult learning strategies such as group discussion and self-discovery, role-play, and teamwork has been shown to harness the way adults learn best, thus increasing the effectiveness of the learning program. The training is an Oregon Health Authority approved peer support specialist training for adult addictions.</p> <p>This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2626/all-in-for-health-chip-2019.pdf</p> <p>This investment addresses the regional priority of Health System Capacity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2628/colaborativecurrychip-final.pdf</p>	The intended measurable outcome of this investment includes: increase of individuals having access to Peer Support training.

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up to 1.5 years (18 months)	6/22/2020	12/31/2021	Evidence indicates that parent, caregiver, and professional capacities have a direct correlation on the healthy development of young children. Program is likely to increase the skills of adults to support children's social-emotional development. Early development of these skills has been documented to lead to better health outcomes, higher educational achievement, and a reduction in high-risk behaviors.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	11/5/2020	11/30/2021	Supports and investments into recovery services supports lower incarceration rates, lower deaths, decrease in medical costs associated with drug, alcohol, tobacco and gambling use, increased education success and work performance. \$32 billion in earnings is lost annually from A&D incarceration alone according to Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention-Substance Abuse Prevention Dollars and Cents:A Cost-Benefit Analysis.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Raising Resilience - Strengthening Families Protective Factors Awareness Campaign	The services funded are intended to improve overall member and community health and well-being of parents and caregivers of young children in Southwestern Oregon by supporting KOBİ to produce quality, evidence informed videos that promote Protective Factors in families. Messages will help to normalize stressors and share easy to implement skills for resilience and connection. Each 30-second spot will be produced in both English and Spanish, feature information based on CDC recommendation for self-care and/or parent and caregiver voices from the region, and will be supported by enhanced sets of resources for each topic housed on a campaign website and distributed through social media pages.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	90,000			Not Available	<p>According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Source: https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/</p> <p>The Centers for Disease Control and Prevention are encouraging the promotion of self-care during the COVID-19 pandemic as it has exacerbated the stress being experienced by caregivers. They note that fear and anxiety can be overwhelming and cause strong emotions, and that it is important that caregivers develop strategies for taking care their family and friends while balancing that with self-care. Source: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/stress-coping/care-for-yourself.html</p> <p>This investment addresses the regional priorities of Behavioral Health, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and</p>	The intended measurable outcomes of this investment include: increase trauma informed, high quality resources available to parents and caregivers that normalize stressors and build skills for resilience and connection; and, create quality resources in both English and Spanish to support Health Equity.
Raptor Creek Farm - Planting Seeds for the Future Program	The goods and services funded are intended to improve overall member and community health and well-being of youth from Boys and Girls Clubs of the Rogue Valley, Grants Pass YMCA, local schools, home-school youth, and other outside agencies by increasing the capacity of Josephine County Food bank in offering nutrition education, healthy recipes, and cooking demonstrations in Josephine County.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	15,000			Not Available	<p>The Community Preventive Services Task Force (CPSTF) recommends school based gardening interventions in combination with nutrition education to increase children's vegetable consumption. Interventions including nutrition education in addition to gardening activities were more effective than gardening activities alone.</p> <p>A study in Science Daily by Kansas State University notes that a healthy diet promotes success in life—better concentration and alertness, better physical health that translates into good mental and emotional health. Source: https://www.sciencedaily.com/releases/2015/04/150417103427.htm</p> <p>Oregon State University's Generating Rural Options for Weight (GROW) Healthy Kids and Communities study showed that having a school garden made daily healthy eating and active living patterns easier to develop and maintain for community members. Source: https://extension.oregonstate.edu/growhkc</p> <p>This investment addresses the regional priority of Parenting Support & Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and</p>	The intended measurable outcomes of this investment include: increase educational programs through a year-round curriculum to hundreds of children; expand SNAP-ED program from three to five locations.

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up to 1.5 years (18 months)	5/20/2020	6/30/2021	Evidence indicates that there is a positive return on investment from supporting the stability and resilience of families caring for young children. Programs that increase parent and caregiver capacity to understanding child development, support social-emotional competencies, access concrete supports, establish and maintain social connections, and build their own resilience have a cumulative benefit for family wellbeing. Proactive efforts to support these Protective Factors can result in a reduction of the need for intervention by Child Welfare which directly correlates with reduced costs for the health care system.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	2/10/2020	2/28/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity and/or quality nutrition.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Recovery Cafe Navigation Services	The goods and services funded are intended to improve overall member and community health and well-being of people struggling with alcohol and drug addiction by increasing the capacity of Reclaiming Lives Recovery Cafe in offering resource and referral services in Jackson County.	i.Other non-covered social and community health services and supports.	-	17,813			Not Available	<p>Supporting community recovery efforts improve health and wellness, live self-directed lives, and assist individuals to strive and reach their full potential by improving:</p> <p>Health—overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being;</p> <p>Home—having a stable and safe place to live;</p> <p>Purpose—conducting meaningful daily activities and having the independence, income, and resources to participate in society; and, Community—having relationships and social networks that provide support, friendship, love, and hope. This is alignment with SAMHSA guidelines. Source: https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf</p> <p>This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase staff time per week spent on additional system navigation and referrals; increased service levels as an essential service during COVID-19 to a vulnerable population in our community.
Reintegration Supports	The goods funded are intended to improve overall member and community health and well-being of the residents by increasing the capacity of Welcome Home Oregon to assist those transitioning from incarceration back into the community in Josephine County. These items will assist individuals to have some of their basic needs met such as hygiene items, clothing and other monetary supports needed to interact with the community for mandated appointments, employment and more.	i.Other non-covered social and community health services and supports.	-	2,500			Not Available	<p>The National Institute on Drug Abuse (NIDA) recommends a comprehensive treatment program for individuals with substance use disorder (SUD) in order to treat needs they often have in addition to their SUD. Specifically, NIDA suggests providing services related to the following issues: medical care, mental health care, HIV/AIDS, child care, educational, vocational, family counseling, housing, transportation, financial, and legal. By providing a comprehensive model that combines core and wraparound services, treatment centers can deliver a higher quality of treatment. In this article, we assessed the relationship between client characteristics and the availability of wraparound services in SUD treatment centers. Source: https://pubmed.ncbi.nlm.nih.gov/26751366/</p> <p>This investment addresses the regional priorities of Behavioral Health and Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increased reintegration of formerly incarcerated individuals into the community supporting a decrease in recidivism rates.

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up to 1.5 years (18 months)	6/11/2020	12/31/2021	Supports and investments into recovery services supports lower incarceration rates, lower deaths, decrease in medical costs associated with drug, alcohol, tobacco and gambling use, increased education success and work performance. \$32 billion in earnings is lost annually from A&D incarceration alone according to Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention-Substance Abuse Prevention Dollars and Cents:A Cost-Benefit Analysis.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	5/14/2020	11/31/2020	Supporting re-integration efforts increases community public safety, family systems, recovery efforts and restorative justice within a community according to the United Nations Office on Drugs and Crime.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Remote Juvenile Services Supports	The goods funded are intended to improve care delivery and overall member and community health and well-being of Curry County youth in recovery and their parents by increasing Curry County Juvenile Department's capacity to continue home UA monitoring during COVID-19. Funds will support the purchase of equipment to enable clients access to the technology and internet services required to connect to remote sessions, especially those living in rural areas.	i.Other non-covered social and community health services and supports.	-	3,000	-	3,000	Not Available	<p>According to the National Center for Biotechnology Information, recovery supports offer youth life long decision making skills and critical thinking choices decreasing the A&D pandemic. Lower rates of substance use decreases medical cost, improves mental health and family systems. Source: https://www.ncbi.nlm.nih.gov/books/NBK424848/</p> <p>This investment addresses the regional priority of Health System Capacity and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaboratecurrychp-final.pdf</p>	The intended measurable outcomes of this investment include: increases in long-term sobriety, decreases in the people engaged with the criminal/legal system, and improved life skills needed for transitioning into adulthood.
Rent Assistance for RV or Mobile Home Park Renters	The services funded are intended to improve overall member and community health and well-being of the homeless population by increasing the capacity of The Curry County Homeless Coalition in providing one-time rent assistance for families/individuals living in RV or Mobile Home parks in Curry County.	d.Housing services and supports, including those related to SDOH-E;	-	4,202	-	4,202	Not Available	<p>Helps address urgent needs of members and community members; addresses physiological needs of homeless individuals; helps to remove or reduce barriers to services through referrals and navigation.</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaboratecurrychp-final.pdf</p>	The intended measurable outcomes of this investment include: increase in family stability by providing rent assistance.
Rent Relief and Basic Needs	The goods funded are intended to improve overall member and community health and well-being of families with children, seniors, veterans, working poor and homeless by increasing the capacity of St. Vincent de Paul in the purchase of necessary living items, distribution of food, expanding capacity to address housing and utility needs of clients in Jackson County.	i.Other non-covered social and community health services and supports.	-	20,000	-	20,000	Not Available	<p>According to the New England Journal of Medicine, in the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p>	The intended measurable outcomes of this investment include: remove barrier to access adequate and appropriate nutrition and other living essentials, utility payments, and housing costs for those who are struggling because of COVID-19, coupled with economic or isolation circumstances; and, maintain access to appropriate nutrition, housing, and living essentials.

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up to 1 year (12 months)	7/20/2020	6/30/2021	Recovery supports offer youth life long decision making skills and critical thinking choices decreasing the A&D pandemic. Lower rates of substance use decreases medical cost, improves mental health and family systems.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/16/2020	4/30/2021	Evidence indicates that there is a positive return on investment when enabling families to achieve stable, affordable housing by providing the assistance to do so, and monitoring the number of families that assistance is granted.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	5/7/2020	5/31/2021	Using original data from a collaboration with CORE (Center for Outcomes Research and Education), AllCare has seen an average annual healthcare cost reduction of \$1,462 per member who is in a housing program compared to an eligible case group. This is consistent with national data indicating annual health care saving of \$1,200 - \$1,600 perm member per year.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Rental Assistance and Basic Needs Items	The goods funded are intended to improve overall member and community health and well-being of adults in the recovery community of Jackson County by increasing the capacity of Reclaiming Lives Recovery Cafe to provide supports to individuals whose income has been affected due to temporary layoffs during COVID-19 or the inability to find work during the pandemic. Funds will support rental assistance, gas cards, bus passes, and grocery store gift cards when other sources of support are not available.	i.Other non-covered social and community health services and supports.	-	9,500	-	9,500	Not Available	<p>In the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p> <p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-</p>	The intended measurable outcomes of this investment include: increase in number of vulnerable people who are newly recovered having stable housing without rent debt burden, preventing homelessness and relapse. Stable housing and transportation are key components to stability and prolonged sobriety.
Renter Outreach and Resources to Protect Housing Stability During Covid-19	The goods and services funded are intended to improve overall member and community health and well-being of renting families in Southern Oregon by increasing the capacity of Rogue Action Center in providing direct outreach to renting families in Southern Oregon and for translation of documents and infographics to share with impacted communities.	d.Housing services and supports, including those related to SDOH-E;	-	4,000	-	4,000	Not Available	<p>In the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p>	The intended measurable outcomes of this investment include: increase in renting families able to stay in stable housing through covid-19, an important social determinant of health.
Resiliency and Trauma Informed Practices Training for Early Care & Education Professionals	The services funded are intended to improve care delivery by Early Childhood Care and Education Professionals to children and families in Jackson and Josephine Counties by increasing the capacity of the Child Care Resource Network to providing quality training on Trauma Informed Practices and other skills needed during the COVID-19 pandemic.	g.Trauma informed services and supports across sectors, including those related to SDOH-E;	-	5,000	-	5,000	Not Available	<p>Child Care Aware of America believes that quality child care helps build healthy children, including their healthy social and emotional development. They note that a recent publication by Child Trends publication includes information about a number of promising trauma-informed approaches that have emerged that could be integrated into existing ECE programs, including professional development, and that regional Child Care Resource & Referral entities can help drive these opportunities. Source: https://info.childcareaware.org/blog/trauma-informed-care</p> <p>This investment addresses the regional priorities of Behavioral Health, Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alcarehealth.com/media/2626/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase Early Childhood Care & Educators' knowledge of and skills to implement Trauma Informed strategies to support young children's social-emotional health and resiliency; and increase Early Childhood Care & Educators' knowledge of and skills to implement Trauma Informed strategies to support parents.

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up to 1 year (12 months)	5/12/2020	5/31/2021	Supports and investments into recovery services supports lower incarceration rates, lower deaths, decrease in medical costs associated with drug, alcohol, tobacco and gambling use, increased education success and work performance. \$32 billion in earnings is lost annually from A&D incarceration alone according to Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention-Substance Abuse Prevention Dollars and Cents:A Cost-Benefit Analysis.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	6/9/2020	6/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	6/16/2020	6/30/2021	Evidence indicates that there is a positive return on investment in skilling up professionals to be aware of and develop strategies for metabolizing the trauma they are exposed to in their daily work with community members. Program is likely to increase professionals' capacity to address the vicarious trauma and other toxic levels of stress they encounter during their daily work. Benefits of this are likely to include increased quality of care to clients and decreased loss of qualified staff. The health of our workforce can contribute to higher levels of engagement in quality work and a reduction in the number of sick days taken. This translates directly to the experience and ultimate outcomes of the service population.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Rogue Powerpack Program	The goods funded are intended to improve overall member and community health and well-being of students in Jackson County by providing nutritious food that might not otherwise have been available on weekends due to school closure during the COVID-19 pandemic.	c.Food services and supports, including those related to SDOH-E;	-	10,000	-	10,000	Not Available	<p>Helps address urgent food needs of members and community members. The harmful effects of hunger, food insecurity, and malnutrition are well documented, as are the positive impact that childhood nutrition programs can have: https://frac.org/research/resource-library/hunger-health-role-federal-child-nutrition-programs-improving-health-well</p> <p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-</p>	The intended measurable outcomes of this investment include: decrease food insecurity for children in Jackson County.
Safe and Stable Shelter for Homeless Youth	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of Safe Families For Children and shelter youth and their families by increasing the capacity of Hearts with a Mission in meeting the basic needs and providing comprehensive services including safe and stable shelter in Josephine County.	d.Housing services and supports, including those related to SDOH-E;	-	20,000			Not Available	<p>According to a report from Blue Cross MA Foundation, one example, called My First Place, includes rental housing, case management, education, and employment support services for adults 18 to 24 years old who are transitioning out of the foster care system. In a study of 103 young adults in California after two years of the intervention, participants experienced an increase in self-efficacy, reduction in depression, and increased mental health and medical insurance coverage. Source: https://www.bluecrossmafoundation.org/sites/default/files/download/publication/Social_Equity_Report_Final.pdf</p> <p>This investment addresses the regional priorities of Behavioral Health, Housing, and Parenting Support & Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: launch provision of basic needs; increased comprehensive services for shelter youth, young adults, as well as their families in Josephine County.

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up to 6 months	5/19/2020	12/31/2020	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	5/7/2020	5/31/2021	Supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of publicly-funded crisis services, including shelters, hospitals, psychiatric centers, jails, and prisons according to the US Interagency Council on Homelessness.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Safe Place Program	The goods and services funded are intended to short term security and connection, as well as long term recover and stability for victims of domestic violence and trafficking by increasing capacity for Maslow Project in providing emergency shelter and urgently needed safety and stability items, as well as connection no resource in the Rogue Valley.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	-	19,680			Not Available	<p>Trauma Informed Care; Collaborative Problem Solving, Positive Youth Development, Harm Reduction - all staff are QMHA or QMHP and undergo extensive - continuous training to best support this vulnerable population. This intervention addresses needs from all three of the major Community Health Improvement Plan goals for our region: Housing, Family Support and Life Skills, and Behavioral Health: https://jeffersonregionalhealthalliance.org/wp-content/uploads/2019/07/Full-CHIP-FINAL.pdf</p> <p>This investment addresses the regional priorities of Behavioral Health and Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcome of this investment includes: increase safe emergency housing for domestic violence or trafficked victims with children in Southern Oregon.
Safe Sleep Education and Supplies	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of infants in Jackson and Josephine Counties by enabling staff at DHS to provide caregivers with education on how to promote safe sleeping behaviors and to provide them with safe sleep materials including port-a-cribs, sheets, and safe sleep sacks.	i.Other non-covered social and community health services and supports.	-	6,000			Not Available	<p>The Oregon Health Authority prioritizes Safe Sleep for Babies to prevent SUID (Sudden Unexpected Infant Death), the death of an infant less than 1 year of age that occurs suddenly and unexpectedly, and whose cause is not immediately obvious before investigation. In Oregon, about 40 babies die in their sleep every year. Source: https://www.oregon.gov/oha/PH/HealthyPeopleFamilies/Babies/Pages/sids.aspx</p> <p>The American Academy of Pediatrics recommends education and supports for safe infant sleeping to prevent SIDS and other sleep-related infant deaths. Source: https://pediatrics.aappublications.org/content/138/5/e20162940</p> <p>This investment addresses the regional priority of Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: expansion of education for parents on safe sleep practices to reduce infant mortality; and, increase in distribution of tangible goods to help parents ensure safe sleep practices in their homes.

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up to 1 year (12 months)	11/23/2020	11/30/2021	Addressing youth homelessness is a best practice in preventing chronic homelessness in those same youth when they become adults. Preventing youth homelessness is associated with short-term improvements in access to care, services, and improved educational outcomes. Long-term, addressing youth homelessness is associated with a reduction in risk-taking behaviors, decreased incarceration, improved economic stability, and stronger positive social connections - all of which are social determinates of health associated with improved health outcomes.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	1/13/2020	1/30/2021	By providing quality education to parents of newborns on safe sleep practices, incidents of SUID are likely to decrease. Effectiveness of this education is increased when tangible goods associated with safe sleep practices are provided to parents.	up to 2 years (24 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Sanitizing Machine for Library Lending Materials	The goods funded are intended to improve care delivery and improve overall member and community health and well-being of residents of Josephine County by enabling the Josephine Community Library to sanitize books and other lending library materials for safe redistribution during the COVID-19 pandemic.	i.Other non-covered social and community health services and supports.	-	4,098			Not Available	<p>According to the Institute for Museum and Library Services, libraries are centers for learning, for trusted information, and critical resources that communities need to thrive. They connect us with each other, with the world, and with vital information—online, through books and other resources, and through activities and services. Now more than ever, as schools and universities close, programs and events are canceled, and we are asked to physically distance ourselves to help mitigate the spread of coronavirus, libraries and those who work there are rising to the challenge. They're demonstrating strength, dedication, resourcefulness, and the essential role they play during this time of community need. Source: https://www.ims.gov/blog/2020/03/libraries-are-refuge-times-crisis</p> <p>PIKinc. and International Library Services state that their Book Sanitizer is a tabletop model that kills 99% of Pathogenic Bacteria as well as Coronaviruses and flu viruses such as the Asian Flu, the SARS Virus, MERS, Ebola, Swine Flu and the Covid-19 Virus.* It sanitizes 6 books in just 30 seconds using UV-C lamps to kill the germs on both the covers and the pages of the books. It reaches the inside pages by blowing high-pressure air to spread the pages. It can also sanitize Laptops, Tablets, DVD's, CD's etc. The</p>	The intended measurable outcomes of this investment include: increase capabilities to sanitize materials for safety of staff, volunteers and community members during COVID-19; and, ensure continued operations of library lending services.
School Supply Distribution	The goods funded are intended to improve overall member and community health and well-being of economically impacted families in Jackson County by increasing the Rogue Valley Family Fun Fest's capacity to supply backpacks with school supplies to local students when other resources are not available.	i.Other non-covered social and community health services and supports.	-	6,000			Not Available	<p>According to Teach for America, For students whose families cannot afford supplies, coming to school unprepared can create social and emotional challenges, in addition to putting kids at a disadvantage for learning. Source: https://www.teachforamerica.org/stories/the-school-supply-gap</p> <p>This investment addresses the regional priority of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcome of this investment includes: increase access to school supplies for local students.

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up to 2 years (24 months)	6/10/2020	6/30/2022	Program benefits will include the ability to restart and maintain lending services to the full community with COVID-19 safety precautions in place to protect staff, volunteers, and community members.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	6/22/2020	12/31/2020	Evidence indicates that there is a positive return on investment when school aged children are coming to school prepared. This will decrease social and emotional challenges, in addition to putting kids at an advantage for learning.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Service Capacity Grant	The goods funded are intended to improve overall member and community health and well-being of migrant and mixed-status families in Jackson County by increasing the capacity of the Southern Oregon Health Equity Coalition (SoHealth-E) to provide financial resources for those who have lost income due to the COVID-19 Pandemic that have a medical condition or other health equity needs and may be undocumented, hence unable to access supports through other sources. Funds seek it fill a gap in help available to migrant and mixed-status families. Supported needs will include: supplementing of lost of income, housing stability supports, and physical, mental and emotional needs during shelter in place mandates.	i.Other non-covered social and community health services and supports.	-	5,000			Not Available	<p>In the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p> <p>This investment addresses the regional priority of Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increased support for immigrant workers whom have lost their employment or have been deemed essential workers in the COVID-19 crisis; Being able to directly pass resources to families in need by removing barriers; Supports people to commit to stay home and support a greater effort for overall community health.
Service Capacity Grant	The goods funded are intended to improve overall member and community health and well-being of migrant and mixed-status families in Jackson County by increasing the capacity of the Southern Oregon Health Equity Coalition (SoHealth-E) to provide financial resources for those who have lost income due to the COVID-19 Pandemic that have a medical condition or other health equity needs and may be undocumented, hence unable to access supports through other sources. Funds seek it fill a gap in help available to migrant and mixed-status families. Supported needs will include: supplementing of lost of income, housing stability supports, and physical, mental and emotional needs during shelter in place mandates.	i.Other non-covered social and community health services and supports.	-	25,000			Not Available	<p>According to the New England Journal of Medicine, direct aid to families, whether in the form of good, information, or gift cards/money, is a proven effective intervention for families experiencing poverty. Having a locus of control is an important component to healing from trauma, and respecting the autonomy of impacted families. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p> <p>This investment addresses the regional priority of Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase targeted impact on health equity for communities of color; remove barriers to allow for the increase in resources to families in need; and, increase in SDOH supports for individuals impacted by COVID-19.

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up to 6 months	6/9/2020	12/31/2020	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/24/2020	4/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Sexual Assault Response Team Survivor Support Services	The services funded will improve care delivery to and improve overall member and community health and well-being of sexual assault survivors in Jackson County by increasing the Sexual Assault Response Team's (SART) capacity to provide immediate care just after an assault by certified staff using trauma informed care. Funded services will support an expansion of necessary and needed services to give increasingly vulnerable and isolated survivors better awareness of and access to support services while meeting COVID-19 guidance and State requirements.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	-	9,200			Not Available	<p>Our SANE nurses are all trained and certified to follow the evidence-based and evidence-informed practices set out by the Oregon Attorney General's Sexual Assault Task Force and the International Association of Forensic Nursing. Multiple studies show that the kind of trauma-informed, victim-centered first contact our acute response provides significantly improves the chances of survivors coming forward, the quality of their care and their connecting to ongoing advocacy and follow-up services. All our direct service staff and managers have been trained to in the neurobiology of trauma to better understand survivors' psychological and physiological responses. This has facilitated more trauma-informed service delivery and more appropriate and effective interventions. Our accumulating data suggests that our new Resource Specialist's position results in a massive increase in the kind and quality of services sexual assault survivors are now able to access, and our Department of Justice funders are evaluating her work as a possible model for statewide adaptation. Source: https://oregonsanf.org/</p> <p>This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely</p>	The intended measurable outcomes of this investment include: increase staffing capacity by 200 hours to meet the increase in demand due to COVID-19 mandates; expand services to social service agencies, social equity coalitions, health centers and service groups to cross-train and raise awareness; and, increase media outreach efforts targeting school age children.
Shelter and Basic Needs	The goods and services funded are intended to improve overall member and community health and well-being of homeless individuals by increasing the capacity of Rogue Retreat in providing emergency shelter, case management services, essential items, and community referrals in Jackson County.	i.Other non-covered social and community health services and supports.	-	10,000			Not Available	<p>Helping to provide needed shelter and improve health outcomes, engagement, and connection to services. Rogue Retreat relies heavily on Best-Practices in the development and implementation of all our programs. We gather information and use it to better our practices, to promote individual's successes as well as the overall successes of all our programs. We improve what is working and modify or discard what is not working. In the establishment of the Urban Campground our experience in the establishment of Hope Village and the Kelly Shelter proved invaluable. Rogue Retreat provides relationship based case management that is individualized and is uniquely tailored to the needs of each participant in order to provide essential wrap around supportive services that help participants to progress towards permanent housing and self-sufficiency. This Case Management program has been tested, modified and incorporated according to past experiences. Source: https://www.rogueretreat.com/what-we-do/</p> <p>This investment addresses the regional priority of Housing as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source:</p>	The intended measurable outcomes of this investment include: creating additional shelter options and spaces for homeless individuals. This is based not only on the urgent need of the unsheltered but also on the reduced capacity of area shelters based on COVID safety guidelines. Intended outcomes include stronger connection to other social services and reduced need for escalated health care and costs (emergency department visits, pre-term births, reinfection, etc).

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up to 1 year (12 months)	12/2/2020	12/31/2021	The number of people served is estimated at 110 acute and 230 recovering survivors in the coming year – perhaps 130-140 during this grant period. This will directly impact a decrease in medical costs and long-term effects to ones mental health and well-being.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	12/2/2020	12/31/2021	Original research into Rogue Retreats programs in partnership with CORE (Center for Outcomes Research and Education) indicates a healthcare savings of \$1,462 per member per year who are enrolled in housing and case management, compared to eligible members who are on the waiting list.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Shelter and Emergency Needs for Domestic Violence Victims	The goods funded are intended to improve overall member and community health and well-being of those fleeing violence in Jackson County by increasing the capacity of the Dunn House to offer sheltering services and provide for the basic needs of victims. Funds will support the purchase of food, phones, identification, clothing, baby items, and transportation when other resources are not available.	i.Other non-covered social and community health services and supports.	-	10,000			Not Available	<p>Evidence from the Center for Policy Research, in partnership with National Resource Center on Domestic Violence states that, while the limited research that has been conducted, it generally demonstrates that DV services and interventions contribute to enhanced survivor well-being. The Family Violence Prevention and Services Act considers core services to include emergency shelter, advocacy, counseling, safety planning, and support groups. Community driven local programs, however, may not provide all of these services, may design and implement them differently, and/or provide other important services such as prevention and culturally specific programming. Source: https://aspe.hhs.gov/system/files/pdf/255511/BuildingDV.pdf</p> <p>This investment addresses the regional priorities of Behavioral Health, Housing, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase stable short time housing to support individuals exiting situations of domestic violence; decrease child abuse and/or neglect; decrease hospital admissions and homelessness.
Snack Pack Program	The services funded are intended to improve overall member and community health and well-being of youth in Curry County by increasing the capacity of the Brookings Harbor Food Bank to provide nutrition assistance to youth by purchasing, packing and distributing of Snack Packs each week.	g.Food services and supports, including those related to SDOH-E;	-	13,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: increase healthy food availability to youth; and, reduce hunger and the effects of hunger, food insecurity, and poor nutrition for at-risk, rural youth.

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up to 1 year (12 months)	12/2/2020	12/31/2021	Safe sheltering from domestic violence relationships decreases ACES in families and children which is connected to better health outcomes.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/15/2020	4/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Snack Pack Program	The services funded are intended to improve overall member and community health and well-being of youth in Curry County by increasing the capacity of the Brookings Harbor School District to provide nutrition assistance to youth by purchasing, packing and distributing of Snack Packs each week.	c.Food services and supports, including those related to SDOH-E;	-	2,000			Not Available	<p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: increase healthy food availability to youth; and, reduce hunger and the effects of hunger, food insecurity, and poor nutrition for at-risk, rural youth.
SNAP Match Program	The goods funded are intended to improve overall member and community health and well-being of SNAP eligible residents of Southern Curry County by increasing the capacity of the Brookings Harbor Farmers Market for their SNAP Match program. SNAP Match provides food stamp recipients a financial match up to \$10 per market day which increases their purchasing power for accessing fresh and healthy foods.	c.Food services and supports, including those related to SDOH-E;	-	12,000			Not Available	<p>According to the Journal of American Medical Association participation in SNAP was associated with lower health care expenditures. Source: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2653910</p> <p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional</p>	The intended measurable outcomes of this investment include: ensure adequate and nutritious food to people who qualify for SNAP; support the local economy via the Farmers Markets; improve area financial security; and, improve local economic outcomes for shoppers and vendors.

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up to 6 months	6/12/2020	12/31/2020	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	5/18/2020	5/31/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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SNAP Match Program	The goods funded are intended to improve overall member and community health and well-being of SNAP eligible residents of the Illinois Valley by increasing the capacity of the Cave Junction Farmers Market for their SNAP Match program. SNAP Match provides food stamp recipients a financial match up to \$10 per market day which increases their purchasing power for accessing fresh and healthy foods.	c.Food services and supports, including those related to SDOH-E;	-	5,050			Not Available	<p>According to the Journal of American Medical Association participation in SNAP was associated with lower health care expenditures. Source: https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2653910</p> <p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages communities to implement best practices for providing a mix of supplemental food programs, traditional food pantries and congregate meal sites. They recommend partners aim to provide people with access to the type of food assistance they need, as well as education programs to provide them with the skills necessary to increase food security and quality of life. Source: https://www.oregonfoodbank.org/our-work/hunger-in-oregon/reports-stats</p> <p>This investment addresses the regional</p>	The intended measurable outcomes of this investment include: increase healthy food availability to those in need; and, reduce hunger and the effects of hunger, food insecurity, and poor nutrition for at-risk, rural youth, seniors, and veterans.
Sobering Services Facility Capacity	The services funded are intended to improve care delivery and improve overall member and community health and well-being of community members in Josephine County suffering from substance use disorders and other mental health diagnoses by increasing the Grants Pass Sobering Center's capacity to provide a safe and secure facility, as well as follow-up care coordination services.	a.Care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including Traditional Health Workers;	-	20,000			Not Available	<p>The National Institute on Drug Abuse (NIDA) recommends a comprehensive treatment program for individuals with substance use disorder (SUD) in order to treat needs they often have in addition to their SUD. Specifically, NIDA suggests providing services related to the following issues: medical care, mental health care, HIV/AIDS, child care, educational, vocational, family counseling, housing, transportation, financial, and legal. By providing a comprehensive model that combines core and wraparound services, treatment centers can deliver a higher quality of treatment. In this article, we assessed the relationship between client characteristics and the availability of wraparound services in SUD treatment centers. Source: https://pubmed.ncbi.nlm.nih.gov/26751366/</p> <p>This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2626/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: maintain low occurrence of safety & security incidents; increase placements due to discharge planning; stabilize funding in the 2020 budget, as it compares with the 2019 end of year financials; and, reduce staff turn over, as compared to previous years.

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up to 1 year (12 months)	4/10/2020	4/30/2021	Evidence indicated that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	6/4/2020	5/31/2021	Sobering center utilization will result in a decrease to incarceration rates and decrease the overuse of emergency services for substance use issues.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Social Connection through Dance Education	The goods funded are intended to improve overall member and community health and well-being of the residents of Curry County by increasing the capacity of Wild Rivers Coast Foundation for Dance in covering the costs of high performance breathable masks for our dancers cast in the Nutcracker movie, a portable filtration system and ongoing cleaning supplies for the dance studio.	i.Other non-covered social and community health services and supports.	-	1,500			Not Available	<p>The Canadian Journal of Psychiatry states that depression and anxiety are among the most common mental disorders in children and youth, 10 with significant functional impairment and an associated risk of suicide. An early study from China has suggested an early increase in the prevalence of these disorders associated with COVID-19, though the full impact is presently unknown. Increasing safe social interaction spaces decreases the likelihood of depression and anxiety. Source: https://journals.sagepub.com/doi/full/10.1177/0706743720935646</p> <p>This investment addresses the regional priority of [Health System Capacity / Health Equity / Communities & Families] as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allecarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: decrease social isolation of youth and seniors; and, increase in adolescent resiliency Curry County.
Southern Oregon Coast Resource Center Service Model Shift	The services funded are intended to improve care delivery and improve overall member and community health and well-being of unhoused people by supporting the Southern Oregon Coast Resource Center to maintain and expand offered services by increasing the capacity of The Curry County Homeless Coalition in shifting the location of their service delivery center. Services to be housed at the new, mobile delivery site include: harm reduction, coordination and management, outreach, and member navigation to other complimentary services in Curry County.	i.Other non-covered social and community health services and supports.	-	17,250			Not Available	<p>According to research in The Open Health Services and Policy Journal, mobile homeless outreach services should be viewed as a mainstay of services for people experiencing homelessness. By meeting people where they are the process of outreach increases the likelihood of improving housing and health outcomes. Only by integrating these services with other best practices and investigating their impact will homeless people be optimally served. Source: https://benthamopen.com/contents/pdf/TOHS/PJ/TOHSPJ-3-53.pdf.</p> <p>This investment addresses the regional priority of Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allecarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcomes of this investment include: increase in number of people receiving housing assistance and wrap around services.

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up to 6 months	12/4/2020	6/30/2021	Increasing safe social interaction in youth decreases the amount of isolation and associated anxiety and depression in participants.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	6/25/2020	6/30/2021	Evidence indicates that there is a positive return on investment when enabling families to achieve stable, affordable housing by providing the assistance to do so, and monitoring the number of families that assistance is granted.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Southern Oregon Success Collective Impact Facilitation	The services funded are intended to improve overall member and community health and well-being of Southern Oregon residents by increasing the capacity of Southern Oregon Success to facilitate Collect Impact work between key cross-sector stakeholders. Funds will support: the development and launch of a Rogue Valley Parent Council that includes family voices; systems-level coordination to expand School Based Health Centers in local elementary schools; development of an enhanced system of services providing positive opportunities for social connections for families; facilitating two summits between Early Childhood Educators and K-12 Educators to align on and develop effective ways for children and families to make the transition into Kindergarten; facilitation of monthly meetings of the Youth Development Work Group; and, continued community trainings on ACEs, Resilience and Self-Regulation by the Southern Oregon ACEs Training Team.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	25,000			Not Available	<p>According to the Stanford Social Innovation Review, large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations. Successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations. Source: https://ssir.org/articles/entry/collective_impact</p> <p>This project is in alignment with Trauma Informed Oregon's Standards of Practice for Trauma Informed Care in Educational Settings, which provides benchmarks for planning and monitoring progress and a means to highlight accomplishments. These Standards of Practice for Trauma Informed Care in Oregon are based on nationally recognized principles of trauma informed care (TIC) and are in alignment with SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. Source: https://traumainformedoregon.org/wp-content/uploads/2018/04/TIO-Standards-of-Practice-for-Trauma-Informed-Care-Education-Settings_2018update.pdf</p> <p>This investment addresses the regional</p>	The intended measurable outcomes of this investment include: increase in cross sector partnerships to support family stability, availability of health services, successful transitions from preschool into kindergarten, and community education on ACEs and Resilience.
Space Modification and Internet Access Improvements	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of students of the Eagle Point School District in Jackson County by supporting the creation of additional outdoor space available for social interaction and physical fitness during the COVID-19 pandemic and ensuring all students have access to the internet to enable engagement with academic studies and student success supports.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	30,000			Not Available	<p>The University of Michigan School of Medicine has published information on the importance of physical activity and exercise during the COVID-19 pandemic. This builds on evidence that the benefits of physical activity and exercise have been demonstrated across the lifespan. They state that for children and adolescents, moderate-to-vigorous physical activity and exercise during the day are associated with elevations in self-esteem, improved concentration, reductions in depressive symptoms, and improvements in sleep. Source: https://medicine.umich.edu/dept/psychiatry/michigan-psychiatry-resources-covid-19/your-lifestyle/importance-physical-activity-exercise-during-covid-19-pandemic</p> <p>According to the Quello Center on Media and Information Policy, students who do not have access to the Internet from home or are dependent on a cell phone alone for access perform lower on a range of metrics, including digital skills, homework completion, and grade point average. They note that these students are also less likely to intend on completing a college or university degree. A deficit in digital skills compounds many of the inequalities in access and contributes to students performing lower on standardized test scores, such as the SAT, and being less interested in careers related to science, technology, engineering,</p>	The intended measurable outcomes of this investment include: increase safe opportunities for students to engage in physical and health education during the COVID-19 pandemic; and, increase ability to provide internet access during distance learning to families living in rural areas or that were displaced by recent wildfires to ensure equitable access to education resources.

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up to 1.5 years (18 months)	10/6/2020	12/31/2021	Increased community coordination to affect system-level change has been proven to drastically decrease the need for and cost of downstream interventions by addressing the needs of individuals, families and communities before they become acute. Programs focusing on collective impact are likely to accurately measure needs and/or barriers, mapping of community assets, creation of innovative and actionable change efforts, and clear communication across sectors and service delivery levels resulting in improved community wellbeing and decreased costs to health care, education, and other core systems.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	No	No	Yes
up to 1.5 years (18 months)	11/19/2020	6/30/2022	Schools and the programs they provide support the academic and social growth of students. Access to safe spaces to gather is likely to decrease experiences of isolation and access to technology is likely to increase equitable outcomes. Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Strengthening Families Evidence-Based Parent Education	The services funded are intended to improve overall member and community health and well-being by increasing the capacity of Josephine County Treatment and Prevention Programs by increasing evidence-based Parent Education with a focus on families with elementary and middle school age children in Josephine county.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	25,000			Not Available	This investment uses evidence based parent education in the teaching of Protective Factors. Source: https://www.childwelfare.gov/topics/prevention/promoting/protectfactors/ This investment addresses the regional priority of Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf	The intended measurable outcomes of this investment include: establish new partnerships and funding collaborations to expand the resources and reach of community parenting education; increase trainings for an age group that does not currently have trainings – elementary school age; increase trainings via online platforms in lieu of in person trainings due to the pandemic; increase trainers to expand local capacity and reach more families in Josephine County; and, develop new/future content that is responsive to the community needs during and post COVID-19 pandemic.
Strengthening Recovery Yoga Class Materials	The goods funded are intended to improve overall member and community health and well-being of clients in recovery treatment by supporting OnTrack's capacity in offering yoga mats, blocks, straps and blankets for weekly recovery yoga classes in Grants Pass. Goods services do not qualify as a covered benefit under the Oregon Medicaid program.	i.Other non-covered social and community health services and supports.	-	1,126			Not Available	Research has indicated that yoga and other mindfulness techniques can be used in conjunction with traditional, evidence-based treatment (i.e. the treatment that OnTrack offers) to help people overcome mental illness and substance use disorders. Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3109319/ This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf	The intended measurable outcome of this investment includes: increase people graduating from treatment with skills that help them stay clean and sober.
Student Care Center Supplies and Support Services	The goods and services funded are intended to improve overall health and well-being of students in the Phoenix-Talent School District by establishing a Care Center at the Armadillo Technical Institute to support at risk high school students with an easily accessible, safe, and regularly available space to access needed tangible goods and high quality support services. Funds will support: access to laundry facilities, hygiene products and other tangible goods, and staff capacity to support students in learning independent living skills and navigation to other available community resources.	i.Other non-covered social and community health services and supports.	-	4,400			Not Available	According to the Organization for Economic Co-operation and Development, a holistic approach to education – that addresses students' learning, social and emotional needs – is crucial, especially in times of crisis. School closures related to the current COVID-19 pandemic mean that students from diverse backgrounds who are more at risk of increased vulnerability are less likely to receive the support and extra services they need, and the gap between students that experience additional barriers and that do not might widen. Source: http://www.oecd.org/coronavirus/policy-responses/the-impact-of-covid-19-on-student-equity-and-inclusion-supporting-vulnerable-students-during-school-closures-and-school-re-openings-d593b5c8/ This investment addresses the regional priorities of Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf	The intended measurable outcomes of this investment include: increase staff supports to help youth develop independent living skills in students; increase in access to safe spaces for at risk students to seek high quality support services; and, increase in access to tangible goods needed to maintain health.

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up to 1.5 years (18 months)	5/27/2020	12/31/2021	Benefits include increased access to knowledge of the protective factors through parenting education. Programs are likely to decrease medical costs associated with negative outcomes for family stability and individual behavioral health.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	3/10/2020	3/31/2021	Program is likely to increase the long-term capability of staying clean and sober thereby reducing costs incurred in treatment, hospitalizations and policing.	more than 5 years (more than 60 months)	Yes	No	Yes	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/9/2020	4/30/2021	Evidence indicates that there is a positive return on investment when youth are given the tools to assist them in improving overall health and well-being to include: access to laundry facilities, hygiene products and other tangible goods, and staff capacity to support students in learning independent living skills and navigation to other available community resources.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Student Emergency Funds	The goods funded are intended to improve overall member and community health and well-being of Rogue Community College's most vulnerable populations, some who are eligible for SNAP and some who are not, but who may have lost their jobs or live in families where one or more providers has lost income by increasing the capacity of Rogue Community College in paying supplemental costs for students such as food vouchers, childcare vouchers, transportation vouchers, books, supplies, materials, uniforms in Jackson and Josephine Counties when other sources of support are not available.	i.Other non-covered social and community health services and supports.	-	15,000			Not Available	In the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641	The intended measurable outcomes of this investment include: Increase the ability to pay supplemental costs for students such as food vouchers, childcare vouchers, transportation vouchers, books, supplies, materials, uniforms. These costs will especially be difficult for vulnerable populations not assisted with the CARES act dollars such as DACA students and GED program participants.
Suicide Awareness Mailers	The goods funded are intended to improve overall member and community health and well-being of people suffering from deep anxiety or depression and those who care for them by increasing the capacity of the Suicide Awareness and Prevention Council of Curry County in developing community "Break the Silence" brochures and posters and mailing to Curry County.	g.Trauma informed services and supports across sectors, including those related to SDOH-E;	-	3,562			Not Available	As the number of cases of COVID-19 increases, so does the associated anxiety. For the general public, the mental health effects of COVID-19 are as essential to address as are the physical health effects. To aid individuals and communities during this time, Mental Health Assoc. has compiled a range of resources and information accessible through the project's flyers and posters. Source: https://mhanational.org/covid19 This investment addresses the regional priorities of Health System Capacity and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf	The intended measurable outcomes of this investment include: increase awareness of the increased risk of suicidality during pandemics and decrease incidents of suicide.
Summer Family Activity Kits for Foster and Biological Families	The goods funded are intended to improve overall member and community health and well-being children and youth in the Jackson County Foster Care system by increasing Every Child of Jackson County's ability to purchase, package, and deliver tangible items to provide Summer Family Activity Kits to foster and biological families. These kits will include materials that increase physical activity, encourage opportunities for enhancing prosocial skills, and promote caregivers' attunement to children.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	2,500			Not Available	The Center for Global Development recommends Equity-Focused Approaches to Learning Loss during COVID-19 noting that most COVID responses in education will end up by privileging better-off children. Students from households with greater levels of connectivity, higher levels of parental education, greater availability of parental time for engagement, and in-home availability of books and materials have much better ability to access and benefit from distance learning. They note that systems should be able to work with partners to safely deliver or allow families to pick up a basic package of learning materials, including books and writing materials as the impact that learning materials can have on learning continuity during periods of school closure are well researched. Source: https://www.cgdev.org/blog/equity-focused-approaches-learning-loss-during-covid-19 This investment addresses the regional priority of Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf	The intended measurable outcomes of this investment include: development and implementation of Activity Kit distribution program; increase in available supports to families for creating enriching out of school time for children and youth; decrease in child and youth sense of isolation during COVID-19; and, increased engagement in learning activities.

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up to 1 year (12 months)	5/7/2020	5/31/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1.5 years (18 months)	7/21/2020	1/31/2022	Evidence indicates that there is a positive return on investment when communities are aware of the increased risk of suicidality during pandemics and have resources to address the issue, thereby decreasing the number of suicides.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	5/15/2020	4/30/2021	Evidence indicates that there is a positive return on investment when families have equitable access to materials to support their children's out of school time learning, especially during times of crisis such as the COVID-19 pandemic. Program is likely to reduce child and youth experiences of isolation, increase parent capacities for supporting their children, and decrease health inequities caused by poor education outcomes of at risk students. These upstream interventions are likely to result in lower long-term health care costs and improved academic engagement and achievement.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Summer Youth Program Safe Reopening and Food Service Capacity	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of youth in Jackson and Josephine Counties by increasing The Boys and Girls Clubs of the Rogue Valley's capacity to reopen with COVID-19 safety protocols in place and resume their provision of meals services and expanding capacity for safe activities for 11-weeks.	i.Other non-covered social and community health services and supports.	-	25,000			Not Available	<p>The American Academy of Pediatrics encourages communities to ensure that health nutrition and physical activity remain available for youth during COVID-19. They note that economic hardships and inconsistent access to school breakfasts and lunches because of virtual, half-day, and/or hybrid learning, many children and adolescents may not have regular access to nutritious foods. Further, families may have experienced shifts to high-calorie snack foods and nonperishable processed foods; there may have been significant increases in the consumption of unhealthy snacks and sugary sweetened beverages. Both food insecurity and food scarcity can negatively affect nutrition, lead to increased risk for disordered eating, and increase consumption of nonnutritive, calorie-dense foods that can lead to unhealthy weight gain and contribute to obesity. Source: https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/supporting-healthy-nutrition-and-physical-activity-during-the-covid-19-pandemic/</p> <p>Guided by the national standards of the Boys and Girls Clubs of America, local programs implement USDA meal programs support youth needs for basic nutrition support. Source: https://www.bgca.org/get-involved/advocacy/federal-priorities/USDA-</p>	The intended measurable outcome of this investment includes: increase capacity to provide USDA meals for youth in Jackson and Josephine Counties for up to 500 youth with COVID-19 safety protocols in place.
Tangible Goods and Case Management Supports for Families	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of families in Jackson and Josephine Counties by increasing the capacity of The Family Nurturing Center to provide responsive services during COVID-19 and the acute wildfires in the region. Funds will support: staffing of parenting warmline by trained therapists, tangible goods (e.g., food, cleaning supplies, feminine hygiene, diapers, etc.), navigation to needed medical services, food, developmentally appropriate activity kits for children in isolation including technology for in-home learning, and virtual Home Visits.	i.Other non-covered social and community health services and supports.	-	35,000			Not Available	<p>According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Source: https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/</p> <p>This investment addresses the regional priorities of Behavioral Health, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase concrete supports for families impacted by COVID-19 and wildfires; increase protective factors in families; and, increase communication between partners and goals, gaps and overlaps analysis of providers.

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up to 6 months	5/27/2020	12/31/2020	Benefits include increased food security and opportunities for positive social engagement during club programming for youth both of which contribute to overall health and wellbeing outcomes. Additionally, evidence indicates that connecting youth to quality services has been demonstrated to reduce negative law enforcement engagement, increase positive school engagement, and foster the development of pro-social behaviors.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	11/18/2020	11/30/2021	Evidence indicates that there is a positive return on investment from supporting the stability and resilience of families caring for young children. Programs that increase parent and caregiver capacity to understanding child development, support social-emotional competencies, access concrete supports, establish and maintain social connections, and build their own resilience have a cumulative benefit for family wellbeing. Proactive efforts to support these Protective Factors can result in a reduction of the need for intervention by Child Welfare which directly correlates with reduced costs for the health care system, especially during times of crisis such as pandemics or recovery from natural disasters.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Tangible Goods Distribution and Navigation Services	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of vulnerable low-income, immigrant, Latinx population that have been dramatically impacted by COVID-19 by increasing the capacity of the Listo Family Literacy Program to support the cost of utility bills, rent, and food when no other source of support is available. Central to this work will be the distribution of culturally and linguistically responsive information and navigation supports to successfully access available benefits.	Other non-covered social and community health services and supports.	-	5,000			Not Available	<p>According to the New England Journal of Medicine, in the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p> <p>Healthy People 2020 notes Food Insecurity as a key issue in the Economic Development Domain of the Social Determinants of Health. They define Food insecurity as the disruption of food intake or eating patterns because of lack of money and other resources. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity</p> <p>The Oregon Food Bank encourages</p>	The intended measurable outcomes of this investment include: launch of program offering food boxes to decrease food insecurity.
Tangible Need Items for Foster Families	The goods funded are intended to improve overall member and community health and well-being of Foster Families and the children and youth they are caring for in Curry County by fulfilling tangible need requests for which other resources are not available.	Other non-covered social and community health services and supports.	-	2,500			Not Available	<p>According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Source: https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/</p> <p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum</p>	The intended measurable outcome of this investment includes: increase available resources to fulfill the tangible good needs of Foster Families and the children and youth they are caring for in Curry County.

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Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 1 year (12 months)	4/23/2020	4/30/2021	Evidence indicates that there is a positive return on investment when communities increase access to nutritious food for at risk populations. Programs are likely to decrease medical costs associated with food insecurity.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	5/14/2020	5/31/2021	Program is likely to reduce the impacts on vulnerable children and youth by improving foster parents' ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Tangible Need Items for Foster Families	The goods funded are intended to improve overall member and community health and well-being of Foster Families and the children and youth they are caring for in Jackson County by fulfilling increasing Every Child of Josephine County's capacity to fill tangible need requests for which other resources are not available.	i.Other non-covered social and community health services and supports.	-	2,500			Not Available	<p>According to U.S. Department of Health & Human Services, protective factors are conditions or attributes in individuals, families, communities, or the larger society that mitigate or eliminate risk, thereby increasing the health and well-being of children and families. Protective factors help parents to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. Source: https://www.childwelfare.gov/topics/preventing/promoting/protectfactors/</p> <p>Healthy People 2020 organizes the social determinants of health around five key domains: (1) Economic Stability, (2) Education, (3) Health and Health Care, (4) Neighborhood and Built Environment, and (5) Social and Community Context. During COVID-19 and recent wildfires, all of these have been compromised for many vulnerable populations and rapid, community-informed responses to address emerging needs are critical to community recovery. Source: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources</p> <p>Studies by the Center for Disease Control and Prevention have highlighted the compounding effect of the COVID-19 pandemic on households with children across the spectrum</p>	The intended measurable outcome of this investment includes: increase available resources to fulfill the tangible good needs of Foster Families and the children and youth they are caring for in Jackson County.
Tangible Supports for Homeless Youth	The goods funded are intended to improve overall member and community health and well-being of homeless youth and their children who are receiving housing and supportive services by increasing the capacity of Community Works to provide essential food, assistance in rental costs, utilities, and basic needs expenses in Jackson County when other resources are not available.	i.Other non-covered social and community health services and supports.	-	12,000			Not Available	<p>Evidence suggests that addressing the basic physiological health and safety needs offers greater individual and community outcomes: https://pediatrics.aappublications.org/content/early/2015/09/15/peds.2015-0549</p> <p>This investment addresses the regional priorities of Housing and Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2626/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcome of this investment includes: increase support for homeless youth, both in housing and waiting for housing, with tangible goods for themselves and their children.
Technology Support for Youth and Senior Engagement	The goods and services funded are intended to improve overall member and community health and well-being of residents of the local assisted living facilities by increasing the capacity of Harmony & Me to purchase tablets and other audio visual technology to record messages from the public to the residents who were suffering social isolation during the COVID-19 pandemic.	i.Other non-covered social and community health services and supports.	-	5,000			Not Available	<p>According to the Centers for Disease Control and Prevention, social isolation and loneliness precisely, there is strong evidence that many adults aged 50 and older are socially isolated or lonely in ways that put their health at risk. Source: https://www.cdc.gov/aging/publications/features/lonely-older-adults.html</p> <p>This investment addresses the regional priority of Health System Capacity and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2628/colaboratecurrychip-final.pdf</p>	The intended measurable outcome of this investment includes: decreased effects of social isolation for residents quarantined in residential facilities.

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up to 1 year (12 months)	5/15/2020	5/31/2021	Program is likely to reduce the impacts on vulnerable children and youth by improving foster parents' ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1.5 years (18 months)	4/29/2020	10/31/2021	Addressing youth homelessness is a best practice in preventing chronic homelessness in those same youth when they become adults. Preventing youth homelessness is associated with short-term improvements in access to care, services, and improved educational outcomes. Long-term, addressing youth homelessness is associated with a reduction in risk-taking behaviors, decreased incarceration, improved economic stability, and stronger positive social connections - all of which are social determinates of health associated with improved health outcomes.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	12/7/2020	12/31/2021	Social isolation significantly increases the risk of premature death, increases the risk of developing addiction issues, obesity, and physical inactivity, increase dementia, heart disease, depression, anxiety and/or suicide.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Transitional Housing Support- Gold Beach	The goods and services funded are intended to improve overall member and community health and well-being of homeless individuals by increasing the ability of Curry County Homeless Coalition to provide food-to-go bags, access to housing applications, clothing, sleeping bags, tents, tarps, back packs, peer support, case management, showers and laundry services in Curry County.	i.Other non-covered social and community health services and supports.	-	10,000			Not Available	This investment addresses the regional priority of Health System Capacity and Health Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/colaborativecurrychip-final.pdf	The intended measurable outcomes of this investment include: Number of people served; instances of services and referrals; itemization of goods distributed.
Trauma Stewardship - Community of Practice Sessions	The services funded are intended to improve care delivery and improve overall member and community health and well-being by providing regional professionals with access to evidence informed training on Trauma Stewardship practices. Attendees will come from a wide-range of sectors throughout Southwestern Oregon and will meet monthly via Zoom to learn from Laura van Dernoot Lipsky of the Trauma Stewardship Institute and engage in breakout discussions to plan for how to implement best practices into their daily work. Special focus will be given to topics such as compassion fatigue, symptoms of overwhelm and strategies for processing vicarious trauma which are currently at acute levels due to COVID-19 and recent regional wildfires.	g.Trauma informed services and supports across sectors, including those related to SDOH E;	-	6,000			Not Available	Studies show that investments in the Quadruple Aim that add a focus on improving the work life of health and social care providers is essential to ensuring progress on the Triple Aim: enhancing patient experience, improving population health, and reducing costs. Providing opportunities for professionals to gain skills to prevent and address burnout is key to this new focus. Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226781/ This investment addresses the regional priorities of Behavioral Health, Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf This investment addresses the regional priorities of Health System Capacity and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/col	The intended measurable outcomes of this investment include: increase awareness of Trauma Stewardship practices; decrease caregiver fatigue and burnout; increase job satisfaction and retention; and, increase Supervisors' skills to take care of their direct reports in this time of compounding stress due to COVID-19.
Trauma Stewardship Training	The services funded are intended to improve care delivery and improve overall member and community health and well-being by providing regional professionals with access to evidence informed trainings on Trauma Stewardship practices. Attendees will come from a wide-range of sectors throughout Southwestern Oregon and will meet via Zoom to learn from Laura van Dernoot Lipsky of the Trauma Stewardship Institute. Special focus will be given to topics such as compassion fatigue, symptoms of overwhelm and strategies for processing vicarious trauma which are currently at acute levels due to COVID-19 and recent regional wildfires.	g.Trauma informed services and supports across sectors, including those related to SDOH E;	-	3,800			Not Available	Studies show that investments in the Quadruple Aim that add a focus on improving the work life of health and social care providers is essential to ensuring progress on the Triple Aim: enhancing patient experience, improving population health, and reducing costs. Providing opportunities for professionals to gain skills to prevent and address burnout is key to this new focus. Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4226781/ This investment addresses the regional priorities of Behavioral Health, Healthy Equity and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf This investment addresses the regional priorities of Health System Capacity and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2828/col	The intended measurable outcomes of this investment include: increase awareness of Trauma Stewardship practices; decrease caregiver fatigue and burnout; increase job satisfaction and retention; and, increase Supervisors' skills to take care of their direct reports in this time of compounding stress due to COVID-19.

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up to 1 year (12 months)	12/2/2020	12/2/2021	Reduction in the deleterious effects of homelessness including infection, disease transmission, isolation, ED utilization. Improves access to hygiene, case management, referrals.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1.5 years (18 months)	11/24/2020	12/31/2021	Evidence indicates that there is a positive return on investment in skilling up professionals to be aware of and develop strategies for metabolizing the trauma they are exposed to in their daily work with community members. Program is likely to increase professionals' capacity to address the vicarious trauma and other toxic levels of stress they encounter during their daily work. Benefits of this are likely to include increased quality of care to clients and decreased loss of qualified staff. The health of our workforce can contribute to higher levels of engagement in quality work and a reduction in the number of sick days taken. This translates directly to the experience and ultimate outcomes of the service population.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 6 months	10/5/2020	12/31/2020	Evidence indicates that there is a positive return on investment in skilling up professionals to be aware of and develop strategies for metabolizing the trauma they are exposed to in their daily work with community members. Program is likely to increase professionals' capacity to address the vicarious trauma and other toxic levels of stress they encounter during their daily work. Benefits of this are likely to include increased quality of care to clients and decreased loss of qualified staff. The health of our workforce can contribute to higher levels of engagement in quality work and a reduction in the number of sick days taken. This translates directly to the experience and ultimate outcomes of the service population.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Triple Play Health & Wellness Sessions for Youth	The services funded are intended to improve overall member and community health and well-being of youth in Jackson and Josephine Counties by providing access to the Boys and Girls Clubs of the Rogue Valley's Triple Play Program, a comprehensive health and wellness initiative that strives to support increasing daily physical fitness, teaching good nutrition, and discovering new ways to handle stress, maintain a healthy body, and develop positive, healthy relationships.	b. Education for health improvement or education supports, including those related to SDOH-E;	-	10,000			Not Available	<p>Guided by the national standards of the Boys and Girls Clubs of America, the Triple Play Program support youth needs for enriching activities that enhance their physical, emotional and cognitive capabilities. The program is a proven health and wellness program co-sponsored by the Anthem Foundation and founding partner The Coca-Cola Company. Since launching in 2005, Triple Play has made more than 14.4 million connections with kids and teens, promoting the importance of physical activity and proper nutrition through the program's three components. Source: https://www.bgca.org/programs/sports-recreation/triple-play</p> <p>The American Academy of Pediatrics encourages communities to ensure that health nutrition and physical activity remain available for youth during COVID-19. Source: https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/supporting-healthy-nutrition-and-physical-activity-during-the-covid-19-pandemic/</p> <p>This investment addresses the regional priorities of Behavioral Health, Healthy Equity, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and</p>	The intended measurable outcomes of this investment include: increase time spent in daily fitness activities; increase likelihood of making healthy, smart food choices; increase ability to engage in positive relationships; increase in awareness of stress management strategies; and, increase overall feelings of well-being of youth.
Utility Bill Assistance for Farm Worker and Immigrant Families	The goods and services funded are intended to improve overall member and community health and well-being of Farm worker and immigrant families by increasing the capacity of Unete in paying their utility bills directly online and providing outreach and resource connection in Jackson and Josephine counties when other sources of support are not available.	l. Other non-covered social and community health services and supports.	-	10,000			Not Available	<p>In the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p> <p>This investment addresses the regional priority of Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.alicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: establish fund for essential utilities; increase the distribution of culturally and linguistically appropriate information about COVID to the Latino/a/x community; educate community members about policy change regarding COVID distancing restrictions for essential workers to decrease health inequities; increase access to emergency resources for needy families; and, improve behavioral health outcomes for children with reduced family financial stress.

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up to 1 year (12 months)	3/10/2020	3/31/2021	Increased access to best practice programming that encourages skill development for physical, emotional and cognitive capabilities in youth contributes positively to overall health and wellbeing outcomes. These experiences can act as buffers for ongoing stressors in the youths' lives and provide the opportunity to build resiliency skills to counteract Adverse Childhood Experiences (ACEs). This is likely to decrease overall health care costs for the treatment of negative downstream effects from depression or involvement with Juvenile Justice.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	4/29/2020	4/30/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

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Van for Port Orford Head Start	The goods and services funded are intended to improve care delivery and improve overall member and community health and well-being of Head Start and Ready, Set, Learn summer school at home pilot project participants by increasing the capacity of Port Orford-Langlois School District in providing funds for the delivery of food boxes and supplies in the Port Orford area.	i.Other non-covered social and community health services and supports.	-	10,000			Not Available	<p>In the weeks immediately after the pandemic spread to the United States, disadvantaged communities were faced with reduced access to care, a widening digital divide, and inadequate supplies, such as food and diapers. Investing in community health workers (CHWs) and community-based organizations can help address the social determinants of poor health that disproportionately affect low-income, minority populations and that are magnified during times of crisis. These workers and organizations can help improve material conditions, facilitate access to health care systems, and provide psychosocial support. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p> <p>This investment addresses the regional priority of Health System Capacity, Health Equity, and Communities & Families as included in the 2019-2022 Community Health Improvement Plan (CHP) for Curry County. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allicarehealth.com/media/2828/colaborativecurrychip-final.pdf</p>	The intended measurable outcome of this investment includes: expand access to food, educational supplies, and other essential services provided by agencies serving the community.
Wildfire Mental Health Crisis Response for Homeless Youth	The services funded are intended to improve overall member and community health and well-being by increasing capacity for Maslow Project in providing additional crisis and trauma supports for those impacted by the wildfires in Jackson County.	g.Trauma informed services and supports across sectors, including those related to SDOH E;	-	10,000			Not Available	<p>Evidenced based treatment strategies including, but not limited to: cognitive behavioral therapy (CBT), Dialectical behavioral therapy (DBT), rational emotive behavioral therapy (REBT), motivational interviewing, play therapy, art therapy, person-centered therapy, neurosequential model of therapeutics (NMT), and crisis intervention. Source: https://www.maslowproject.com/about-us</p> <p>This investment addresses the regional priority of Behavioral Health as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcome of this investment includes: increase in mental health supports needed for wildfire survivors.
Winter Supplies and Bilingual Staffing	The goods and services funded are intended to improve overall member and community health and well-being of people impacted by the wildfires in Jackson County by increasing the capacity of Rogue Action Center to purchase winter supplies (e.g., heaters, air purifiers, tents, sleeping bags, tarps, and propane tanks) for families in temporary shelters when other sources of support are not available. Funds will also support maintaining bilingual staffing levels.	i.Other non-covered social and community health services and supports.	-	20,000			Not Available	<p>Direct aid to families, whether in the form of good, information, or gift cards/money, is a proven effective intervention for families experiencing poverty. Having a locus of control is an important component to healing from trauma, and respecting the autonomy of impacted families is at the heart of our mutual aid model. Families choose what items they need at the mutual aid site, and we give out direct aid without string attached. We believe this is part of community healing for the Latinx families, low income folks, and seniors who were displaced by the fires. Source: https://www.nejm.org/doi/full/10.1056/NEJMp2022641</p> <p>This investment addresses the regional priority of Healthy Equity as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes connect to the goals and strategies of the CHP. Source: https://www.allicarehealth.com/media/2826/all-in-for-health-chip-2019.pdf</p>	The intended measurable outcomes of this investment include: increase in housing location services; increase bilingual, culturally responsive supports for wildfire victims; and, provide critical supplies leading to increased health.

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Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 1 year (12 months)	6/3/2020	6/30/2021	Decreasi by agencies meeting SDoH10,000T needs.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 2 years (24 months)	12/8/2020	12/31/2022	Addressing youth homelessness is a best practice in preventing chronic homelessness in those same youth when they become adults. Preventing youth homelessness is associated with short-term improvements in access to care, services, and improved educational outcomes. Long-term, addressing youth homelessness is associated with a reduction in risk-taking behaviors, decreased incarceration, improved economic stability, and stronger positive social connections - all of which are social determinates of health associated with improved health outcomes.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	10/15/2020	10/15/2021	Program is likely to reduce the impact of COVID-19 and recent wildfires on vulnerable community residents by improving their ability access supports for immediate and continued needs. The upstream addressing of barriers to health and stability will likely result in a reduction of the need for more acute and costly future interventions.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes

a. Expenditure/Health-related services investment name	b. Description of services provided	c. HRS Category	d. Amount incurred for Flexible Services	e. Amount incurred for Community Benefit Initiative	f. Amount incurred for Health Information Technology	g. Total HRS incurred (Flex Services + CBI + HIT)	h. Number of members directly receiving (if applicable)	i. 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 expenditures.	j. Describe intended measurable outcomes
Youth Support Services Staff	The services funded are intended to improve care delivery and overall member and community health and well-being of youth, ages 12 to 18, in Josephine County by enabling Joe's Place Ministries to expand services at their Grants Pass Youth Center during the COVID-19 pandemic. Staff will provide daily mentoring of youth to support school and GED program engagement. Funds provide for 24-hours per week for a 28-week period.	b.Education for health improvement or education supports, including those related to SDOH-E;	-	9,408			Not Available	<p>A report by the National Mentoring Partnership states that consistent, enduring presence of a caring adult in a young person's life can be the difference between staying in school or dropping out, making healthy decisions or engaging in risky behaviors, and realizing one's potential or failing to achieve one's dreams. Mentors can make a profound difference in the lives of their mentees — and in turn, strengthen our communities, economy, and country. Source: https://files.eric.ed.gov/fulltext/ED558065.pdf</p> <p>Evidence in The Chronicle of Evidence Based Mentoring states that having a trusted adult in one's life can be a key support to young people in making and managing the transitions of young adulthood, however not all young people have access to such an adult. Formal youth mentoring programs aim to fill this gap for individual young people. Source: https://www.evidencebasedmentoring.org/equipping-adults-to-better-support-young-people-informal-mentoring-programs/</p> <p>This investment addresses the regional priority of Behavioral Health, and Parenting Support and Life Skills as included in the 2019-2022 Community Health Improvement Plan (CHP) for the Jackson and Josephine County region. Its activities and likely outcomes</p>	The intended measurable outcomes of this investment include: increase number of hours per week youth in Josephine County have access to a caring, competent adult to support their engagement in school or GED activities; and, increase quality wraparound supports needed by the youth and their families.
Siskiyou Peds - Kerri Ann Young	Placing a care coordinator position directly in a high-traffic PCP office decreases member wait time, increases trauma-informed care, and provides immediate 1-on-1 interaction to better assist members and families with complex physical/social needs	Care coordination, navigation, or case management activities not otherwise covered under State Plan benefits		51,700			Not Available	Placing a care coordinator position directly in a high-traffic PCP office decreases member wait time, increases trauma-informed care, and provides immediate 1-on-1 interaction to better assist members and families with complex physical/social needs	Improvement of complex member needs, improved member and provider satisfaction, identification and intervention in SDOH and barriers
Josephine County Public Health	AllCare staffing provided to Josephine County Public Health from April through December 2020 as a result of the COVID pandemic. AllCare Medical Directors serves as the Public Health Medical Director and participates in all State, local meetings as well as coordinating with neighboring counties. AllCare's VP of Brand and Corporate Communications participate was loaned to the Josephine County Public Health to provide assistance during the initial months of the pandemic with county wide communications. She worked directly with the Public Health Director and County Response teams with the content and distribution of the communications. Finally, upon the wild fires AllCare provided a staff member that worked directly with Public Health to assist with the coordination of pop-up shelters and community response to the wild fires.	Other non-covered social and community health services and supports.		228,275			Not Available	Multiple staff positions provided to Josephine County Public Health in response to COVID-19 pandemic and 2020 southern Oregon wildfires	
Translations Services	Translator services open to provider offices - these charges are for non-AllCare members. This program is offered to providers offices for use with all community members. This offering is for the community as a whole to ensure that non-English speaking patients are able to be helped and receive proper services. The program allows for a providers office to contact participating interpreters and the interpreters invoice AllCare directly for non-AllCare members.	h.Other non-covered clinical services and improvements; or		15,683			Not Available	Translator services open to provider offices - these charges are for non-AllCare members. This program is offered to providers offices for use with all community members. This offering is for the community as a whole to ensure that non-English speaking patients are able to be helped and receive proper services.	Remove communication barriers between

k.	l.	m.	n.	o.	p.	q.	r.	s.	t.	u.	v.	w.	x.
Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 1 year (12 months)	11/24/2020	6/30/2021	Investing in youth's education results in supporting working families, support social, emotional, cognitive, and academic development, reduce risky behaviors, promote physical health, and provide a safe and supportive environment for children and youth.	more than 5 years (more than 60 months)	Yes	No	No	Yes	No	No	Yes	No	Yes
up to 1 year (12 months)	1/1/2019	12/31/2019	Better outcomes and lower costs	more than 5 years (more than 60 months)	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes
up to 1.5 years (18 months)	4/1/2020	12/31/2020	Community response to COVID 19; including Medical direction on response and providing community communication assistance. Also, provided response to the wild fires in Southern Oregon and the assistance with planning for pop up shelters and community assistance.	up to 1.5 years (18 months)	Yes	Yes	No	Yes	No	Yes	No	No	Yes
up to 1 year (12 months)	1/1/2019	12/31/2019	Better outcomes of patient appointments	up to 1 year (12 months)	No	No	No	Yes	Yes	Yes	Yes	No	Yes

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.
Expenditure/Health-related services investment name	Description of services provided	HRS Category	Amount incurred for Flexible Services	Amount incurred for Community Benefit Initiative	Amount incurred for Health Information Technology	Total HRS incurred (Flex Services + CBI + HIT)	Number of members directly receiving (if applicable)	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 expenditures.	Describe intended measurable outcomes
Translation Services - Wild Fires	AllCare paid for translators to be available at the local food banks and shelters during the wild fires in southern Oregon	i.Other non-covered social and community health services and supports.		8,606			Not Available	Translator services provided to the local food banks and shelters to provide assistance to non-English speaking community members that were displaced from their homes.	Remove communication barriers for non-English speaking community members that were displaced during the wild fires.
		Select a category from the dropdown list	-	-	-	-	-		

Totals

744,715 2,010,155 115,000 763,710

Check

OK Diff. \$115000

k.	l.	m.	n.	o.	p.	q.	r.	s.	t.	u.	v.	w.	x.
Length of investment or initiative	Start date of investment (mm/dd/yyyy)	End date of investment (mm/dd/yyyy)	Describe projected return on investment	Time period during which this service is predicted to achieve outcomes	Is the recipient of HRS funds a non-clinical social determinant of health partner?	Is the recipient of HRS funds a public health entity?	Is the recipient of HRS funds a clinical provider?	Is the investment designed to improve health outcomes compared to a baseline and reduce health disparities?	Is the investment designed to prevent avoidable hospital readmissions through a comprehensive program for hospital discharge?	Is the investment designed to improve patient safety, reduce medical errors, and lower infection and mortality rates?	Is the investment designed to implement, promote, and increase wellness and health activities?	Is the investment designed to support expenditures related to health information technology and meaningful use requirements?	Is the investment intended to address the social determinants of health and equity (SDOH-E)? Refer to OHA's SDOH-E Spending Reference document for SDOH-E definitions.
up to 6 months	9/1/2020	10/31/2020	Removed barriers to access food and social services	up to 6 months	Yes	No	No	Yes	No	No	Yes	No	Yes
Select a timeframe from the dropdown list				Select a timeframe from the dropdown list	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown	Choose "Yes" or "No" from the dropdown

Report L6.22 OHP -- HEALTH RELATED SERVICES - ANNUAL MEMBER DETAIL

OHP LINE OF BUSINESS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Introduction: OHA is collecting the information below because health-related services (HRS) is a key component of the 1115 Medicaid waiver, and OHA will formally evaluate HRS. The member IDs are critical to assessing any impact of the HRS on utilization, outcomes, and other factors.

Instructions: • **Column A:** Enter the Medicaid Member ID of each member who received at least \$200 in HRS across all HRS categories.

• **Column B:** Enter the kind of HRS the member received.

• **Column C:** Enter the dollar amount of HRS the member received in the category indicated in Column B.

If a member received more than one kind of HRS, enter the member's ID into as many rows as kinds of HRS the member received. Enter the total dollar amount for each kind of HRS in Column C. (Example: Member 123 received \$100 in Housing Services and Supports, \$75 in Food Services and Supports, and \$25 in Transportation Services and Supports, for a total of \$200 in HRS. Enter Member ID 123 on three rows as shown below.)

For members with total HRS spending below \$200, you are not required to report the member's Medicaid Member ID. **You must report all HRS dollars, including dollars for members with less than \$200 in total HRS spending, in Report L6.21.**

Example:

Column A	Column B	Column C
Medicaid Member ID	HRS Category	Amount Incurred (\$)
123	d.Housing services and supports, including those related to SDOH-E;	\$ 100.00
123	c.Food services and supports, including those related to SDOH-E;	\$ 75.00
123	f.Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan;	\$ 25.00

Column A	Column B	Column C
Medicaid Member ID	HRS Category	Amount Incurred (\$)
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 650.00
	f.Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan;	\$ 320.00
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 3,102.00
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 217.99
	d.Housing services and supports, including those related to SDOH-E;	\$ 1,000.00
	d.Housing services and supports, including those related to SDOH-E;	
	d.Housing services and supports, including those related to SDOH-E;	\$ 1,800.00
	d.Housing services and supports, including those related to SDOH-E;	\$ 1,436.95
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 360.00
	d.Housing services and supports, including those related to SDOH-E;	\$ 1,323.16
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 5,456.66
	d.Housing services and supports, including those related to SDOH-E;	\$ 1,384.00
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 496.00
	d.Housing services and supports, including those related to SDOH-E;	\$ 484.00
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 1,465.00
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 380.00
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 300.00
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 216.09
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 222.00
	c.Food services and supports, including those related to SDOH-E;	\$ 266.88
	d.Housing services and supports, including those related to SDOH-E;	\$ 532.40
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 321.00
	d.Housing services and supports, including those related to SDOH-E;	\$ 1,000.00
	d.Housing services and supports, including those related to SDOH-E;	\$ 3,042.17
	d.Housing services and supports, including those related to SDOH-E;	\$ 4,746.62
	d.Housing services and supports, including those related to SDOH-E;	\$ 2,261.65
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	\$ 336.77
	e.Items for the living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;	
	d.Housing services and supports, including those related to SDOH-E;	
	f.Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan;	\$ 955.00
	f.Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan;	\$ 557.16
	f.Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan;	\$ 620.16
	f.Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan;	\$ 953.76
	f.Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan;	\$ 287.89
	f.Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan;	\$ 833.53
	f.Transportation services and supports, including those related to SDOH-E, not otherwise covered under the State Plan;	\$ 454.55

REPORT L6.3 -- CASE MANAGEMENT

OHP LINE OF BUSINESS

CONTRACTOR: Allcare CCO
CALENDAR YEAR: 1/1/2020 - 12/31/2020

Case Mgmt

Describe Case Mgmt in the following space:

AllCare Health Care Coordination programs strive for Members to be connected with community, social determinant, equipment and provider resources to support their health holistically. Members who are supported in their health needs and have increased health literacy will be better equipped to self-manage their care and have lower ED utilization rates and be more prone to routinely seek preventative care. Obtaining care at the "right time" in the "right setting" ultimately leads to a higher quality of care, improved clinical experience, and higher member satisfaction levels while reducing overall cost burdens to the healthcare system. The general case management program is designed to assist members to receive the deliberate organization of the member's care activities to facilitate the appropriate delivery of care services and to remove barriers to health. Organizing care involves the marshalling of personnel and other resources needed to carry out all required member care activities, and is often managed by the exchange of information among those responsible for different aspects of care, which will eliminate duplication of care between agencies.

Total Payments for Case Mgmt (Report L6.1) 680,740

Please attempt to distribute the above payments in Report 6.4, if applicable. (Optional)

Inten. Case Mgmt

Describe Inten. Case Mgmt in the following space:

The intensive case management program is a program that includes all of the aspects of the general case management, but has a greater focus on in-person care coordination and collaborative care planning. This program includes routine contact with member providers, caregivers, and other community memberse such as CLCM, APD, and other case management services in the community.

Total Payments for Inten. Case Mgmt (Report L6.1) 1,089,320

Please attempt to distribute the above payments in Report 6.4, if applicable. (Optional)

Other Case Mgmt

Describe Other Case Mgmt in the following space:

Total Payments for Other Case Mgmt (Report L6.1) -

Please attempt to distribute the above payments in Report 6.4, if applicable. (Optional)

The descriptions above should include:

- a) A detailed description of services provided under each of the other payments.
- b) The name of the providers that are participating and any affiliations participants may have with CCO.
- c) Detail surrounding the amount paid and also a description of the payment methods.
- d) A narrative describing how the listed payment agreements may change for the NEXT contract year.

REPORT L6.4 -- CASE MANAGEMENT BREAKDOWN

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Expenditures for		Total incurred in 2020															CAK LINE OF BUSINESS			
		OHP LINE OF BUSINESS																		
Case Mgmt		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK	
Physical Health	Inpatient - A & B Hospital	1,505	1,135	379	165	-	240	719	114	2,472	1,342	2,422	-	-	10,493	-	-	-	-	
	Inpatient - DRG Hospital	11,828	7,880	24,512	5,990	2,986	3,381	25,282	1,184	24,114	13,550	21,471	99	-	142,275	-	-	-	-	
	Inpatient - Other	411	-	15	-	49	574	1,087	-	2,059	133	1,620	-	-	5,949	-	-	-	-	
	Outpatient - A & B Hospital	3,608	123	157	803	2,526	2,208	4,359	233	9,654	4,526	5,267	12	-	33,476	-	-	-	-	
	Outpatient - DRG Hospital	10,505	773	588	3,255	7,253	3,174	14,644	938	23,618	15,706	19,577	832	-	100,864	-	-	-	-	
	Outpatient - Other	645	2	-	313	321	6,506	37	2,017	1,559	5,230	-	-	-	19,253	-	-	-	-	
	Physician Services	19,364	2,965	3,486	5,422	13,458	12,424	21,980	2,059	39,668	20,740	29,294	1,158	-	172,008	-	-	-	-	
	Substance Abuse	1,233	42	-	-	64	289	691	73	5,395	1,730	1,198	-	-	10,726	-	-	-	-	
	Prescription Drugs	9,175	381	58	3,440	10,777	2,674	31,067	1,551	25,278	21,113	28,688	603	-	134,804	-	-	-	-	
	DME and Miscellaneous	1,328	358	49	1,590	1,403	4,758	7,777	481	4,469	2,651	3,654	11	-	28,530	-	-	-	-	
	Mental Health Services Inpatient	262	-	-	-	506	136	765	164	873	244	259	-	-	3,209	-	-	-	-	
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential	1,167	272	-	-	510	120	169	230	5,016	1,315	658	-	-	9,456	-	-	-	-		
MH Children's Wraparound	224	21	-	-	2	42	38	4	704	129	60	-	-	1,226	-	-	-	-		
CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Mental Health Other Non-Inpatient	1,076	50	1	53	797	344	835	218	3,530	874	480	-	-	8,257	-	-	-	-		
Dental	-	-	6	174	13	-	1	14	-	4	-	-	-	214	-	-	-	-		
NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total		62,332	14,001	29,252	21,205	40,666	32,997	115,921	7,300	148,866	85,618	119,867	2,715	-	680,740	-	-	-	-	

Expenditures for		Total incurred in 2020															CAK LINE OF BUSINESS			
		OHP LINE OF BUSINESS																		
Inten. Case Mgmt		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK	
Physical Health	Inpatient - A & B Hospital	2,409	1,816	606	264	-	385	1,151	182	3,955	2,148	3,876	-	-	16,791	-	-	-	-	
	Inpatient - DRG Hospital	18,927	12,609	39,224	9,585	4,778	5,410	40,456	1,895	38,587	21,682	34,358	158	-	227,669	-	-	-	-	
	Inpatient - Other	657	-	25	-	79	919	1,740	-	3,295	213	2,592	-	-	9,519	-	-	-	-	
	Outpatient - A & B Hospital	5,773	197	252	1,286	4,041	3,533	6,975	373	15,448	7,243	8,428	19	-	53,569	-	-	-	-	
	Outpatient - DRG Hospital	16,811	1,237	942	5,209	11,607	5,079	23,434	1,500	37,793	25,133	31,328	1,331	-	181,403	-	-	-	-	
	Outpatient - Other	1,032	3	-	501	514	4,197	10,411	59	3,228	2,495	8,368	-	-	30,808	-	-	-	-	
	Physician Services	30,986	4,745	5,578	8,676	21,535	19,880	35,172	3,295	63,477	33,189	46,861	1,854	-	275,248	-	-	-	-	
	Substance Abuse	1,974	67	-	-	103	479	1,106	117	6,533	2,769	1,917	-	-	17,164	-	-	-	-	
	Prescription Drugs	14,682	610	92	5,504	17,245	4,279	49,713	2,483	40,450	33,785	45,906	965	-	215,713	-	-	-	-	
	DME and Miscellaneous	2,125	574	79	2,544	2,246	7,614	12,445	789	7,151	4,242	5,847	17	-	45,653	-	-	-	-	
	Mental Health Services Inpatient	419	-	-	-	810	218	1,224	263	1,398	390	414	-	-	5,134	-	-	-	-	
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential	1,867	435	-	-	816	191	271	369	8,026	2,105	1,053	-	-	15,132	-	-	-	-		
MH Children's Wraparound	359	34	-	-	3	67	61	7	1,127	207	97	-	-	1,961	-	-	-	-		
CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Mental Health Other Non-Inpatient	1,723	79	2	85	1,275	550	1,336	349	5,648	1,398	768	-	-	13,213	-	-	-	-		
Dental	-	-	10	279	21	-	2	23	-	6	-	-	-	342	-	-	-	-		
NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total		99,743	22,405	46,810	33,932	65,073	52,802	185,497	11,682	238,216	137,005	191,811	4,345	-	1,089,320	-	-	-	-	

Expenditures for		Total incurred in 2020															CAK LINE OF BUSINESS			
		OHP LINE OF BUSINESS																		
Other Case Mgmt		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK	
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

REPORT L6.5 -- RECOVERIES AND RECOUPMENTS

OHP LINE OF BUSINESS

CONTRACTOR:
CALENDAR YEAR:

Allcare CCO
1/1/2020 - 12/31/2020

Reinsurance Recoveries

Break down Reinsurance Recoveries in the Matrix below:

		Year Paid/Recovered by CCO				
		2017	2018	2019	2020	Total
Reinsurance Premiums Paid		-	-	-	2,685,944	2,685,944
Year that the costs were incurred	2017	-	-	-	-	-
	2018	-	-	-	(31,987)	(31,987)
	2019	-	-	-	-	-
	2020	-	-	-	1,183,243	1,183,243
Total		-	-	-		1,151,256

Total Reinsurance Recoveries

(Report L6 OHP Line 21)

1,183,243

Check

Diff. \$-1183243

Diff. \$-1151256

Please attempt to distribute the above recoveries in Report 6.6, if applicable. (Optional)

Fraud, Waste and Abuse Recoveries/Recoupments

Describe Fraud, Waste and Abuse Recoveries/Recoupments in the following space:

FWA Programs in place for subrogation and COB review and collections. We have programs internally as well as with 3rd party vendors who perform this work on AllCare's behalf. AllCare FWA programs includes performing regularly scheduled exclusion checks for both providers and employees as required by both OHA and CMS. AllCare has annual mandatory training for FWA as well as other compliance areas; this training is also offered to all of our contracted provider offices. AllCare has various claims monitoring and auditing procedures related to FWA.

Total Fraud, Waste and Abuse Recoveries/Recoupments

222,660

Please attempt to distribute the above recoupments/recoveries in Report 6.6, if applicable. (Optional)

All Other Recoveries/Recoupments

Describe All Other Recoveries/Recoupments in the following space:

The majority of the other recoveries/recoupments that AllCare records are for claims refunds directly from providers.

Total Payments for All Other Recoveries/Recoupments

511,035

Please attempt to distribute the above recoupments/recoveries in Report 6.6, if applicable. (Optional)

The narrative above should include a detailed description of your program to detect and recover/recoup overpayments.

REPORT L6.6 -- RECOVERIES AND RECOUPMENTS BREAKDOWN

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Reinsurance Recoveries		Total recovered in 2020														Total recovered in 2020			
		OHP LINE OF BUSINESS														CAK LINE OF BUSINESS			
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK	
Physical Health																			
Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Inpatient - DRG Hospital	48,020	-	324,132	7,178	79,882	-	223,181	-	396,811	-	104,038	-	-	1,183,243	-	-	-	-	
Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Behavioral Health																			
Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other																			
Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	48,020	-	324,132	7,178	79,882	-	223,181	-	396,811	-	104,038	-	-	1,183,243	-	-	-	-	

Fraud, Waste and Abuse Recoveries/Recoupments		Total recovered/recouped in 2020														Total recovered/recouped in 2020			
		OHP LINE OF BUSINESS														CAK LINE OF BUSINESS			
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK	
Physical Health																			
Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Behavioral Health																			
Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other																			
Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

All Other Recoveries/Recoupments		Total recovered/recouped in 2020														Total recovered/recouped in 2020			
		OHP LINE OF BUSINESS														CAK LINE OF BUSINESS			
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK	
Physical Health																			
Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Behavioral Health																			
Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other																			
Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	

REPORT L6.7 -- SHARE INITIATIVE DESIGNATION
(SHARE = Supporting Health for All through REinvestment)

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Completed annually and submitted with the fourth quarter reporting package.

Purpose:

To calculate the amount of a CCO's annual SHARE Initiative obligation according to requirements in OAR 410-141-3735, ORS 414.625(1)(b)(C) (as such statute was amended by and as set forth in contract and program guidance available on the CCO Contract Forms webpage. <https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx>
 In accordance with the statutory requirement, CCOs must "designate a portion of annual net income or reserves that exceed the financial requirements," specified in OAR 410-141 including maintaining at least 200% Risk-Based Capital (RBC).

Instructions:

For Contract Years 2020 and 2021, CCOs that exceed minimum financial requirements are expected to define their own SHARE Initiative portion in compliance with statute and rule. Part A: CCO enters values related to solvency and profit, including 1) Risk-Based Capital (RBC) level (prior to SHARE commitment), 2) annual pre-tax income before SHARE commitment for the year.

Part B: CCO indicates the dollar amount representing the CCO-designated portion of net income/reserves that meets statutory requirements referenced above (i.e. the CCO's SHARE Initiative obligation).

Note: CCOs that do not exceed financial requirements as specified in OAR 410-141-5195 et seq. for CY 2020 are presumed exempt.

CCOs please complete the following:

Part A: Solvency and profit values

Year-end RBC level before SHARE commitment:	308
Annual pre-tax net income before SHARE commitment:	8,420,247
Dividends recorded	-

Part B: SHARE Initiative designation

2020 SHARE designation (\$ amount): 100,000

Check Ok

Check Ok

2018 HB 4018),

5195 et seq,

files referenced above.

commitment, and 3) dividend distributed

ARE obligation).

REPORT L6.71 -- SHARE INITIATIVE PAYMENT BREAKDOWN (YEAR-BY-YEAR)

(SHARE = Supporting Health for All through REinvestment)

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Purpose:

To track year-over-year spending from a CCO's SHARE Initiative and to tie such spending to the appropriate SHARE Initiative Designation Year (i.e. the year in which OHA approved the Spending Plan associated with the spent funds).

Instructions:

Completed annually and submitted with the fourth quarter reporting package.

CCO updates report with each SHARE Initiative designation as identified in tab L6.7. CCO includes total spending for each calendar year in yellow fields beginning with 2020, with spending associated to the appropriate SHARE Initiative Designation Year as approved in a CCO's SHARE Initiative Spending Plan.

Please note:

According to contract requirements, a CCO's annual SHARE Initiative designation must be spent down within two year's of OHA's approval of the same years SHARE Initiative Spending Plan FOR EXAMPLE: CCO "A" designates \$1 million for its 2020 SHARE Initiative designation and reports this figure to OHA using Report L6.7 by April 30, 2021. OHA approves CCO A's 2020 SHARE Initiative spending plan by September 2021. Subsequently, CCO must spend down at least \$1 million by 2022. Each year, CCO A may add funds to its SHARE Initiative designation, which likewise must be spent within two years from the date of approval for each Spending Plan.

SHARE Initiative		Year Designated by CCO					
		2020 SHARE Initiative Designated 2021	2021 SHARE Initiative Designated 2022	2022 SHARE Initiative Designated 2023	2023 SHARE Initiative Designated 2024	2024 SHARE Initiative Designated 2025	Check Total
Designated	Amount Designated by CCO	100,000	-	-	-	-	100,000
Spent	2020	-	-	-	-	-	-
Year Paid to	2021	-	-	-	-	-	-
Community	2022	-	-	-	-	-	-
Partner(s) and/or	2023	-	-	-	-	-	-
services to address	2024	-	-	-	-	-	-
the social determinants	2025	-	-	-	-	-	-
of health and equity	2026	-	-	-	-	-	-
(SDOH-E)	2027	-	-	-	-	-	-
Remaining	Amount	100,000	-	-	-	-	100,000
	Percent	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	100%

Check

Ok

REPORT L7 -- CASH FLOW ANALYSIS CORPORATE ACTIVITY/INDIRECT METHOD

CORPORATE TOTAL

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

		CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL	CORPORATE TOTAL
		Q1-2020	Q2-2020	Q3-2020	Q4-2020	YTD 2020
CASH FLOWS PROVIDED BY OPERATING ACTIVITIES						
ADJUST TO RECON NET INC	1. Net Income	\$ (1,303,575)	\$ 8,673,728	\$ (1,760,314)	\$ 844,578	\$ 6,454,417
	2. Depreciation and Amortization	-	-	-	-	-
(INCREASE)	3. Premium Receivable	1,190,171	(110,421)	1,486,880	927,984	3,494,614
DECREASE IN	4. Due from Affiliates	-	790,713	103,927	158,221	1,052,861
OPERATING	5. Health Care Receivable	(449,574)	102,708	346,866	-	-
ASSETS	6. Other (Increase) Decrease in Operating Assets	123,161	(344,299)	410,439	(190,304)	(1,003)
	7. Accounts Payable	1,692,504	(2,122,570)	(55,919)	194,290	(291,695)
INCREASE	8. Claims Payable	3,421,147	(3,725,309)	2,881,792	997,001	3,574,631
(DECREASE) IN	9. Accrued Medical Incentive Pool	(374,015)	1,881,434	(807,569)	2,962,721	3,662,571
OPERATING	10. Unearned Premiums	-	-	-	-	-
LIABILITIES	11. Due to Affiliates	(864,067)	(710,886)	378,774	584,211	(611,968)
	12. Other Increase (Decrease) in Operating Liabilities	4,093,596	5,258,895	(367,753)	(7,114,664)	1,870,074
13. NET CASH PROVIDED (USED) FROM OPERATING ACTIVITIES		7,529,348	9,693,993	2,617,123	(635,962)	19,204,502
CASH FLOWS PROVIDED BY INVESTING ACTIVITIES						
CASH FLOWS PROVIDED BY INVESTING ACTIVITIES	14. Receipts from Investments	-	1,000,000	1,600,000	4,164,721	6,764,721
	15. Receipts for Sales of Property and Equipment	-	-	-	-	-
	16. Payments for Investments	(39,323)	(996,689)	(1,595,262)	(4,160,000)	(6,791,274)
	17. Payments for Property and Equipment	-	-	-	-	-
	18. Other Increase (Decrease) in Cash Flow from Investing Activities	-	-	-	-	-
19. NET CASH PROVIDED BY INVESTING ACTIVITIES		(39,323)	3,311	4,738	4,721	(26,553)
CASH FLOWS PROVIDED BY FINANCING ACTIVITIES						
CASH FLOWS PROVIDED BY FINANCING ACTIVITIES	20. Proceeds from Paid in Capital or Issuance of Stock	-	-	-	-	-
	21. Loan Proceeds from Non-Affiliates	-	-	-	-	-
	22. Loan Proceeds from Affiliates	-	-	-	-	-
	23. Principal Payments on Loans from Non-Affiliates	-	-	-	-	-
	24. Principal Payments on Loans from Affiliates	-	-	-	-	-
	25. Dividends/Distributions Paid to Owners	-	-	-	-	-
	26. Principal Payments under Lease Obligations	-	-	-	-	-
27. Other Cash Flow Provided by Financing Activities	-	-	-	-	-	
28. NET CASH PROVIDED BY FINANCING ACTIVITIES		-	-	-	-	-
29. NET INCREASE / (DECREASE) IN CASH AND CASH EQUIV		7,490,025	9,697,304	2,621,861	(631,241)	19,177,949
30. CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD		18,587,035	26,077,060	35,774,364	38,396,225	18,587,035
31. CASH AND CASH EQUIVALENTS AT END OF PERIOD		\$ 26,077,060	\$ 35,774,364	\$ 38,396,225	\$ 37,764,984	\$ 37,764,984

Check Ok Ok Ok Ok Ok

REPORT L8 -- CORPORATE RELATIONSHIPS OF CONTRACTORS
Part II. Summary of Financial Transactions by Category of Service

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Column	Description
A. Salary Payments	Enter amount incurred for all salary, benefit packages, and bonuses for any provider that is employed and paid through a staff model organization.
B. Fee-For Service Payments	Enter amounts accrued / paid to provider or provider organizations under a fee for service contractual arrangement.
C. Pre-paid Sub-capitation Arrangements	Enter amounts accrued / paid to provider or provider organizations that are made on a pre-paid basis in which the financial risk of providing care to the members assigned is transferred to the provider or provider organization. Also include amounts accrued / paid representing monetary incentive arrangements that reflect priorities which align with the Quality Pool program for achieving the outcome and quality objectives <u>if paid</u> within the next quarter following receipt of the payment from OHA.
D. Other Retrospective Payment Arrangements	Enter amounts accrued / paid to provider or provider organizations that are made on a retrospective basis. This may include retrospective payments of withholds, bonus pools, or any other type of settlement. Also include amounts accrued / paid representing monetary incentive arrangements that reflect priorities which align with the Quality Pool program for achieving the outcome and quality objectives <u>if not paid</u> within the next quarter following receipt of the payment from OHA.

REPORT L8 -- CORPORATE RELATIONSHIPS OF CONTRACTORS

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Part I. Corporate Relationships and Organizational Structure

- A. Provide a Corporate Organizational chart **with your submittal on May 31st or if a change occurs during the current report quarter** indicating the relationship of Contractor to the full corporate structure, including all entities, all subsidiaries, all affiliates and all organizations fully or partially owned by other entities in the corporate family. If your company is not registered under a Holding Company Act, illustrate the direct parent or controlling person, if any.
- B. Does a financial guarantee agreement exist between Contractor and any parent or sibling entity? If so, provide the current annual audited financial statement of the parent and consolidated entity.
- C. The CCO Contract requires Contractors to provide financial information to OHA for purposes of evaluating financial solvency, including information that may be a trade secret. Under ORS 192.345 (2), OHA may withhold from disclosure information that meets all four of the following criteria.
 To be a trade secret, the information must:
 - 1 Not be patented;
 - 2 Be known only to certain individuals within the organization and used for business the organization conducts;
 - 3 Have actual or potential commercial value; and
 - 4 Give its users an opportunity to obtain a business advantage over competitors who do not know or use it.

Indicate whether any of the following financial information Contractors has submitted to OHA in Exhibit L meets all four of the above listed criteria:

	Risk Sharing Transactions with Provider Groups (Part II)	
	Alternative Payment Arrangements (Report L16)	
	Model Depository Agreement Form and attachments.	
	Bank Statements (submitted separately per L3)	
	Other: please identify the information specifically and identify the location in Exhibit L to which it relates	

Contractor may similarly identify any information that is Protected Information as defined in the Contract. Please identify any Protected Information specifically, identify the location in Exhibit L to which it relates, and identify the state or federal law that protects it from disclosure.

If Contractor designates any part of Exhibit L as trade secret or Protected Information, Contractor shall submit to OHA a redacted copy of Exhibit L and a redaction log, in accordance with Exhibit D, Section 14 of the Contract.

REPORT L8 Corporate Relationships of Contractors (continued)

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Part II. Summary of Financial Transactions by Category of Service

Provide the total aggregate amount of Member service expenses incurred by Contractor for each category of service by type of service payment arrangement for the OHP line of business during the calendar year.

Category of Service	Q1-2020				Q2-2020			
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements
DRG Hospital IP and OP	-	19,632,682	-	-	-	11,807,590	-	-
A&B Hospital IP and OP	-	939,723	-	-	-	670,042	-	-
Physician	-	12,362,064	2,600,717	1,881,302	-	8,437,591	2,933,266	2,456,895
Substance Abuse	-	1,234,035	694,856	-	-	1,151,954	691,529	-
Mental Health Inpatient	-	65,782	164,748	-	-	85,443	164,748	-
Mental Health Non-Inpatient	-	-	6,747,135	208,913	-	-	6,270,211	261,814
Dental	-	-	3,663,937	112,492	-	-	3,566,764	140,977
Prescription Drugs	-	7,727,247	-	-	-	7,024,712	-	-
All Other	-	2,092,433	1,495,693	112,951	-	136,859	1,383,787	116,232
Total All Services	-	44,053,966	15,367,086	2,315,658	-	29,314,191	15,010,305	2,975,918

Grand Total All Services 61,736,710 47,300,414
 Total Member Service Expenses 61,736,710 47,300,414
 (Report L6 OHP Line 16)
 Check Ok Ok

Category of Service	Q3-2020				Q4-2020				YTD 2020
	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Column A Salary Payments	Column B Fee-For-Service Payments	Column C Pre-paid Sub-capitated Arrangements	Column D Other Retrospective Payment Arrangements	Columns A - D Totals By Category of Service
DRG Hospital IP and OP	-	20,093,824	-	-	-	17,004,711	-	-	68,538,807
A&B Hospital IP and OP	-	727,009	-	-	-	574,209	-	-	2,910,983
Physician	-	10,917,787	2,925,496	2,837,103	-	9,917,822	2,968,669	3,006,329	63,245,041
Substance Abuse	-	1,011,787	638,201	-	-	734,327	1,162,278	-	7,318,967
Mental Health Inpatient	-	161,930	109,832	-	-	69,984	80,585	-	903,052
Mental Health Non-Inpatient	-	-	6,383,479	-	-	-	6,716,295	-	26,587,847
Dental	-	-	3,837,283	-	-	-	3,577,024	-	14,898,477
Prescription Drugs	-	7,424,507	-	-	-	7,693,112	-	-	29,869,578
All Other	-	2,114,464	1,413,482	117,560	-	2,627,688	1,474,955	661,967	13,748,071
Total All Services	-	42,451,308	15,307,773	2,954,663	-	38,621,853	15,979,806	3,668,296	228,020,823

Grand Total All Services 60,713,744 58,269,955
 Total Member Service Expenses 60,713,744 58,269,955
 (Report L6 OHP Line 16)
 Check Ok Ok

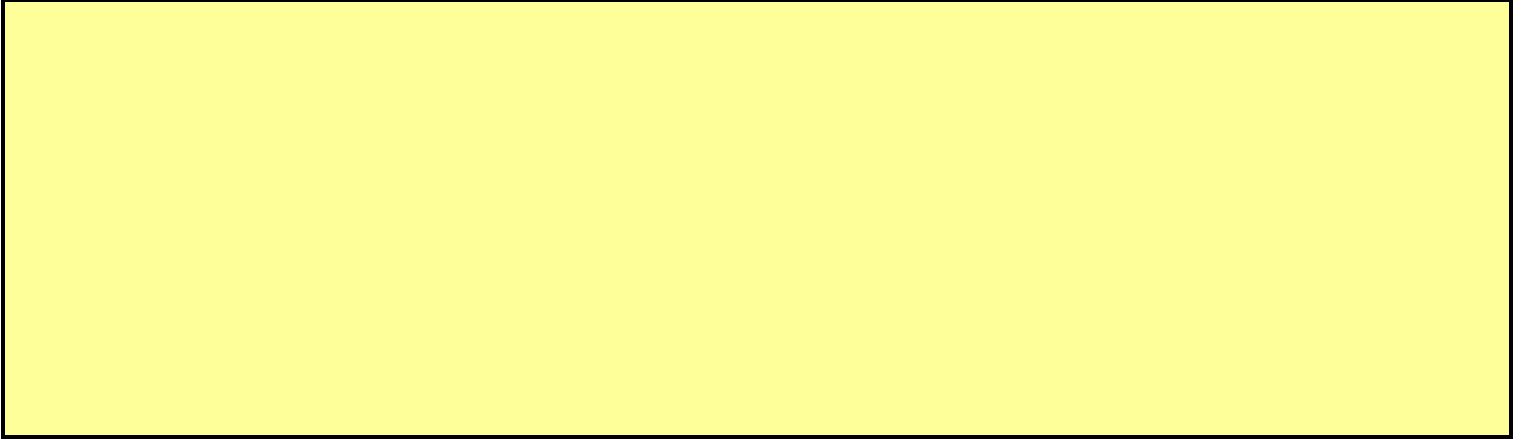
Column A	Column B	Column C	Column D	YTD 2020
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Total All Quarters	-	154,441,318	61,664,970	11,914,535	228,020,823
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REPORT L9 -- AUDITED ANNUAL BALANCE SHEET OF CORPORATE ACTIVITY

CONTRACTOR: **Allcare CCO**
CALENDAR YEAR: **1/1/2020 - 12/31/2020**

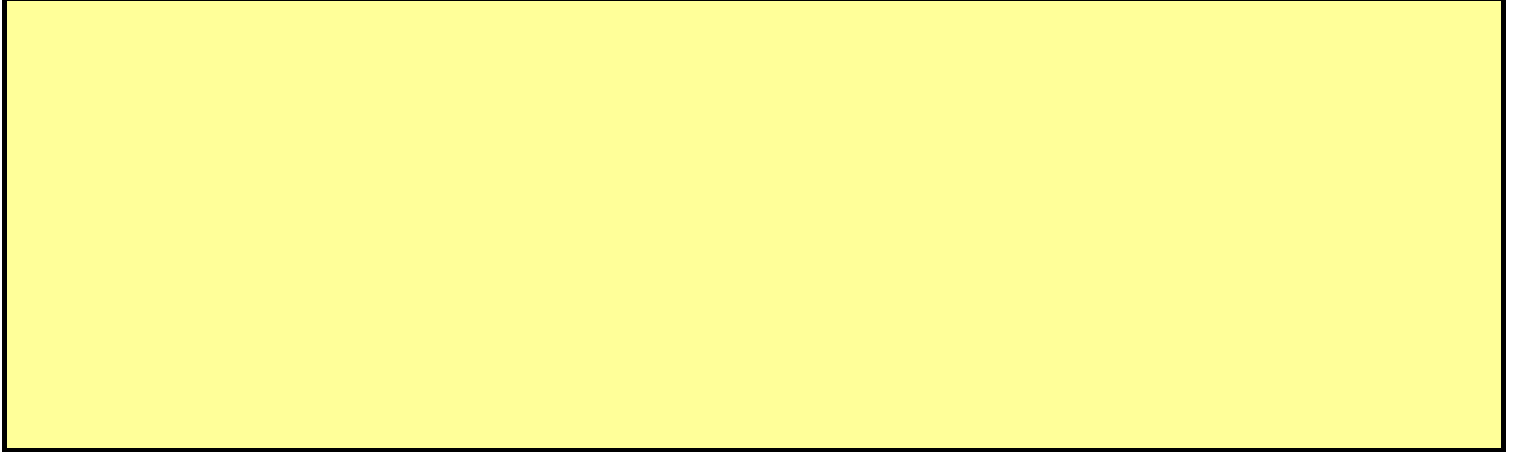
Please provide any explanation necessary to reconcile
the audited financial statements to Report L5 Column G.
Update Report L5 if necessary.



REPORT L10 -- AUDITED ANNUAL STATEMENT OF REVENUES, EXPENSES & CHANGES IN NET ASSETS

CONTRACTOR: **Allcare CCO**
CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Please provide any explanation necessary to reconcile
the audited financial statements to Report L6 CORP Column G.
Update Report L6 if necessary.



REPORT L11 -- DISCLOSURE OF COMPENSATION--WHERE TO REPORT--GUIDANCE

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Please see table below for determining where to report various forms of compensation

Type of Compensation	Column B(i)	Column B(ii)	Column B(iii)	Column C	Column D
Base salary/wages/fees paid	x				
Base salary/wages/fees deferred (taxable)	x				
Base salary/wages/fees deferred (nontaxable)				x	
Bonus paid (including signing bonus)		x			
Bonus deferred (taxable in current year)		x			
Bonus deferred (not taxable in current year)				x	
Incentive compensation paid		x			
Incentive compensation deferred (taxable in current year)		x			
Incentive compensation deferred (not taxable in current year)				x	
Severance or change of control payments made			x		
Sick pay paid by employer	x				
Third-party sick pay			x		
Other compensation amounts deferred (taxable in current year)		x			
Other compensation amounts deferred (not taxable in current year)				x	
Tax gross-ups paid			x		
Vacation/sick leave cashed out			x		
Stock options at time of grant				x	
Stock options at time of exercise			x		
Stock awards paid by taxable organizations substantially vested			x		
Stock awards paid by taxable organizations not substantially vested				x	
Stock equivalents paid by taxable organizations substantially vested			x		
Stock equivalents paid by taxable organizations not substantially vested				x	
Loans—forgone interest or debt forgiveness			x		
Contributions (employer) to qualified retirement plan				x	
Contributions (employee deferrals) to section 401(k) plan	x				
Contributions (employee deferrals) to section 403(b) plan	x				
Qualified or nonqualified retirement plan defined benefit accruals (reasonable estimate of increase or decrease in actuarial value)				x	
Qualified retirement (defined contribution) plan investment earnings or losses					
Taxable distributions from qualified retirement plan, including section 457(b) eligible governmental plan (reported on Form 1099-R)					
Distributions from nongovernmental section 457(b) plan			x		
Amounts includible in income under section 457(f)			x		
Amounts deferred by employer or employee (plus earnings) under section 457(b) plan (substantially vested)			x		
Amounts deferred by employer or employee under section 457(b) or 457(f) plan (not substantially vested)				x	
Amounts deferred under nonqualified defined contribution plans (substantially vested)			x		
Amounts deferred under nonqualified defined contribution plans (not substantially vested)				x	
Earnings or losses of nonqualified defined contribution plan (substantially vested)			x		
Earnings or losses of nonqualified defined contribution plan (not substantially vested)					
Scholarships and fellowship grants (taxable)			x		
Health benefit plan premiums paid by employer (taxable)	x				
Health benefit plan premiums paid by the employee (taxable)	x				
Health benefit plan premiums (nontaxable)					x
Medical reimbursement and flexible spending programs (taxable)			x		
Medical reimbursement and flexible spending programs (nontaxable)					x
Other health benefits (taxable)			x		
Other health benefits (nontaxable)					x
Life, disability, or long-term-care insurance (taxable)			x		
Life, disability, or long-term-care insurance (nontaxable)					a
Split-dollar life insurance			x		
Housing provided by employer or housing allowance (taxable)			x		
Housing provided by employer or housing allowance (nontaxable)					a
Personal legal services (taxable)			x		
Personal legal services (nontaxable)					a
Personal financial services (taxable)			x		
Personal financial services (nontaxable)					a
Dependent care assistance (taxable)			x		
Dependent care assistance (nontaxable)					a
Adoption assistance (taxable)			x		
Adoption assistance (nontaxable)					a
Tuition assistance for family (taxable)			x		
Tuition assistance for family (nontaxable)					a
Cafeteria plans (nontaxable health benefit)					x
Cafeteria plans (nontaxable benefit other than health)					a
Liability insurance (taxable)			x		
Employer-provided automobile (taxable)			x		
Employer-subsidized parking (taxable)			x		
Travel (taxable)			x		
Moving (taxable)			x		
Meals and entertainment (taxable)			x		
Social club dues (taxable)			x		
Spending account (taxable)			x		
Gift cards			x		
Disregarded benefits under Regulations section 53.4958-4(a)(4) (See definitions on Report L11)					

a: Not included if value is less than \$10,000 per year.

REPORT L11 -- DISCLOSURE OF COMPENSATION

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Completed annually and submitted with the fourth quarter reporting package.

For the three highest paid individuals providing services to the CCO, report compensation paid by, or charged/allocated to the CCO on row (i) and report compensation paid by, or charged/allocated to a Related Organizations as defined below, on row (ii).

Note: The amount in column (B)(iv) must equal the individual's amount reported in Box 1 or Box 5 (whichever is greater) of IRS Form W-2 and/or Box 7 of IRS Form 1099-MISC.

(A) Name and Title		(B) Breakdown of W-2/1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(iv)-(D)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Total reportable compensation W-2/1099-MISC			
Highest Compensated Executive		(i) CCO	-	-	-	-	-	-
Name: Douglas L. Flow, PhD.		(ii) Related Org.	367,736.08	50,000.00	-	417,736.08	-	417,736.08
Position: Chief Executive Officer		Total	367,736.08	50,000.00	-	417,736.08	-	417,736.08
2nd Highest Compensated Executive		(i) CCO	-	-	-	-	-	-
Name: Kelley Burnett, DO		(ii) Related Org.	279,640.62	20,000.00	-	299,640.62	-	299,640.62
Position: Chief Medical Officer		Total	279,640.62	20,000.00	-	299,640.62	-	299,640.62
3rd Highest Compensated Executive		(i) CCO	-	-	-	-	-	-
Name: Twila M. Farris		(ii) Related Org.	242,820.95	25,000.00	-	267,820.95	-	267,820.95
Position: Chief Financial Officer		Total	242,820.95	25,000.00	-	267,820.95	-	267,820.95

Related Organizations:

An organization, including a nonprofit organization, a stock corporation, a partnership or limited liability company, a trust, and a governmental unit or other government entity, that has one or more of the following relationships to the CCO at any time during the reporting year.

- * Parent: an organization that controls the CCO.
- * Subsidiary: an organization controlled by the CCO.
- * Brother/Sister: an organization controlled by the same person or persons and/or organization that controls the CCO.

Management Company:

If an executive is employed by a Management Company that provides services to the CCO, and the Management Company is not a Related Organization as defined above, then the amount paid by the CCO to the Management Company is the amount of compensation to be included in this report.

If the executive is employed by a Management Company that is a Related Organization as defined above, then the Management Company must provide the required information to the CCO for inclusion in this report.

Leased Employee:

In some cases, instead of hiring a Management Company, a CCO "leases" one or more "employees" from another company. If the executive providing services to the CCO is leased from another company that is not a Related Organization as defined above, the amount paid by the CCO is the amount of compensation to be included in this report. If the executive is leased from a company that is a Related Organization as defined above, then the leasing company must provide the required information to the CCO for inclusion in this report.

Disregarded Benefits:

Disregarded benefits under Regulations section 53.4958-4(a)(4) need not be reported in column (D).

Disregarded benefits generally include fringe benefits excluded from gross income under section 132. These benefits include the following:

No-additional cost service; Qualified employee discount; Working condition fringe; De minimis fringe; Qualified transportation fringe; Qualified moving expense reimbursement; Qualified retirement planning services; and Qualified military base realignment and closure fringe.

REPORTS L12 - L19 -- RATE SETTING OVERVIEW

CONTRACTOR: **Allcare CCO**
CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Completed annually and submitted with the fourth quarter reporting package.

Rate Setting Report Contents:

Report L6.3	Non-Benefit Case Management Services
Report L6.5	Recoveries and Recoupments
Report L12	Enrollment Validation
Report L13	Medical Costs
Report L14	IBNR
Report L15	Sub-Capitation
Report L16	Breakdown of all Alternative Payment Arrangements by Provider
Report L17	Incentive Programs
Report L17.1	Quality Pool Payment Breakdown
Report L17.2	Other Incentive Payment Breakdown
Report L18	Other Payment Arrangements
Report L18.1	Other Payments Breakdown
Report L19	Financial Overview and Reconciliation of Costs

Report Instructions:

[Report L12 -- Enrollment Validation](#)

The data in this report will be provided by OHA for your review
After validating the data, please insert the validated member month data into this report tab before submission

[Report L13 -- Medical Costs](#)

Please provide the costs incurred for each rate cell paid through 3/31/2021
This report has separate entries for expenditures that are not sub-capitated and sub-capitation costs.
These expenditures will be used to validate the encounter data and additional costs will be recorded in subsequent parts of the template.

Please report as follows:

- Include only costs for medical services that generate claims or encounters under Expenditures (Not Sub-Capitated)
- Costs should not be completed for IBNR (they are reported later in Report L14)
- Please allocate costs into the given categories of services (COS) as best as possible
- Maternity costs are broken out in a separate section which should reflect all maternity-related costs for both PLMA and non-PLMA rating cohorts. DO NOT include maternity-related costs in the Non Sub-Capitated and Sub-Capitated sections, to avoid double counting of expenditures
- Exclude Mental Health drugs that have been carved out and covered by OHA on a FFS basis
- Exclude TPR amounts
- All costs prior to the impact of any reinsurance arrangements
- Pharmacy costs net of rebates
- Exclude non-State Plan services

[Report L14 -- IBNR Completion Rate](#)

Please provide your IBNR Completion Rate as of 3/31/2021 for each category of service expressed as a percent and in dollars

[Report L15 -- Sub-Capitation](#)

Please describe any sub-capitation arrangements
Sub-capitation totals identified in other supporting reports are pulled for reference purposes

[Report L16 -- Breakdown of all Alternative Payment Arrangements by Provider](#)

Please complete as instructed on that report

[Report L17 -- Incentive Programs](#)

Provide descriptions of Quality Pool incentive (P4P) programs and any other incentive programs

[Report L17.1 -- Quality Pool Payment Breakdown](#)

Please complete the matrix which identifies quality payments received (cash basis) and how they were disbursed to providers by year

[Report L17.2 -- Other Incentive Payment Breakdown](#)

Please allocate any payments listed in Report L17 into the cells within this report as best as possible, if applicable
DO NOT include payments related to the Quality Pool in this report

[Report L18 -- Other Payment Arrangements](#)

Provide descriptions of any other provider payment arrangements within this report, excluding those reported on Report L17

[Report L18.1 -- Other Payments Breakdown](#)

Please allocate any payments listed in Report L18 into the cells within this report as best as possible, if applicable.

[Report L19 -- Financial Overview and Reconciliation of Costs](#)

Please identify and quantify any reconciling items between the Rates Scheduled summarized and Report L6 OHP

REPORT L12 -- ENROLLMENT VALIDATION

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Note: OHA will be providing enrollment member months to you separately to assist in your verification process. They will be provided in a layout that is easy to copy and paste once you have verified them.

Physical Health Member Months (Either CCOA or CCOB)																		
Month of Enrollment	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK
	January	4,571	409	1,089	4,713	10,623	4,102	2,869	1,054	11,667	3,626	4,145	11	-	48,877	-	10	78
February	4,519	404	1,024	4,580	10,461	4,099	2,752	1,001	11,687	3,631	4,123	12	-	48,293	-	13	78	91
March	4,489	408	975	4,491	10,290	4,175	2,698	960	11,668	3,613	4,073	12	-	47,850	-	10	81	91
April	4,508	386	943	4,420	10,206	4,176	2,631	912	11,826	3,632	4,097	11	-	47,748	-	8	76	84
May	4,613	408	929	4,515	10,469	4,278	2,602	887	12,284	3,749	4,193	11	-	48,937	-	9	80	89
June	4,604	387	917	4,495	10,476	4,337	2,577	866	12,591	3,817	4,211	10	-	49,287	-	10	79	89
July	4,574	352	896	4,499	10,496	4,374	2,562	851	12,782	3,869	4,204	12	-	49,473	-	10	77	87
August	4,568	321	869	4,521	10,501	4,416	2,619	843	12,953	3,906	4,200	12	-	49,729	-	11	70	81
September	4,552	344	856	4,498	10,582	4,485	2,653	837	13,172	3,941	4,220	12	-	50,151	-	10	71	81
October	4,580	337	854	4,508	10,679	4,541	2,660	823	13,397	3,978	4,266	12	-	50,635	-	10	72	83
November	4,575	322	845	4,518	10,776	4,563	2,674	803	13,734	4,005	4,333	12	-	51,161	-	12	68	80
December	4,676	344	837	4,575	10,874	4,664	2,676	793	14,018	4,065	4,420	12	-	51,954	-	12	67	79
Total	54,828	4,422	11,033	54,332	126,432	52,211	31,975	10,628	151,778	45,833	50,484	139	-	594,095	-	125	896	1,021

Mental Health Member Months (CCOA, CCOB, CCOE, CCOG)																		
Month of Enrollment	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK
	January	4,599	423	1,091	4,719	10,673	4,356	2,894	1,139	11,742	3,639	4,164	11	-	49,451	-	10	78
February	4,538	419	1,025	4,586	10,502	4,336	2,773	1,085	11,754	3,641	4,140	12	-	48,810	-	13	78	91
March	4,509	419	978	4,499	10,331	4,335	2,717	1,043	11,732	3,621	4,086	12	-	48,280	-	10	81	91
April	4,526	396	946	4,429	10,246	4,332	2,645	994	11,893	3,639	4,114	11	-	48,171	-	8	76	84
May	4,632	415	931	4,526	10,516	4,432	2,615	968	12,362	3,757	4,207	11	-	49,371	-	9	80	89
June	4,627	397	920	4,508	10,528	4,489	2,590	947	12,661	3,826	4,228	10	-	49,730	-	10	79	89
July	4,595	361	900	4,511	10,551	4,523	2,575	931	12,852	3,876	4,219	12	-	49,908	-	10	77	87
August	4,596	332	872	4,535	10,565	4,562	2,633	922	13,020	3,919	4,216	12	-	50,185	-	11	70	81
September	4,585	358	860	4,514	10,647	4,630	2,670	915	13,241	3,953	4,238	12	-	50,622	-	10	71	81
October	4,611	352	861	4,520	10,745	4,681	2,680	899	13,467	3,991	4,283	12	-	51,102	-	10	72	83
November	4,609	338	853	4,531	10,840	4,706	2,692	879	13,814	4,019	4,349	12	-	51,641	-	12	68	80
December	4,712	358	843	4,588	10,935	4,810	2,692	868	14,111	4,082	4,437	12	-	52,448	-	12	67	79
Total	55,139	4,569	11,078	54,465	127,080	54,192	32,178	11,588	152,649	45,961	50,681	139	-	599,719	-	125	896	1,021

REPORT L12 -- ENROLLMENT VALIDATION

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Note: OHA will be providing enrollment member months to you separately to assist in your verification process. They will be provided in a layout that is easy to copy and paste once you have verified them.

Dental Member Months (CCOA, CCOF, CCOG)																		
Month of Enrollment	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK
	January	4,592	422	1,091	4,715	10,664	4,354	2,892	1,134	11,736	3,638	4,162	11	-	49,409	-	10	78
February	4,532	419	1,025	4,581	10,494	4,334	2,772	1,082	11,746	3,638	4,137	12	-	48,771	-	13	78	91
March	4,503	418	977	4,496	10,320	4,334	2,714	1,040	11,723	3,618	4,084	12	-	48,240	-	10	81	91
April	4,518	393	945	4,426	10,233	4,331	2,644	991	11,879	3,637	4,111	11	-	48,119	-	8	76	84
May	4,627	412	931	4,524	10,507	4,430	2,614	965	12,352	3,754	4,204	11	-	49,332	-	9	80	89
June	4,621	396	920	4,507	10,519	4,486	2,590	944	12,651	3,824	4,223	10	-	49,692	-	10	79	89
July	4,588	360	900	4,509	10,542	4,520	2,572	929	12,836	3,874	4,214	12	-	49,855	-	10	77	87
August	4,588	331	872	4,533	10,556	4,559	2,630	919	13,005	3,917	4,214	12	-	50,136	-	11	70	81
September	4,578	357	859	4,512	10,637	4,628	2,668	913	13,228	3,950	4,236	12	-	50,577	-	10	71	81
October	4,606	351	861	4,518	10,736	4,678	2,678	894	13,454	3,988	4,280	12	-	51,056	-	10	72	83
November	4,603	337	853	4,527	10,825	4,704	2,691	876	13,800	4,015	4,345	12	-	51,587	-	12	68	80
December	4,705	356	842	4,583	10,925	4,808	2,691	864	14,093	4,077	4,433	12	-	52,391	-	12	67	79
Total	55,061	4,552	11,075	54,432	126,957	54,164	32,158	11,550	152,503	45,930	50,643	139	-	599,164	-	125	896	1,021

REPORT L13 -- MEDICAL COSTS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020
 PAID THROUGH: 3/31/2021

Note: These expenditures will be used to validate the encounter data and other costs will be recorded in subsequent parts of the template

		Total incurred in 2020														CAK LINE OF BUSINESS			
Expenditures (Not Sub-Capitated)		OHP LINE OF BUSINESS														CAK LINE OF BUSINESS			
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK	
Physical Health																			
Inpatient - A & B Hospital	327,357	246,817	82,342	35,932	-	52,272	156,362	24,693	537,471	291,884	526,677	-	-	2,281,807	-	-	-	-	
Inpatient - DRG Hospital	2,572,032	1,713,464	5,330,305	1,302,475	649,323	735,250	5,497,719	257,520	5,243,679	2,946,430	4,668,970	21,504	-	30,938,671	-	-	-	-	
Inpatient - Other	89,283	-	3,337	-	10,751	124,819	236,397	-	447,817	28,962	352,219	-	-	1,293,585	-	-	-	-	
Outpatient - A & B Hospital	784,565	26,810	34,206	174,287	548,527	480,114	947,906	50,647	2,099,301	984,304	1,145,296	2,644	-	7,278,609	-	345	719	1,064	
Outpatient - DRG Hospital	2,284,440	168,056	127,966	707,587	1,571,810	690,205	3,184,523	203,899	5,135,878	3,415,447	4,257,203	180,904	-	21,927,917	-	213	5,394	5,607	
Outpatient - Other	140,186	546	-	68,126	69,902	570,298	1,414,634	7,965	438,614	339,091	1,137,217	-	-	4,186,580	-	-	-	-	
Physician Services	4,210,848	644,836	758,067	1,178,298	2,916,261	2,701,595	4,779,641	447,762	8,626,948	4,510,094	6,368,060	251,907	-	37,393,417	-	735	10,181	10,916	
Substance Abuse	268,200	9,143	-	-	13,995	65,072	150,355	15,837	1,173,171	376,270	280,493	-	-	2,332,536	-	-	-	-	
Prescription Drugs	1,995,125	82,841	12,539	747,825	2,342,200	581,546	6,755,654	337,359	5,496,846	4,591,145	6,238,323	131,125	-	29,312,529	-	110	1,207	1,317	
DME and Miscellaneous	288,841	77,943	10,763	345,716	303,832	1,034,741	1,691,129	104,503	971,767	576,434	794,597	2,367	-	6,202,632	-	1,390	1,390	1,390	
Behavioral Health																			
Mental Health Services Inpatient	56,933	-	-	-	110,011	29,668	166,304	35,683	189,915	52,986	56,231	-	-	697,732	-	-	-	-	
Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
A&D Residential	253,701	59,068	-	-	110,882	25,990	36,828	50,077	1,090,714	286,005	143,042	-	-	2,056,308	-	-	-	-	
MH Children's Wraparound	48,791	4,563	-	-	379	9,098	8,287	954	153,142	28,154	13,150	-	-	266,518	-	-	-	-	
CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mental Health Other Non-Inpatient	234,081	10,786	249	11,535	173,244	74,746	181,561	47,414	767,554	189,997	104,377	-	-	1,795,545	-	-	-	-	
Other																			
Dental	-	-	1,341	37,859	2,905	-	323	3,135	-	872	-	-	-	46,435	-	27	-	27	
NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total	13,554,384	3,044,674	6,361,118	4,609,641	8,824,022	7,175,413	25,207,822	1,587,448	32,371,918	18,618,076	26,065,854	590,452	-	148,010,822	-	1,430	18,891	20,321	

		Total incurred in 2020														CAK LINE OF BUSINESS			
Expenditures (Sub-Capitated)		OHP LINE OF BUSINESS														CAK LINE OF BUSINESS			
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK	
Physical Health																			
Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Physician Services	904,659	70,301	214,463	1,953,802	2,466,716	828,241	663,181	242,314	2,381,780	744,854	878,487	2,745	-	11,351,553	-	2,080	22,310	24,390	
Substance Abuse	292,618	23,867	58,747	288,942	674,186	287,263	170,819	61,470	810,071	243,670	268,928	664	-	3,181,446	-	665	4,754	5,419	
Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Behavioral Health																			
Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Applied Behavior Analysis (ABA)	-	-	-	5,422	2,531	-	37,707	6,046	-	-	-	-	-	51,706	-	-	-	-	
ACT/SE	19,677	-	-	6,860	123,660	-	470,189	843	111,971	81,391	113,925	142	-	928,657	-	-	-	-	
A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
MH Children's Wraparound	-	-	-	10,167	202,146	-	32,278	189,662	-	-	-	-	-	434,253	-	-	-	-	
CANS	-	-	20,951	1,062	15,994	-	8,160	110,921	-	-	-	-	-	157,088	-	-	-	-	
Mental Health Other Non-Inpatient	1,851,556	68,056	21,047	733,959	3,440,437	2,250,986	4,734,920	3,081,274	4,988,616	1,926,490	2,295,981	12,631	-	25,405,952	-	1,930	29,515	31,445	
Other																			
Dental	1,328,558	91,234	13,384	1,248,997	3,346,450	1,375,675	849,464	317,431	3,322,079	1,376,984	1,608,864	3,312	-	14,882,431	-	2,871	23,531	26,402	
NEMT	514,830	41,991	103,359	508,363	1,186,159	505,409	300,538	106,151	1,425,235	429,063	473,151	1,169	-	5,597,418	-	1,178	8,421	9,599	
Total	4,911,898	295,450	431,950	4,750,713	11,341,478	5,371,235	7,267,256	4,118,113	13,039,761	4,802,652	5,639,336	20,663	-	61,990,504	-	8,723	88,531	97,254	

* DRG Hospital represents any sub-capitated arrangement made with a DRG facility. Likewise, A & B Hospital represents any sub-capitated arrangement made with an A/B facility.
 * Please include information within the scratch sheet tab surrounding the subcapitated arrangements or provided associated contracts.

		Total incurred in 2020														CAK LINE OF BUSINESS			
Expenditures (Maternity)		OHP LINE OF BUSINESS														CAK LINE OF BUSINESS			
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK	
Maternity																			
Maternity - Inpatient	40,219	44,514	-	-	-	-	-	-	11,316	-	-	-	-	96,050	-	-	-	-	
Maternity - Outpatient	199,751	262,528	-	-	26,902	263	13,227	1,240	149,137	58	-	-	-	653,103	-	-	-	56	
Maternity - Physician	645,523	1,127,850	-	-	19,497	1,757	32,195	-	157,290	75	-	-	-	1,984,188	-	-	-	122	
Sub-total Fee For Service	885,493	1,434,893	-	-	46,399	2,020	45,418	1,240	317,743	133	-	-	-	2,733,340	-	-	-	178	
Sub-Capitated Maternity																			
Grand Total Maternity	885,493	1,434,893	-	-	46,399	2,020	45,418	1,240	317,743	133	-	-	-	2,733,340	-	-	-	178	
Number of Deliveries	222	382	-	-	6	-	9	-	41	-	-	-	-	660	-	-	-	-	

REPORT L14 -- IBNR COMPLETION RATE

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020
 PAID THROUGH: 3/31/2021

Note: Completed Expenditures = Total Incurred Expenditures in 2020 / (1 - Completion %)

OHP LINE OF BUSINESS

Expenditures (Not Sub-Capitated)

Category of Service		Completion Percentage	Calculated IBNR Amount	Total Incurred Expenditures from L13	Grand Total Completed Expenditures
Physical Health	Inpatient - A & B Hospital	2%	43,127	2,281,807	2,324,935
	Inpatient - DRG Hospital	2%	584,756	30,938,671	31,523,427
	Inpatient - Other	2%	24,449	1,293,585	1,318,035
	Outpatient - A & B Hospital	2%	137,569	7,278,609	7,416,178
	Outpatient - DRG Hospital	2%	414,448	21,927,917	22,342,365
	Outpatient - Other	2%	79,128	4,186,580	4,265,709
	Physician Services	1%	227,722	37,393,417	37,621,140
	Substance Abuse	1%	14,205	2,332,536	
	Prescription Drugs	0%	-	29,312,529	29,312,529
	DME and Miscellaneous	1%	37,773	6,202,632	6,240,406
Behavioral Health	Mental Health Services Inpatient	2%	13,187	697,732	710,919
	Applied Behavior Analysis (ABA)	1%	-	-	-
	ACT/SE	1%	-	-	-
	A&D Residential	1%	12,523	2,056,308	2,068,831
	MH Children's Wraparound	1%	1,623	266,518	268,141
	CANS	1%	-	-	-
Other	Mental Health Other Non-Inpatient	1%	10,935	1,795,545	1,806,480
	Dental	1%	283	46,435	46,717
	NEMT	1%	-	-	-
Total			1,601,729	148,010,822	147,265,810

CAK LINE OF BUSINESS

Expenditures (Not Sub-Capitated)

Category of Service		Completion Percentage	Calculated IBNR Amount	Total Incurred Expenditures from L13	Grand Total Completed Expenditures
Physical Health	Inpatient - A & B Hospital	2%	-	-	-
	Inpatient - DRG Hospital	2%	-	-	-
	Inpatient - Other	2%	-	-	-
	Outpatient - A & B Hospital	2%	20	1,064	1,084
	Outpatient - DRG Hospital	2%	106	5,607	5,713
	Outpatient - Other	2%	-	-	-
	Physician Services	1%	66	10,916	10,983
	Substance Abuse	1%	-	-	-
	Prescription Drugs	0%	-	1,317	1,317
	DME and Miscellaneous	1%	8	1,390	1,398
Behavioral Health	Mental Health Services Inpatient	2%	-	-	-
	Applied Behavior Analysis (ABA)	1%	-	-	-
	ACT/SE	1%	-	-	-
	A&D Residential	1%	-	-	-
	MH Children's Wraparound	1%	-	-	-
	CANS	1%	-	-	-
Other	Mental Health Other Non-Inpatient	1%	-	-	-
	Dental	1%	0	27	27
	NEMT	1%	-	-	-
Total			201	20,321	20,522

REPORT L15 -- SUB-CAPITATION

CONTRACTOR: **Allcare CCO**
CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Please explain any sub-capitation agreements, if applicable, in the box below. If there are no sub-capitation agreements, please fill this box with 'No Sub-Capitation.' If there are differences in sub-capitation agreements for the CAK population, please specify:

All PCPs and Pediatric offices in Josephine County are sub-capitated on a PMPM basis. AllCare has added a primary care office in southern Douglas and 2 primary care offices in Jackson counties that are now sub-capitated. The PMPM payments are based upon that providers panel and are risk based on each panel member's history. There are five (5) payment categories depending upon the risk level of that patient. The lowest level of PMPM was established for members that have not been seen in a rolling 12 month period. All other levels are associated with the risk level of the member based upon previous claim encounters. MHOs,DHOs, NEMT, and some SUD providers are also capitated on a PMPM basis with an administrative component as well. The agreements have various components including withholds and quality measures. There are no differences in the sub-capitation agreements for AllCare's CAK members.

OHP LINE OF BUSINESS

Total Sub-Capitation from L8 Column C (for reference purposes) 61,664,970

Total Sub-Capitation from L13 (for reference purposes) 61,990,504

CAK LINE OF BUSINESS

Total Sub-Capitation from L3.3 CAK YTD 96,563

Total Sub-Capitation from L13 (for reference purposes) 97,254

The descriptions above should include:

- a) A detailed description of services provided under each of the sub-capitation agreements.
- b) The name of the providers that are being sub-capitated (for example, certain physician groups, hospitals, clinics, etc.).
- c) Detail surrounding the amount of the sub-capitation paid to each provider and also a description of the payment methods for the sub-capitated agreement (percent of premium, PMPM, etc.)
- d) A narrative describing how the listed sub-capitated agreements may change for the NEXT contract year.

Report L16 -- BREAKDOWN OF ALL ALTERNATIVE PAYMENT ARRANGEMENTS (VALUE-BASED PAYMENTS) BY PROVIDER

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

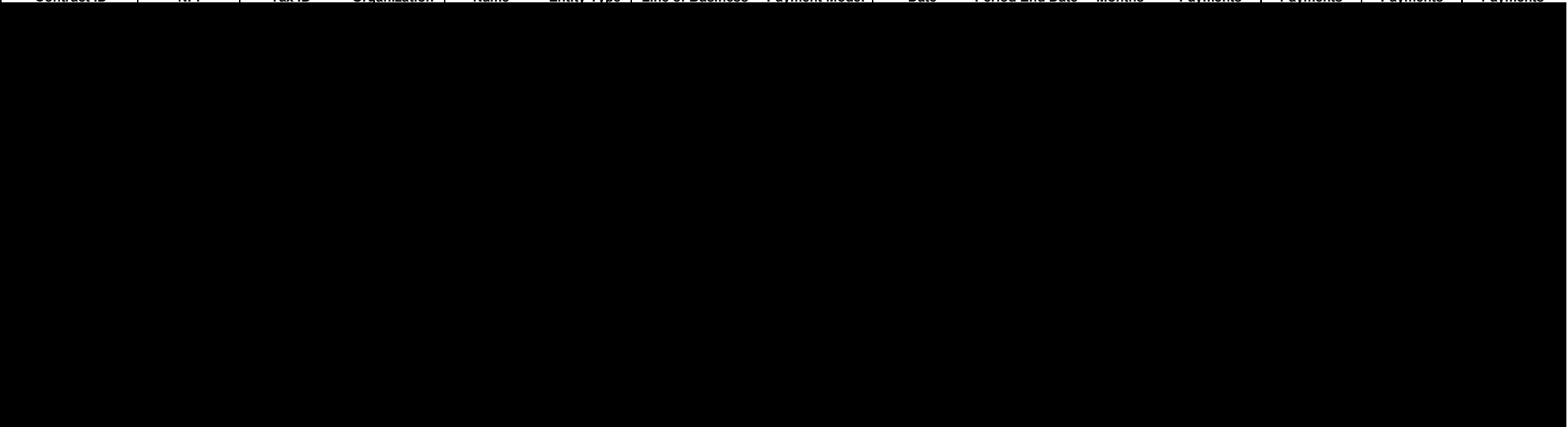
Purpose: The purpose of this report is to collect information on various alternative payment arrangements (value-based payments) including but not limited to sub-capitation, bundled payments, etc. that will come through the encounter data as a \$0 paid amount. This report will also capture any fee for service payments to providers in order to determine the total underlying cost of providing care to Members.

- Instructions:**
1. Include all compensation agreements with providers including fee for service that were in effect anytime during the calendar year.
 2. Use a separate row for each compensation arrangement.
 3. Complete all columns that apply:

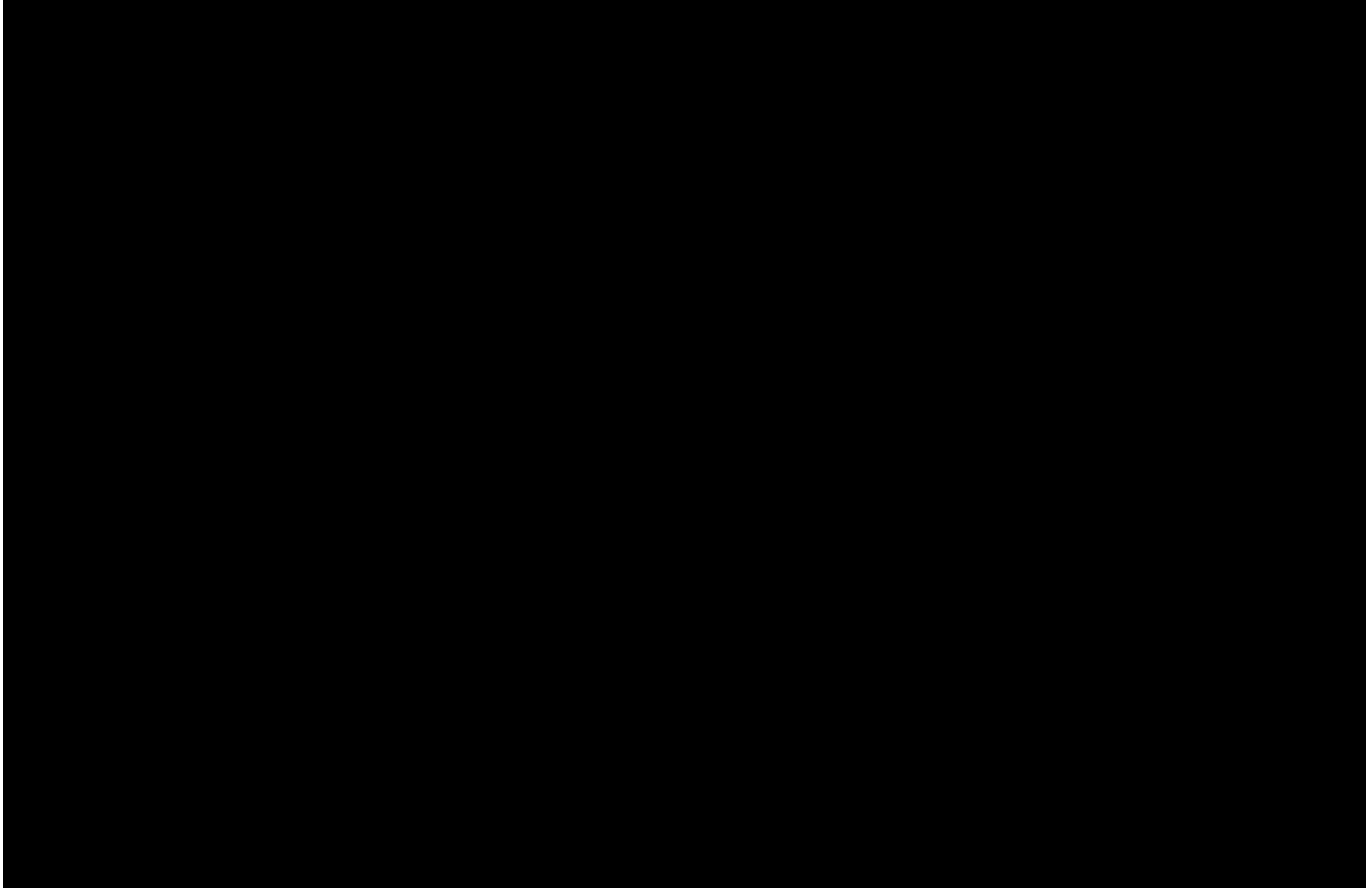
"Contract ID": Internal ID of the entity receiving the payment or bearing the risk.
 "Billing Provider or Organization NPI": NPI for the billing provider or organization which holds the contract with the CCO
 "Billing Provider or Organization Tax ID": Federal taxpayer's ID of the billing provider or organization/facility which holds the contract with the CCO
 "Billing Provider Last Name or Organization": Last name of the billing provider or the full name of the organization which holds the contract with the CCO
 "Billing Provider First Name": First name of the billing provider which holds the contract with the CCO. Leave blank if the provider is an organization or facility.
 "Billing Provider or Organization Entity Type": Valid Values:1 – Person, 2 – Facility, 3 –Professional Group, 4 – Retail Site, 5 – E-Site, 6 –Financial Parent, 7 – Transportation, 8 – Other
 "Line of Business": Indicates insurance line of business. All rows should be "CCO"
 "Payment Model": Indicates the payment model type that is being reported. If there is more than one payment type with a single Contract ID, then separately report each payment type. NOTE: ALL PAYMENT MODEL ARE MUTUALLY EXCLUSIVE WITH RESPECT TO PAYMENTS AND PAYMENTS TO THE SAME CONTRACT ID WILL BE SUMMED UP TO CAPTURE THE TOTAL PAYMENTS TO THAT CONTRACT.
 "Performance Period Start Date": Effective date of performance period for reported Insurance Line of Business and Payment Arrangement Type. CCYYMMDD
 "Performance Period End Date": End date of performance period for reported Insurance Line of Business and Payment Arrangement Type. CCYYMMDD
 "Member Months": Total number of members in reported stratification that participate in some payment arrangements, expressed in months of membership.
 Applicable for 2Ai, 4A, 4B, and 4C payment arrangements.
 "Total Primary Care Claims Payments": Sum of all associated primary care claims payments (paid claims only). Reference supplemental documents for the definition of primary care.
 "Total Primary Care Non-Claims Payments": Sum of all associated non-claims payments that pertain to primary care.
 "Total Claims Payments": Sum of all associated claims payments (paid claims only)
 "Total Non-Claims Payments": Sum of all associated non-claims payments that were made

Resources: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx>
https://www.oregon.gov/oha/HPA/HPARules/409-025-0125%20Appendices_2019_1.0.pdf
https://www.oregon.gov/oha/HPA/HPARules/Memo_Version%202019.1%20and%202020.0.pdf
<https://www.oregon.gov/oha/HPA/HPARules/APAC-data-submitters-FAQ.pdf>

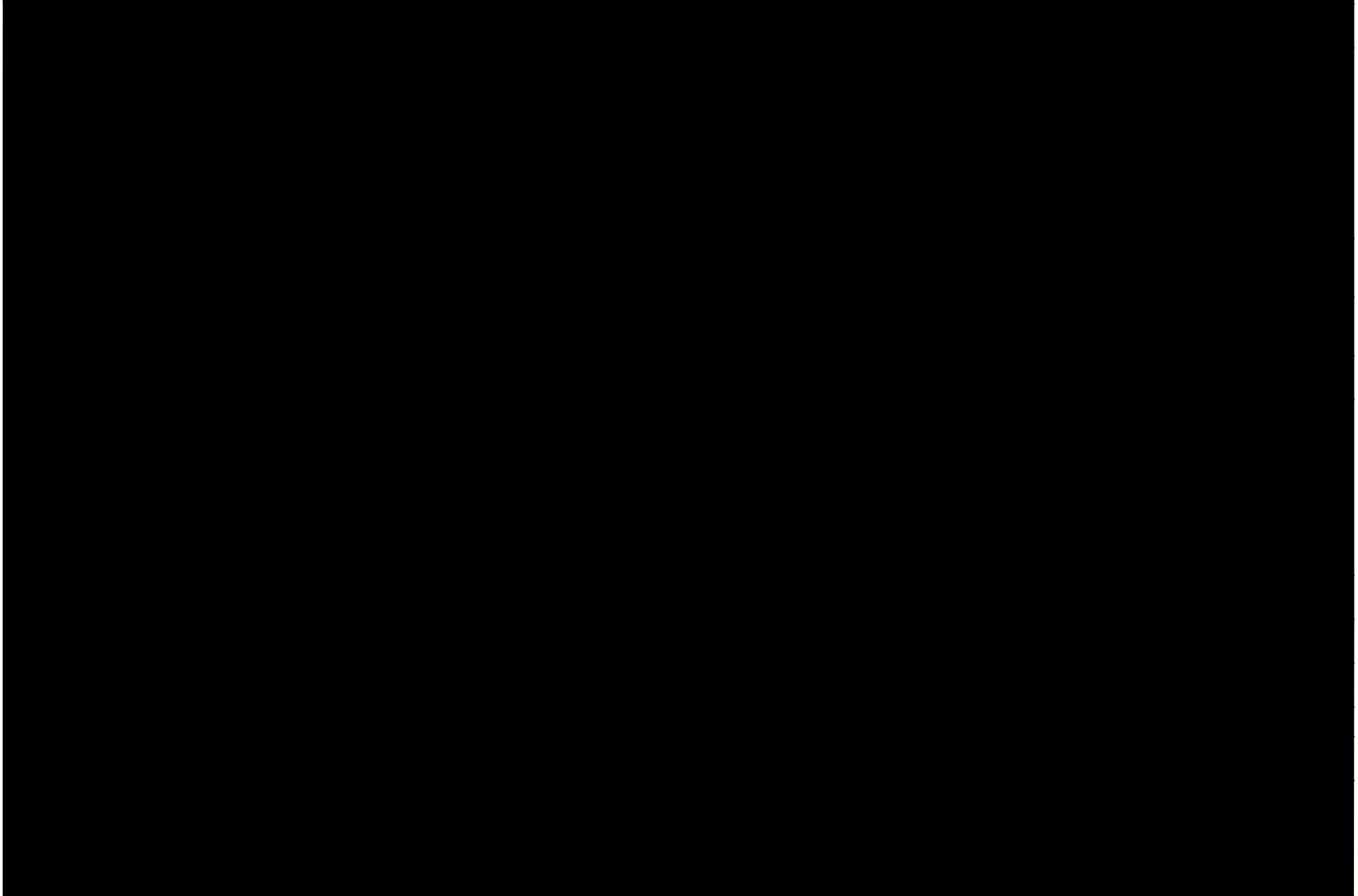
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Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or Organization	Billing Provider First Name	Billing Provider or Organization Entity Type	Line of Business	Payment Model	Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims Payments	Total Primary Care Non-Claims Payments	Total Claims Payments	Total Non-Claims Payments



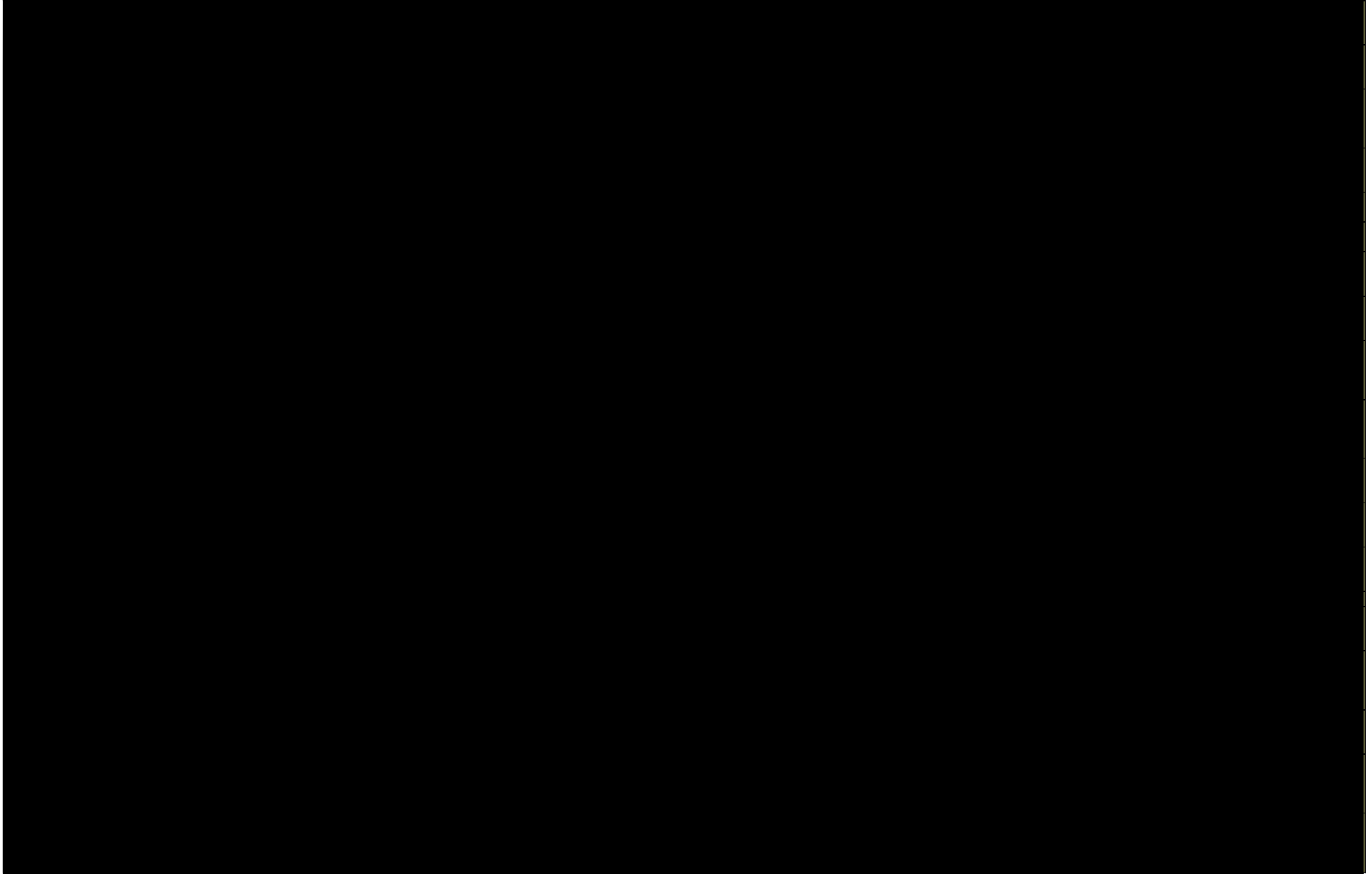
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Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or Organization	Billing Provider First Name	Billing Provider or Organization Entity Type	Line of Business	Payment Model	Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims Payments	Total Primary Care Non-Claims Payments	Total Claims Payments	Total Non-Claims Payments



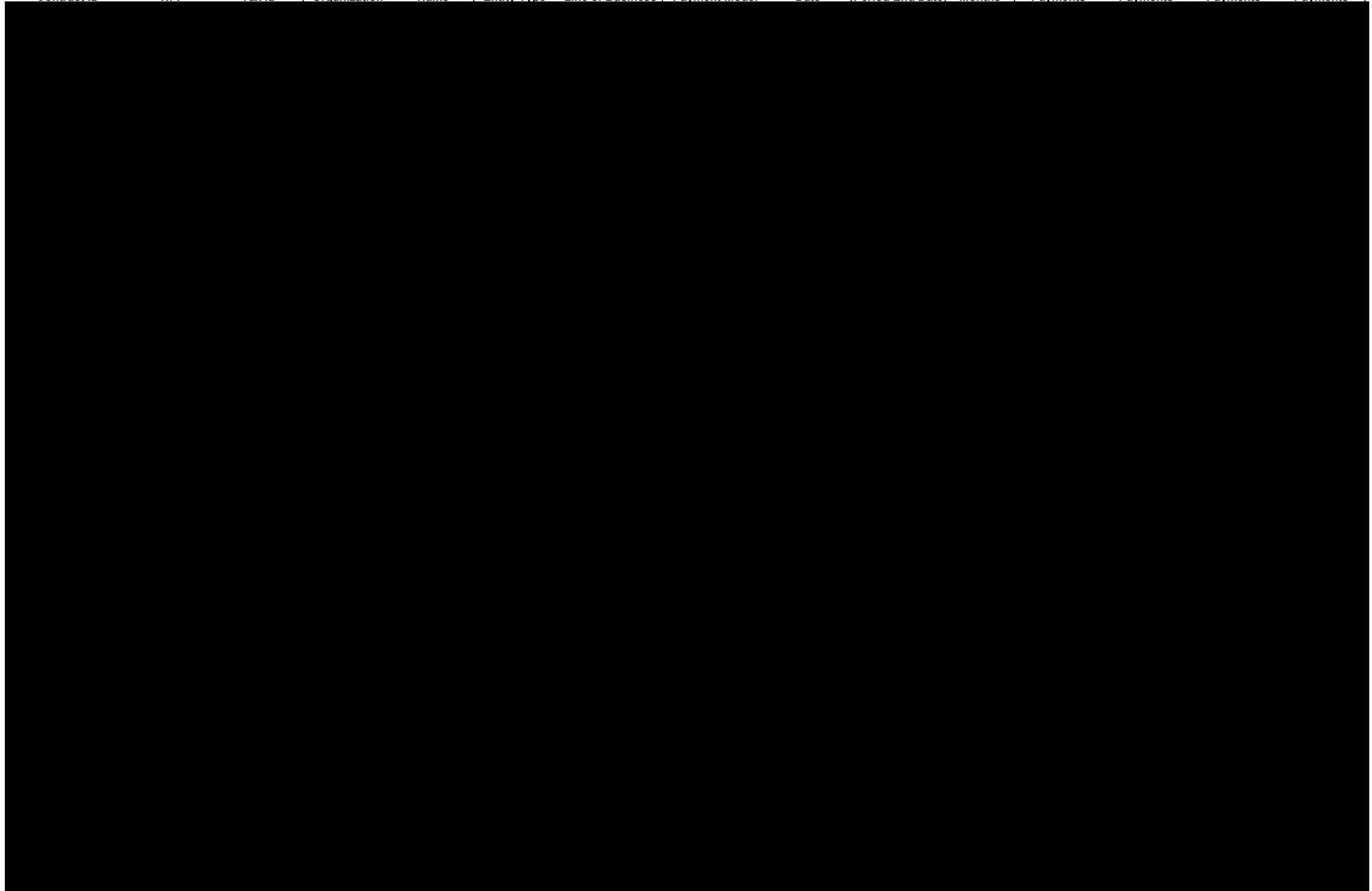
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Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or	Billing Provider First Name	Billing Provider or Organization	Line of Business		Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims	Total Primary Care Non-Claims	Total Claims	Total Non-Claims



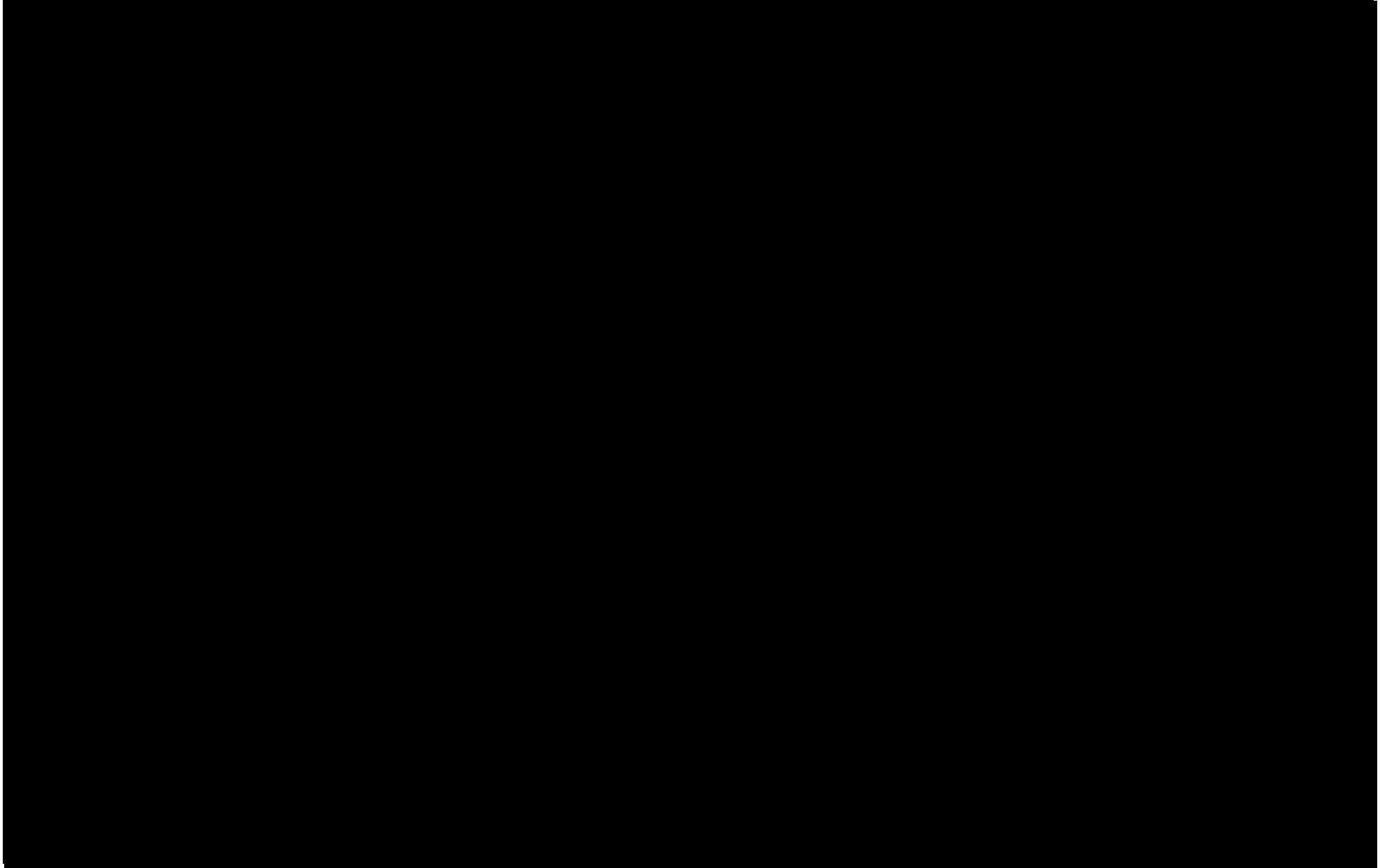
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Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or Organization	Billing Provider First Name	Billing Provider or Organization Entity Type	Line of Business	Payment Model	Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims Payments	Total Primary Care Non-Claims Payments	Total Claims Payments	Total Non-Claims Payments



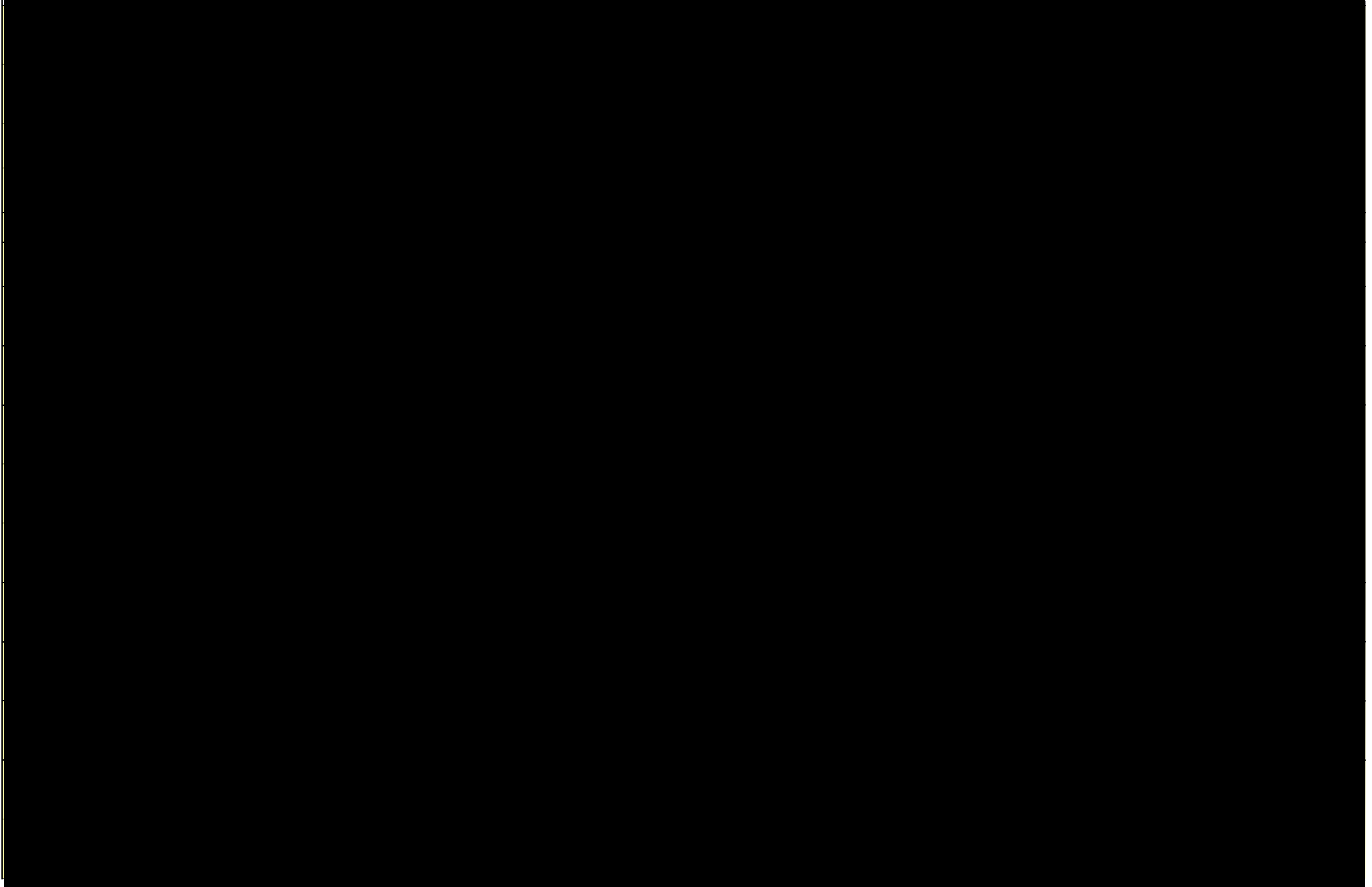
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Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or Organization	Billing Provider First Name	Billing Provider or Organization Entity Type	Line of Business	Payment Model	Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims Payments	Total Primary Care Non-Claims Payments	Total Claims Payments	Total Non-Claims Payments



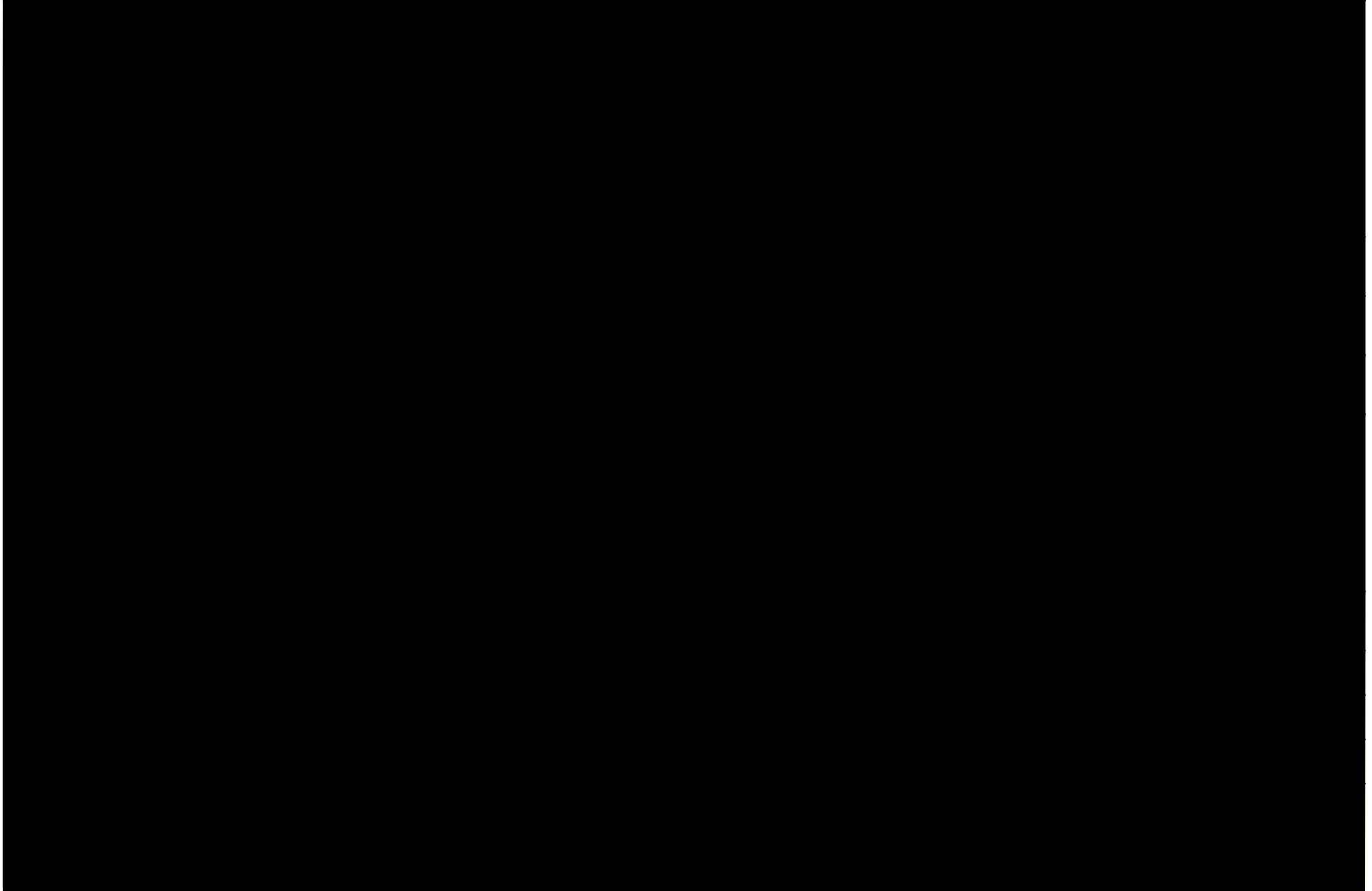
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Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or Organization	Billing Provider First Name	Billing Provider or Organization Entity Type	Line of Business	Payment Model	Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims Payments	Total Primary Care Non-Claims Payments	Total Claims Payments	Total Non-Claims Payments



PRAPM003	PRAPM018	PRAPM004	PRAPM008	PRAPM006	PRAPM101	PRAPM102	PRAPM103	PRAPM104	PRAPM105	PRAPM106	PRAPM107	PRAPM108	PRAPM109	PRAPM110
Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or	Billing Provider First Name	Billing Provider or Organization	Line of Business		Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims	Total Primary Care Non-Claims	Total Claims	Total Non-Claims



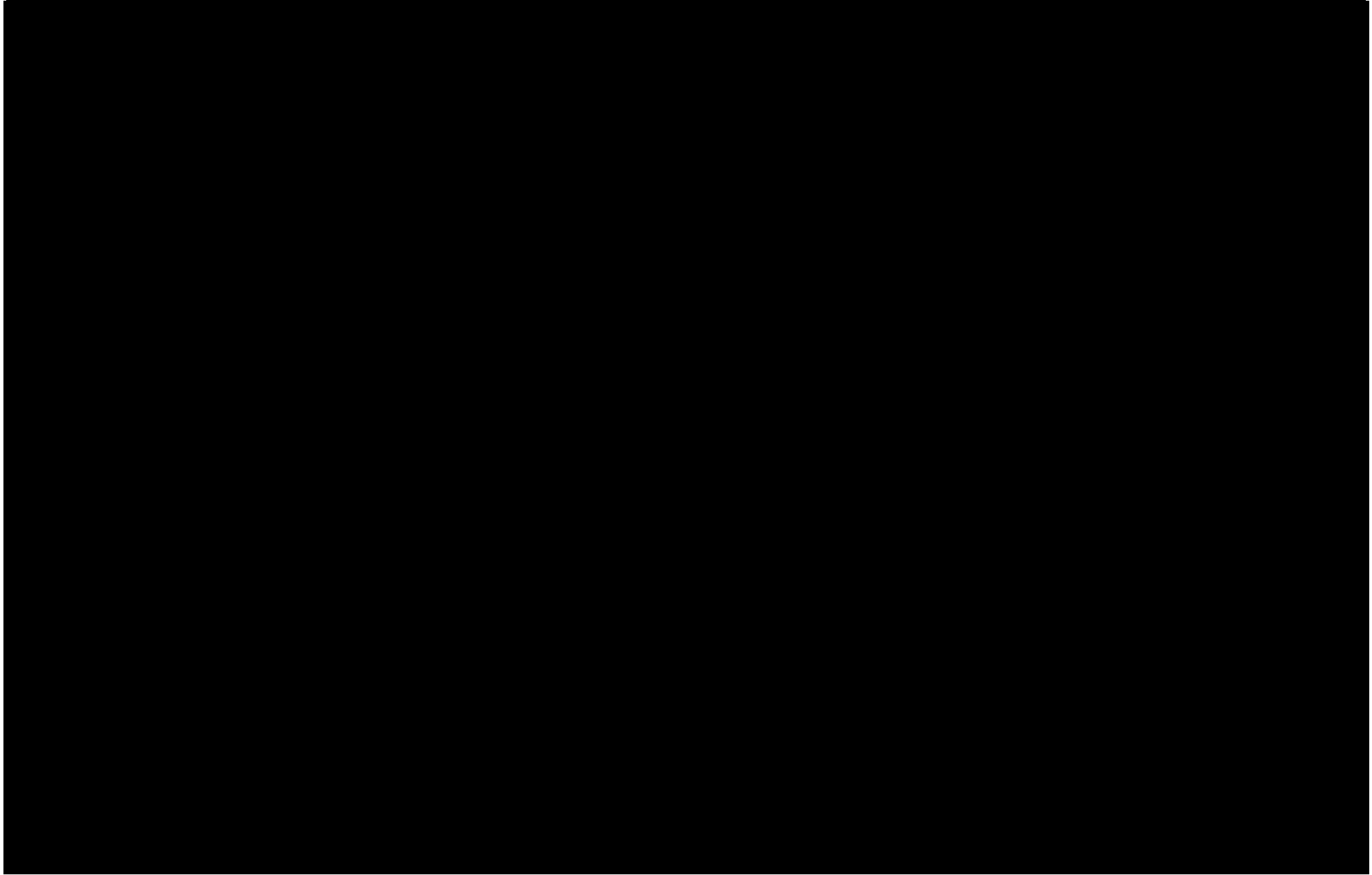
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Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or Organization	Billing Provider First Name	Billing Provider or Organization Entity Type	Line of Business	Payment Model	Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims Payments	Total Primary Care Non-Claims Payments	Total Claims Payments	Total Non-Claims Payments



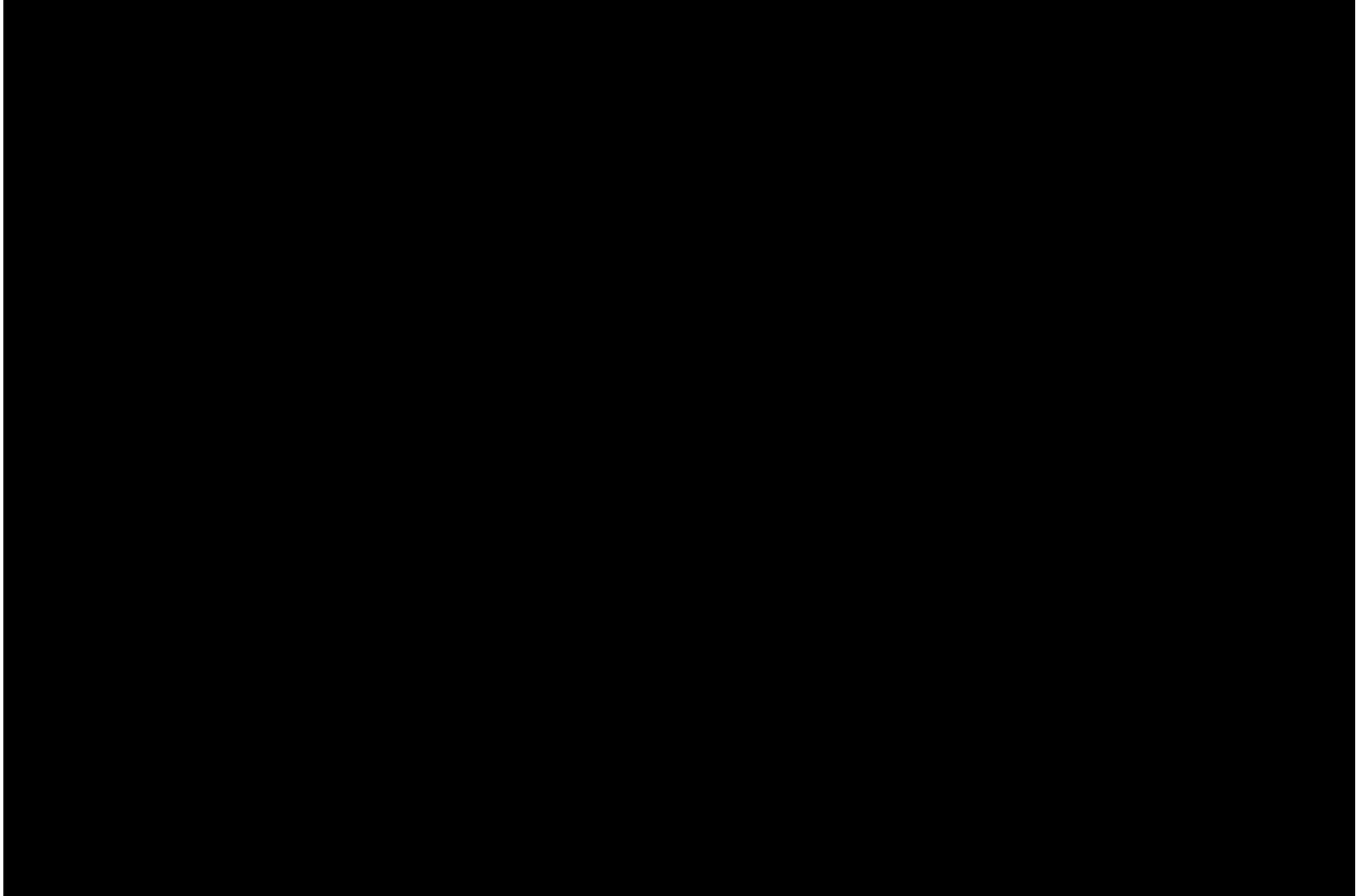
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Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or Organization	Billing Provider First Name	Billing Provider or Organization Entity Type	Line of Business	Payment Model	Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims Payments	Total Primary Care Non-Claims Payments	Total Claims Payments	Total Non-Claims Payments

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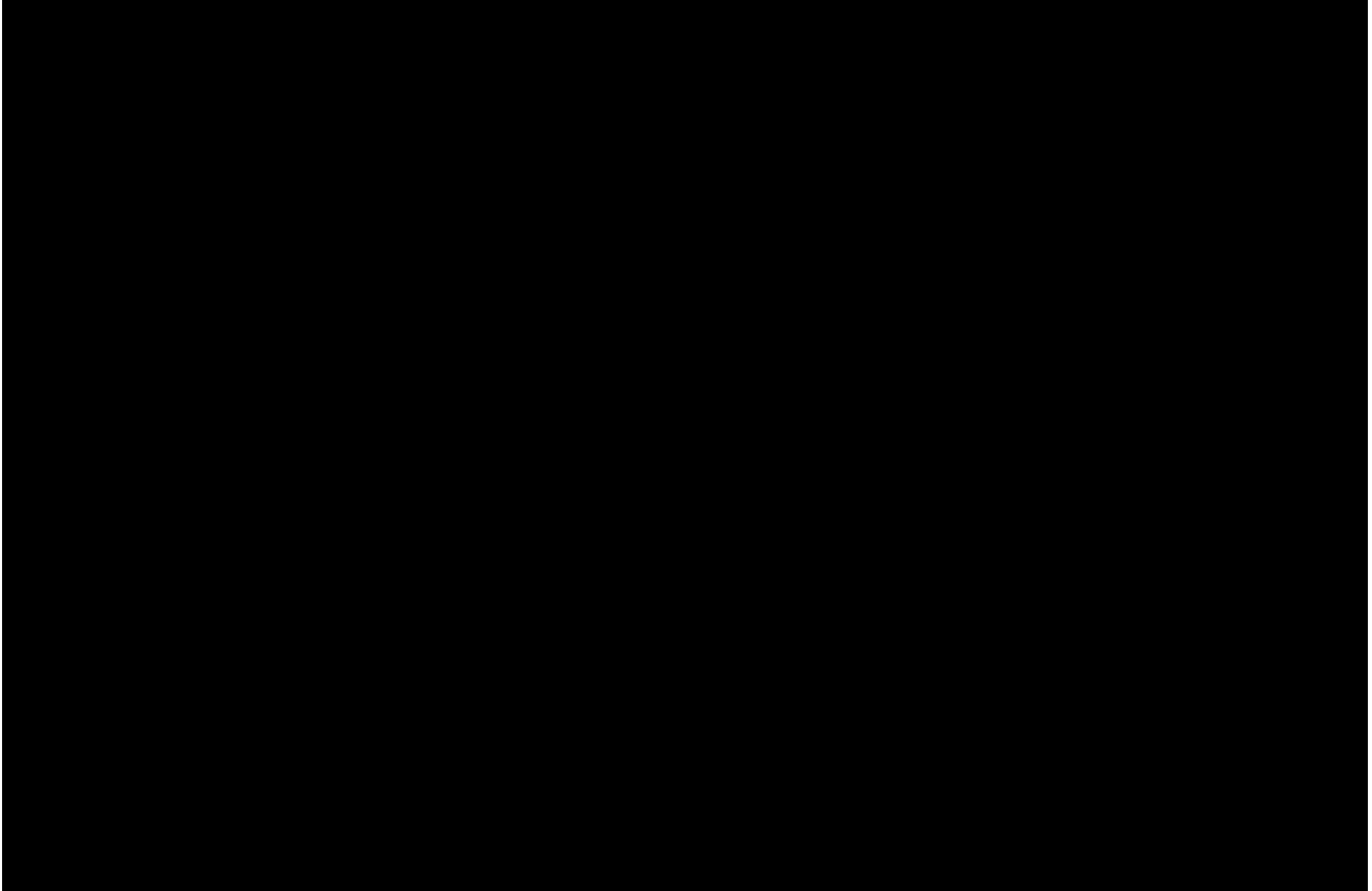
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Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or Organization	Billing Provider First Name	Billing Provider or Organization Entity Type	Line of Business	Payment Model	Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims Payments	Total Primary Care Non-Claims Payments	Total Claims Payments	Total Non-Claims Payments



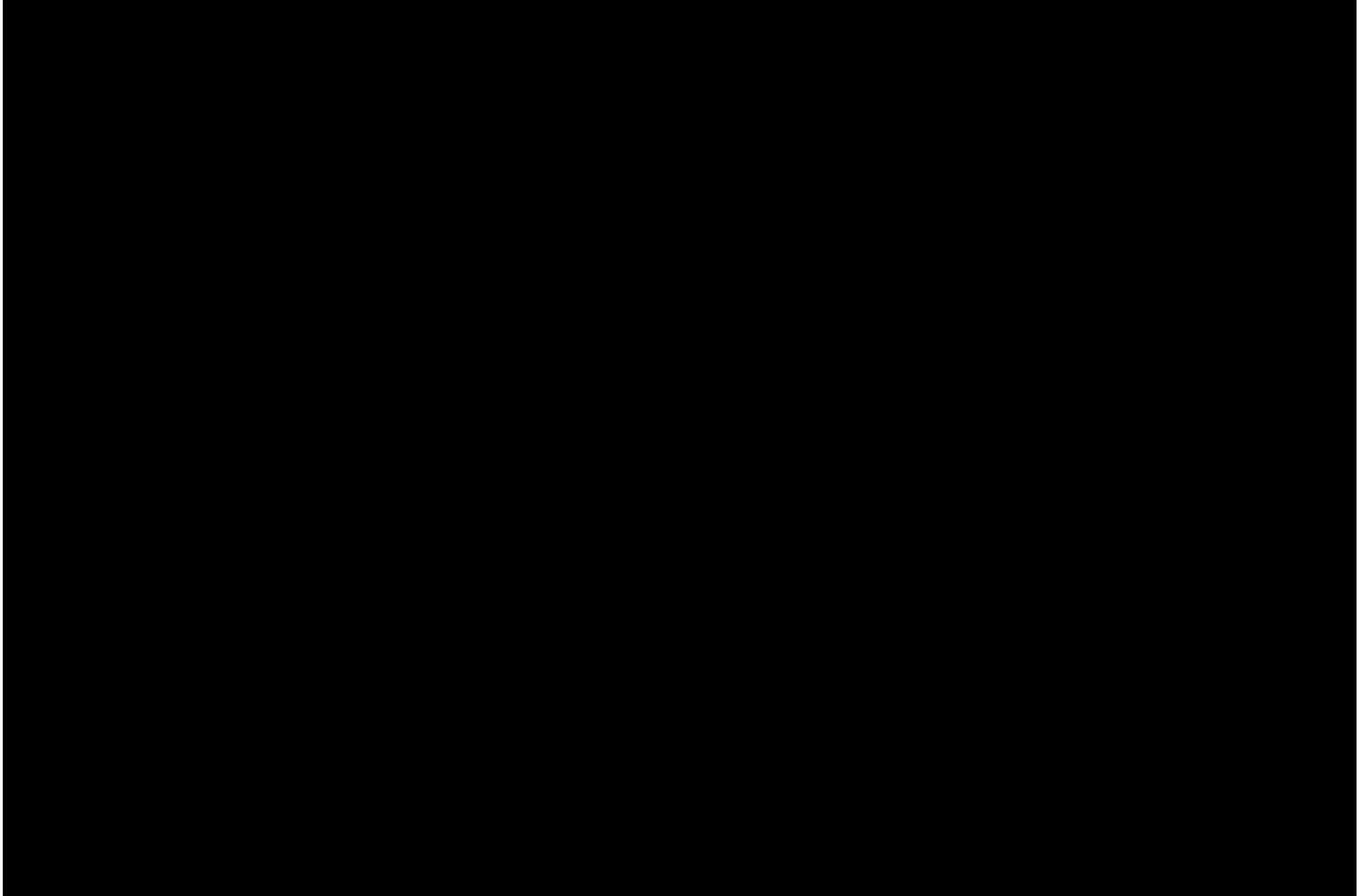
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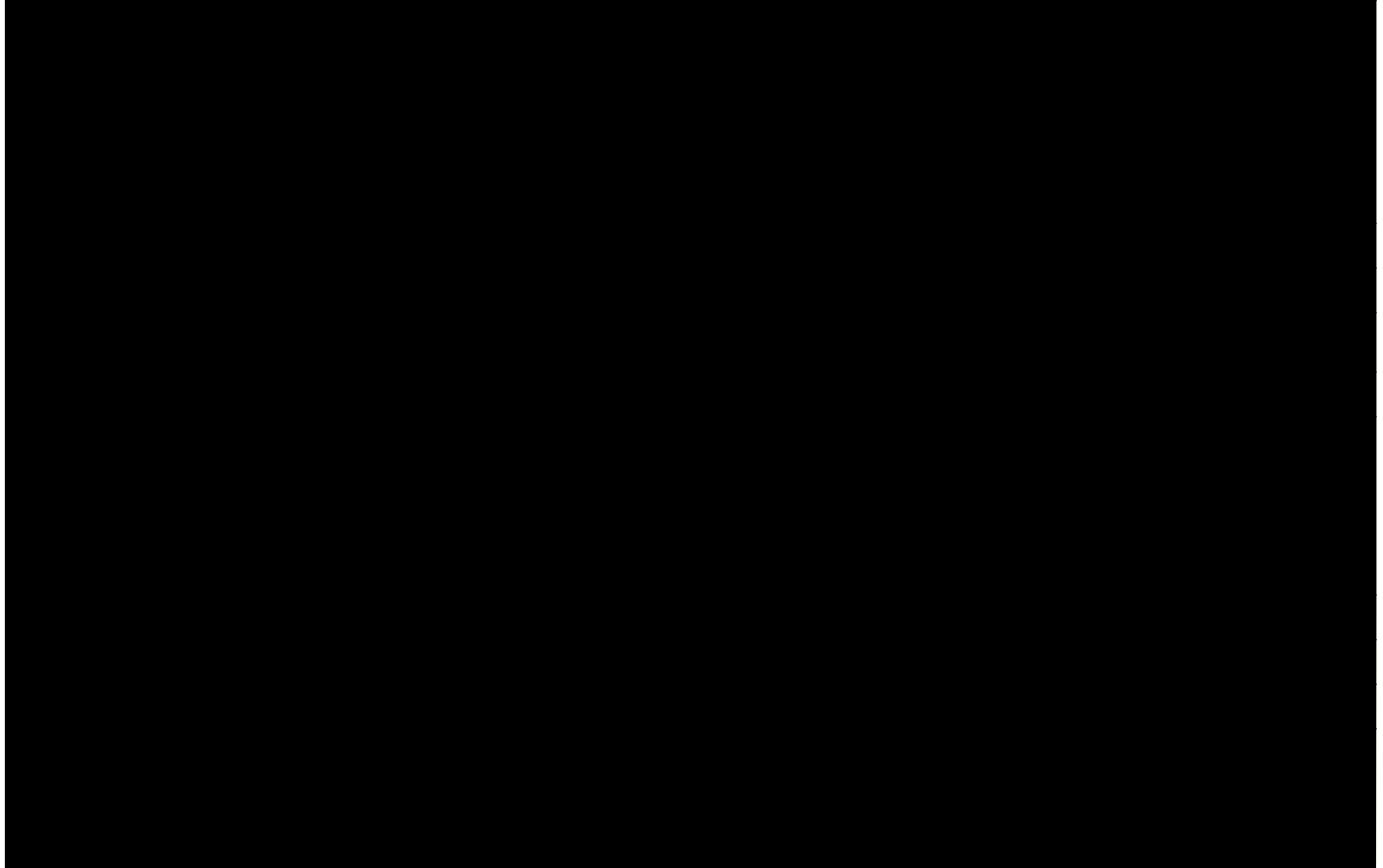
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Contract ID	Billing Provider or Organization NPI	Billing Provider or Organization Tax ID	Billing Provider Last Name or	Billing Provider First Name	Billing Provider or Organization	Line of Business		Performance Period Start Date	Performance Period End Date	Member Months	Total Primary Care Claims	Total Primary Care Non-Claims	Total Claims	Total Non-Claims



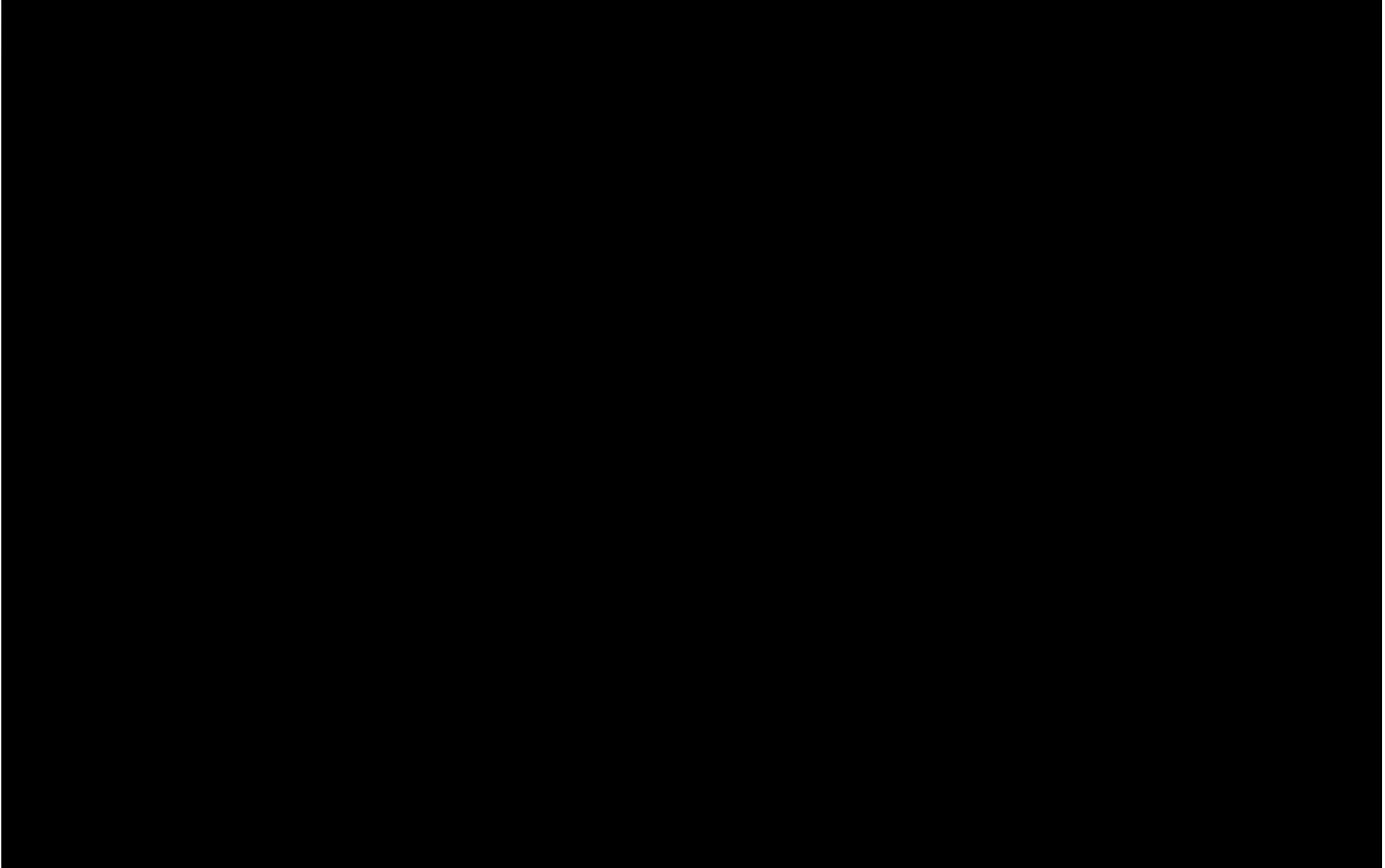
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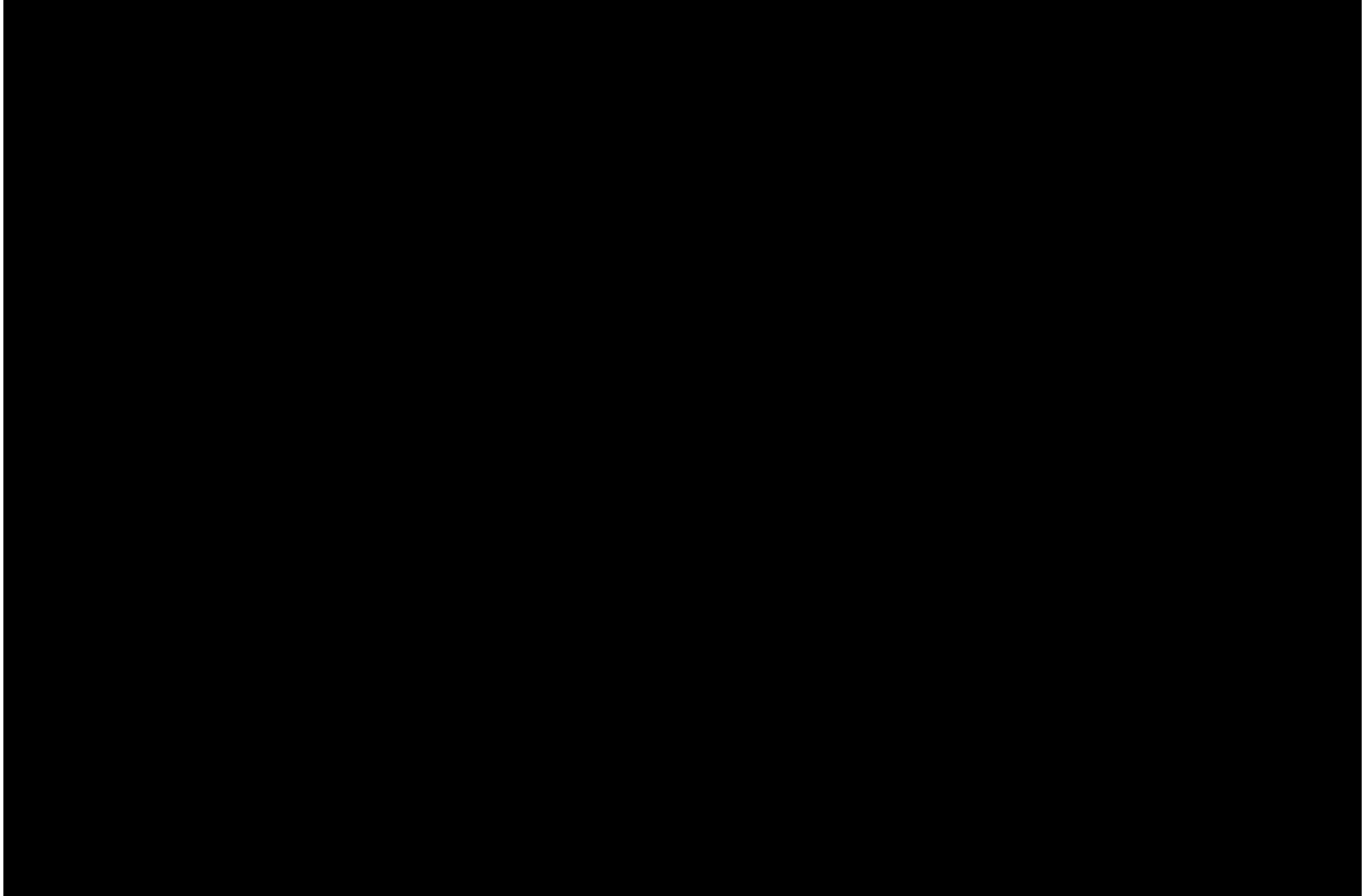
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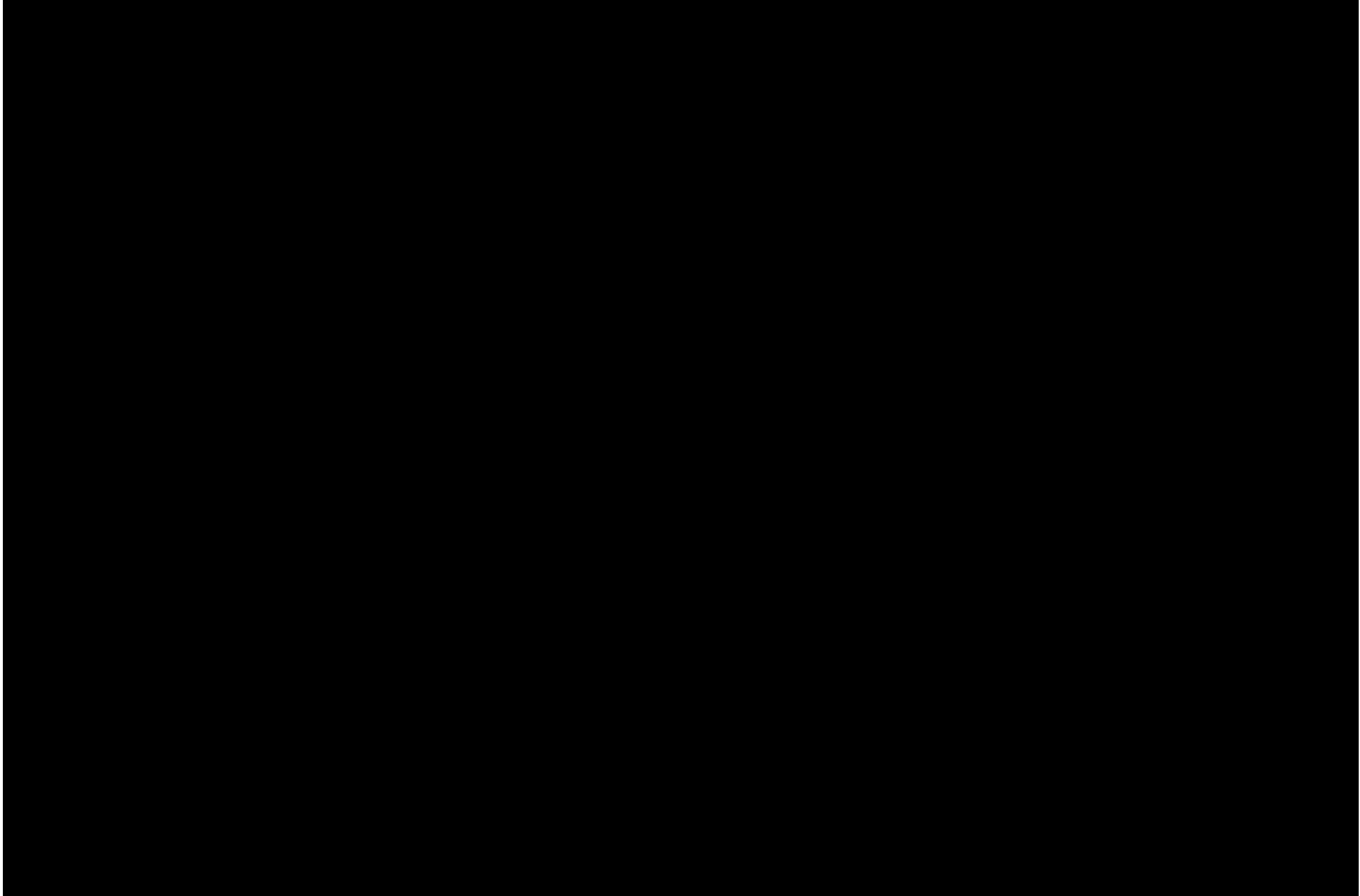
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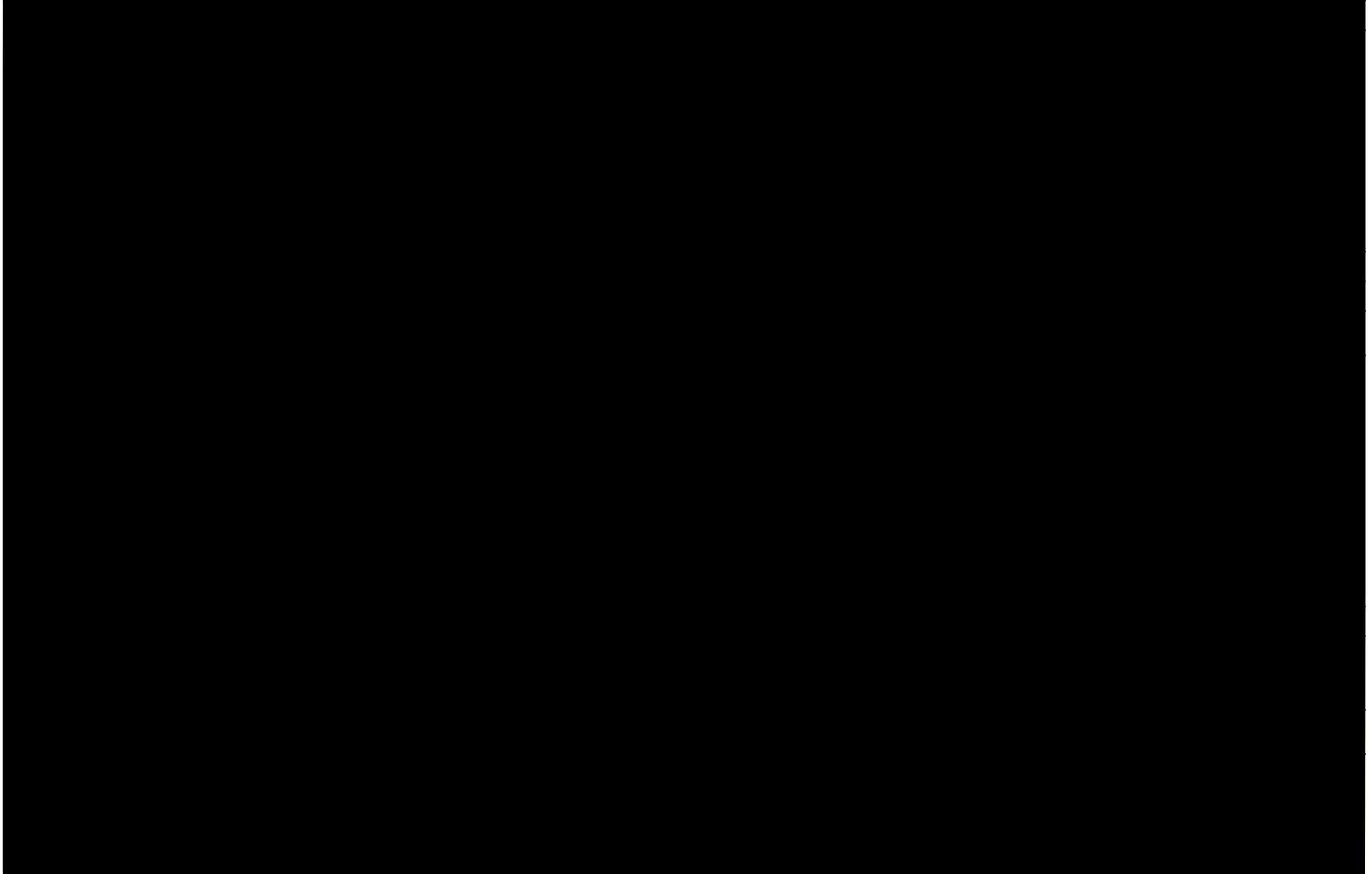
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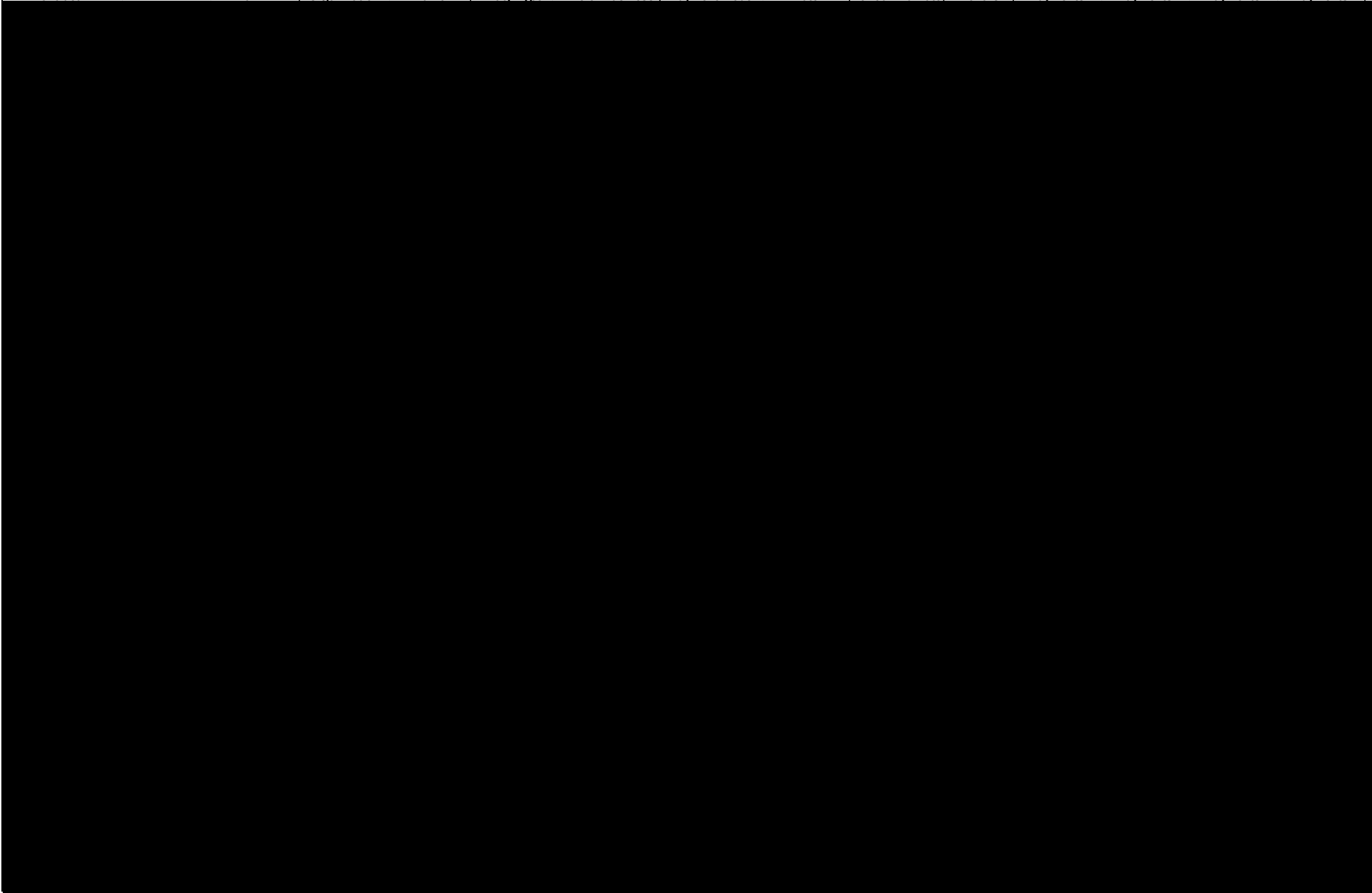
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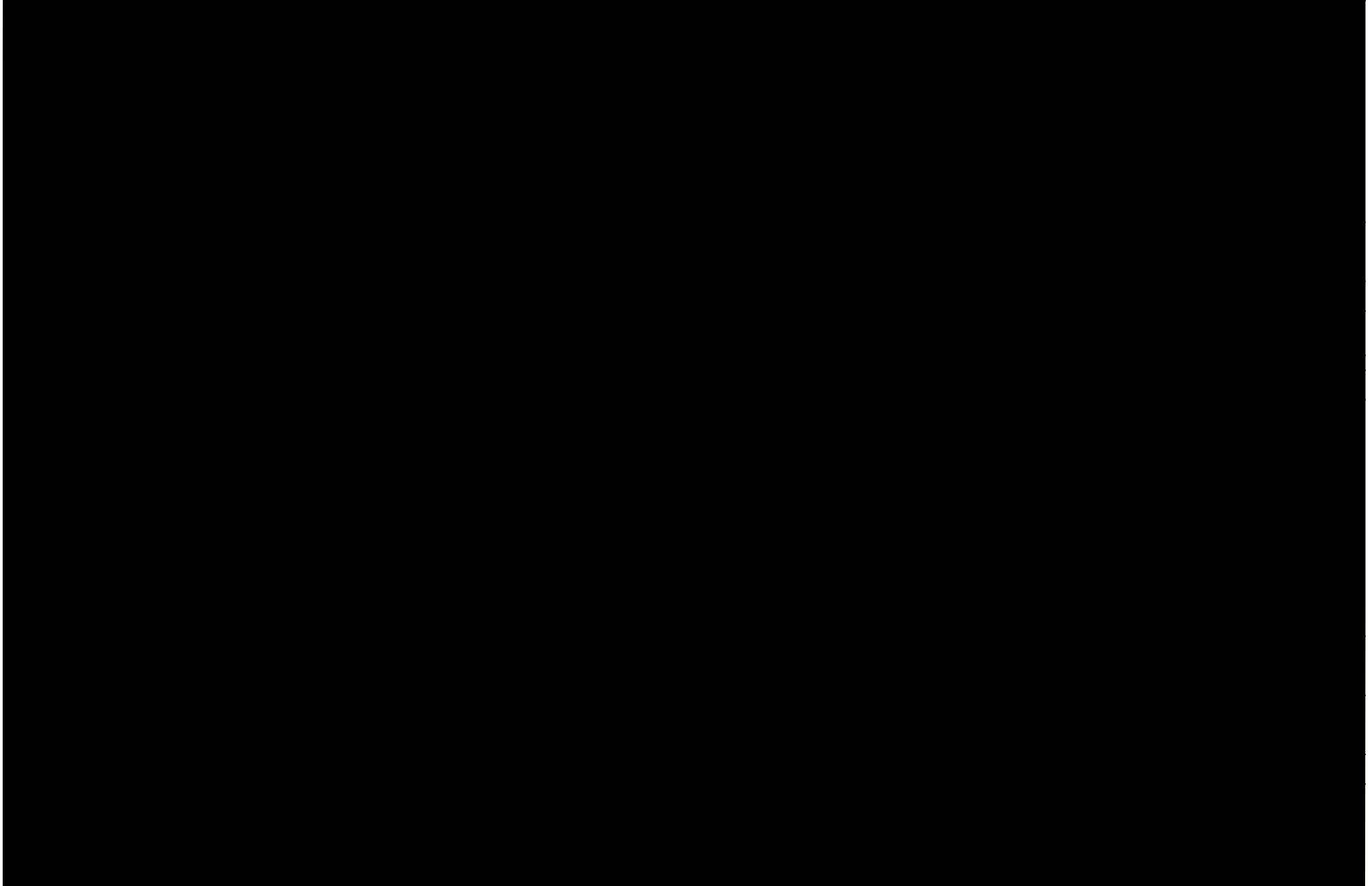


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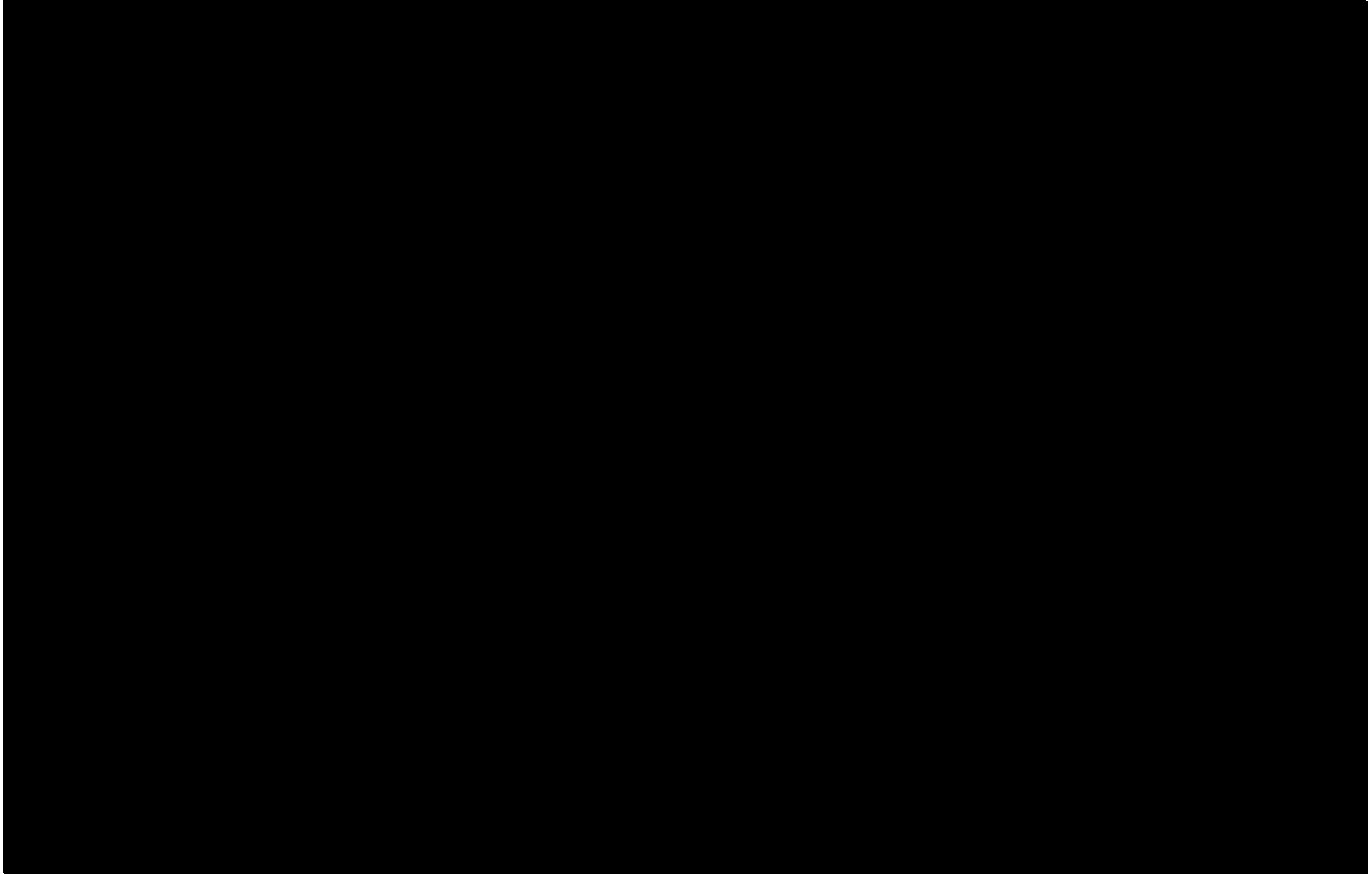


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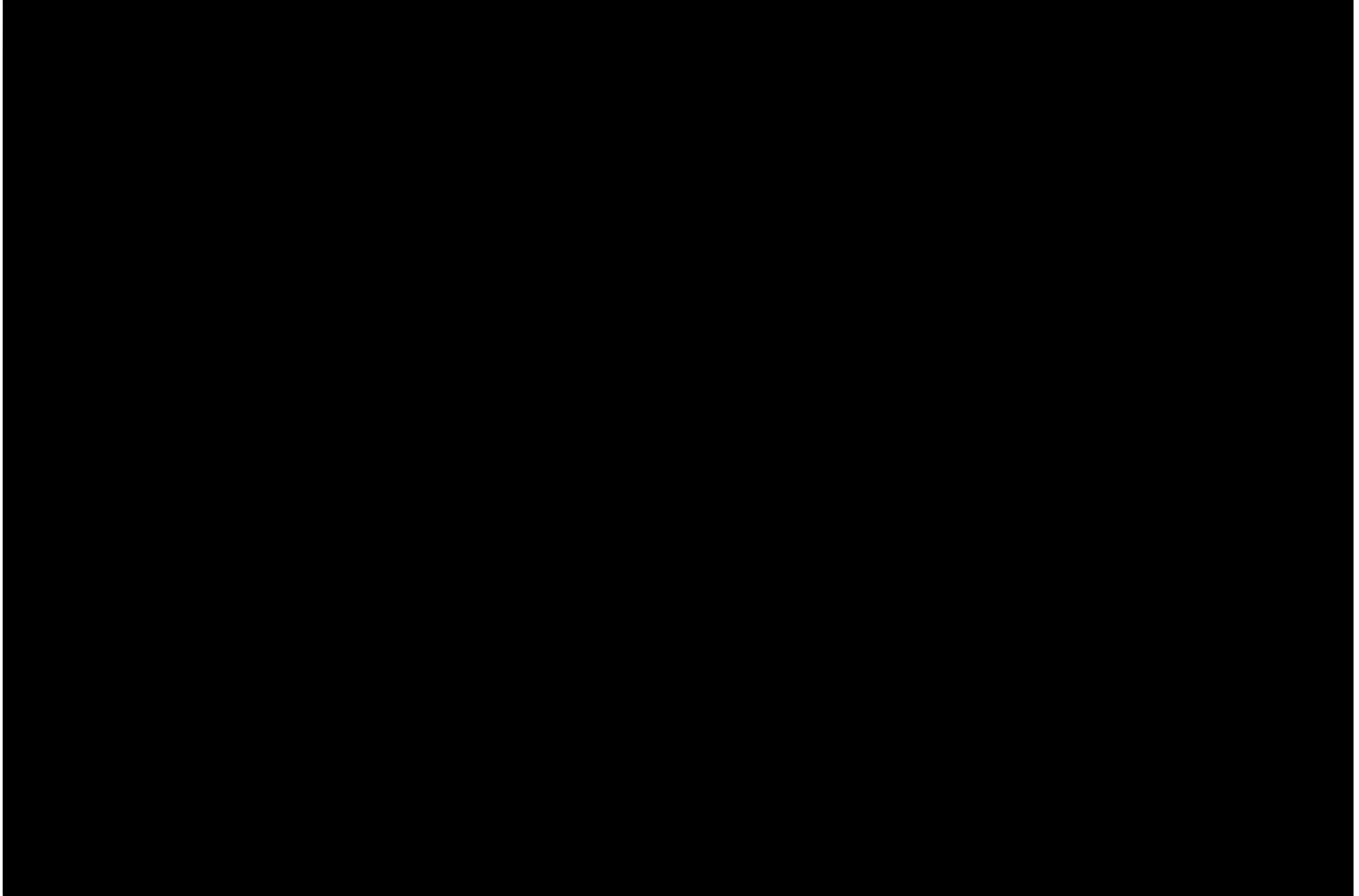
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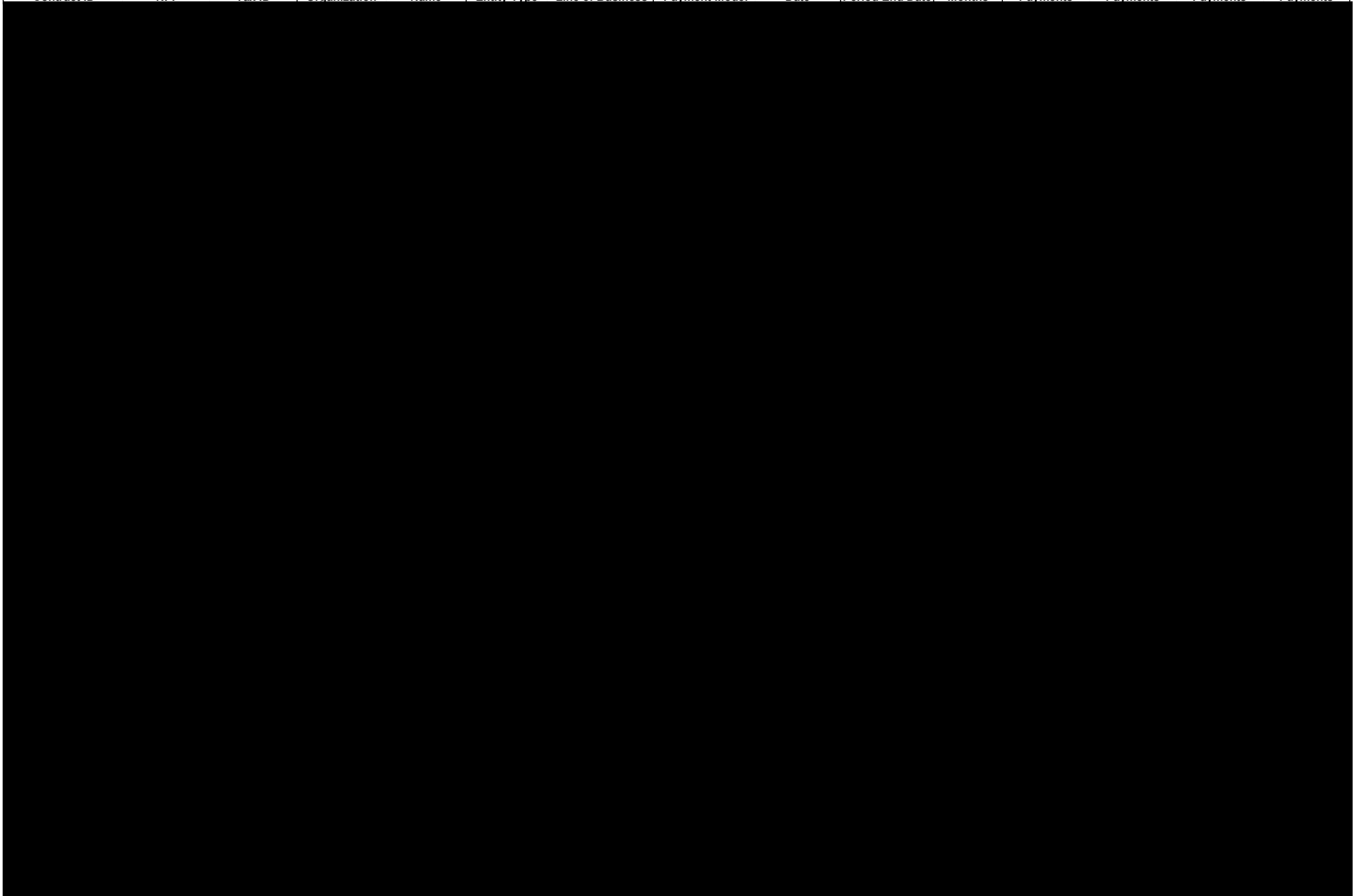
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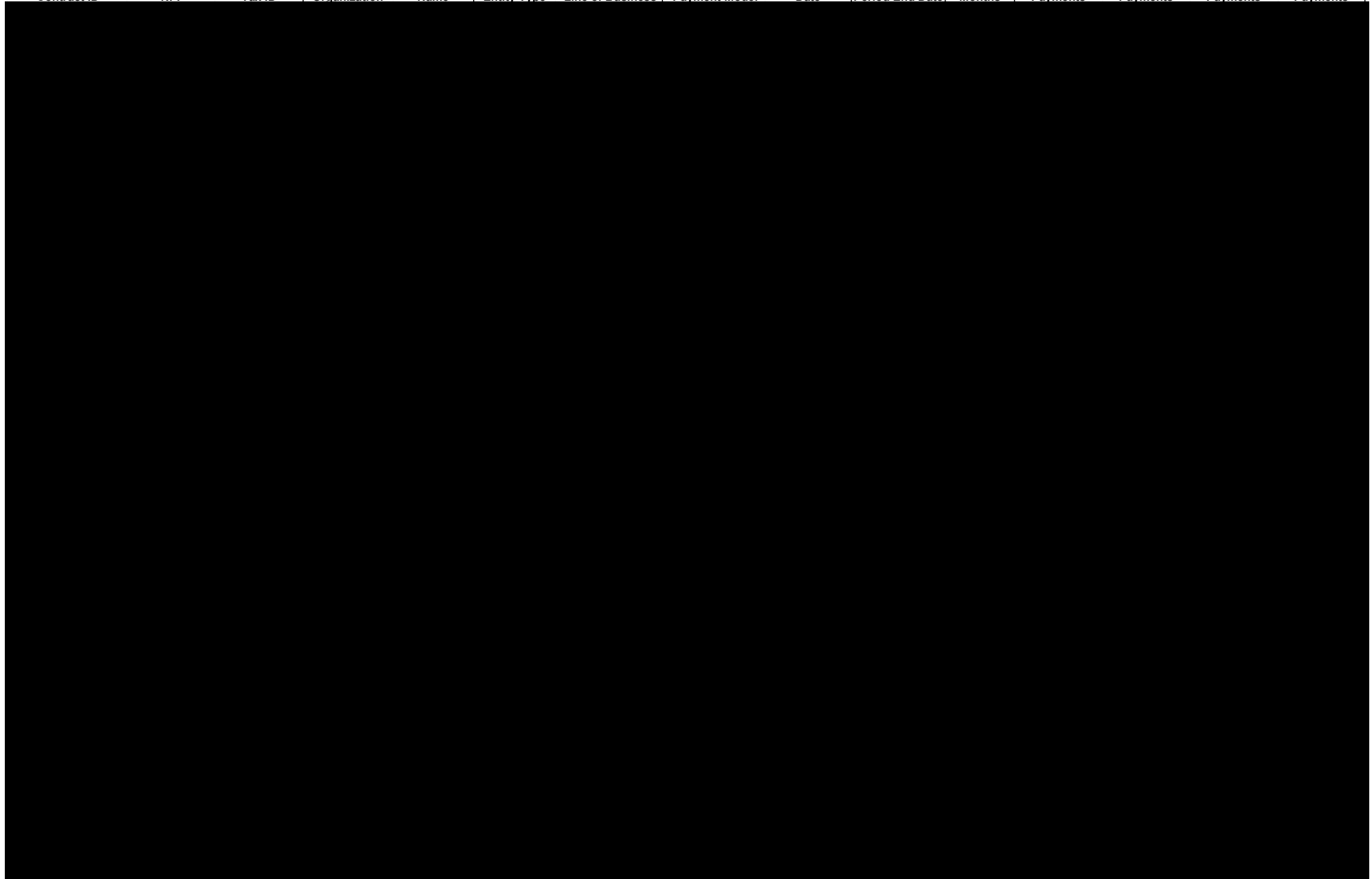
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PRAPM003	PRAPM018	PRAPM004	PRAPM008	PRAPM006	PRAPM101	PRAPM102	PRAPM103	PRAPM104	PRAPM105	PRAPM106	PRAPM107	PRAPM108	PRAPM109	PRAPM110
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Totals
Grand Total

62,944,946	18,444,521	93,392,223	80,263,519
			255,045,209

REPORT L17 -- INCENTIVE PROGRAMS

CONTRACTOR: Allcare CCO
CALENDAR YEAR: 1/1/2020 - 12/31/2020

Quality Pool

[Redacted content]

*Please do not include sub-capitation payments

Total Payments made (Cash Basis) for Quality Pool 6,656,761

Total Quality Pool from L17.1 (for reference purposes) 3,882,887

Please complete the Quality Pool distribution matrix in Report 17.1.

Challenge Pool

[Redacted content]

*Please do not include sub-capitation payments

Total Payments made (Cash Basis) for Challenge Pool 1,349,030

Total Challenge Pool from L17.1 (for reference purposes) 1,349,030

Please complete the Challenge Pool distribution matrix in Report 17.1.

Other Incentives

Describe any provider payments **not related to Quality Pool*** (outside of the claims system) your health plan has in the following space:

[Redacted content]

***Please do not include sub-capitation payments nor Quality Pool Payments**

OHP Total Payments made (Cash Basis) for Other Incentives 471,939

CAK Total Payments made (Cash Basis) for Other Incentives 828

Please attempt to distribute the above payments in Report 17.2, if applicable. (Optional)

The descriptions above should include:

- a) A detailed description of services provided under each of the provider payment/Quality Pool/Challenge Pool agreements.
- b) The name of the providers that are participating and any affiliations participants may have with CCO.
- c) Detail surrounding the amount paid to each provider and also a description of the payment methods for the incentive payment.
- d) A narrative describing how the listed payment agreements may change for the NEXT contract year.

REPORT L17.1 -- QUALITY POOL PAYMENT BREAKDOWN

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020
 PAID THROUGH: 3/31/2021

Expenditures for		Quality Pool	Year Received by CCO							Check Total
		2013 Quality Pool (Rec'vd in 2014)	2014 Quality Pool (Rec'vd in 2015)	2015 Quality Pool (Rec'vd in 2016)	2016 Quality Pool (Rec'vd in 2017)	2017 Quality Pool (Rec'vd in 2018)	2018 Quality Pool (Rec'vd in 2019)	2019 Quality Pool (Rec'vd in 2020)	2020 Quality Pool (Rec'vd in 2020-21)	
Revenue	Amount Received from OHA	2,239,160	6,170,421	8,859,678	10,521,689	9,383,336	10,516,988	\$6,702,564	\$0	54,393,836
Cost Year Paid to Provider(s)	2013	-	-	-	-	-	-	-	-	-
	2014	-	-	-	-	-	-	-	-	-
	2015	-	1,006,744	3,358,220	-	-	-	-	-	4,364,964
	2016	-	-	-	6,626,686	-	-	-	-	6,626,686
	2017	-	-	-	-	4,688,446	-	-	-	4,688,446
	2018	-	-	-	-	-	4,881,066	-	-	4,881,066
	2019	-	-	-	-	-	-	3,058,949	-	3,058,949
	2020	-	-	-	-	-	-	-	3,882,887	3,882,887
Total		2,239,160	5,163,677	5,501,458	3,895,003	4,694,890	5,635,922	3,643,615	(3,882,887)	26,890,838

* Include Challenge Pool revenue received through 2019

Expenditures for		Challenge Pool	Year Received by CCO							Check Total
		2013 Challenge Pool (Rec'vd in 2014)	2014 Challenge Pool (Rec'vd in 2015)	2015 Challenge Pool (Rec'vd in 2016)	2016 Challenge Pool (Rec'vd in 2017)	2017 Challenge Pool (Rec'vd in 2018)	2018 Challenge Pool (Rec'vd in 2019)	2019 Challenge Pool (Rec'vd in 2020)	2020 Challenge Pool (Rec'vd in 2021)	
Revenue	Amount Received from OHA							2,955,904		2,955,904
Cost Year Paid to Provider(s)	2013									-
	2014									-
	2015									-
	2016									-
	2017									-
	2018									-
	2019									-
	2020							1,349,030		1,349,030
Total								1,606,874	-	1,606,874

REPORT L17.2 -- OTHER INCENTIVE PAYMENT BREAKDOWN

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Expenditures for		Total paid in 2020																	
		OHP LINE OF BUSINESS													CAK LINE OF BUSINESS				
Other Incentives		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	CAKS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total																		

REPORT L18 -- OTHER PAYMENT ARRANGEMENTS

CONTRACTOR: Allcare CCO
CALENDAR YEAR: 1/1/2020 - 12/31/2020

PCPCH

Describe PCPCH in the following space:

During 2013, after the State funding for the PCPCH program was discontinued, AllCare's Board of Directors approved continuing this program and developed a PMPM payment structure for all PCPs that earned and maintained their PCPCH Medical Home status. The PCPCH program is considered to be a quality program and is funded with the quality pool revenues AllCare received from OHA. The PCPCH funds are paid based upon the PCPCH level as determined by OHA requirements for the various tiers of PCPCH. AllCare retrieves the PCPCH tier status from OHA on a monthly basis. Prior to the COVID pandemic these payments were made quarterly; however, in an effort to help stabilize the provider network and continue to provide incentive for the providers to maintain the PCPCH status the payment are now made on a monthly basis. The payment model is based on a PMPM for each AllCare member that is assigned to their practice. The PMPM is based upon the tier level of the office, the panel size of the office and the mileage from city center. The PMPM is based upon the PCPCH 2020 Payment schedule as follows:

Tier 1 - \$0.00
Tier 2 - \$2.00

OHP Total Payments for PCPCH 2,375,183

CAK Total Payments for PCPCH 3,638

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

HRS - Flex Spending Programs

Describe HRS - Flex Spending Programs in the following space:

AllCare provides varying levels of Flexible Services throughout our entire 3 county service area. AllCare has many supported positions throughout the entire service area which provide assistance to all AllCare members. We also have many programs such as the BABEs store that provides assistance and education to new mothers, exercise and cooking classes and many other programs available. AllCare is always looking for innovative opportunities to provide assistance to AllCare members as well as the communities we serve.

OHP Total Payments for HRS - Flex Spending Programs 744,715

CAK Total Payments for HRS - Flex Spending Programs -

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

HRS - Community Investments

Describe HRS - Community Investments in the following space:

AllCare makes direct payments to the programs – those funds are use-restricted based on the agency's application, stated outcome, and conditions of the award. There is also reporting criteria and terms for the return of funding. Our funding priorities are education, housing and community engagement. Based upon the mission of the receiving agency, various AllCare departments oversee the agencies' use of funds and outcome-based measures of effectiveness. During 2020, AllCare established a COVID-19 Resiliency Fund from the withhold dollars released by OHA. This funds was in alignment with the HRS requirements, this program was approved by the Board of Governors. AllCare's Community Advisory Councils were provided a budget from this fund and were responsible for reviewing, approving and administering their portion of these funds. In addition, AllCare also established as part of the HRS Community Investment programs a separate Wild-Fire fund that provided funds and assistance to the southern Oregon communities impacted by the wild fires during 2020.

OHP Total Payments for HRS - Community Investments 2,115,155

CAK Total Payments for HRS - Community Investments -

REPORT L18 -- OTHER PAYMENT ARRANGEMENTS

CONTRACTOR: **Allcare CCO**

CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

REPORT L18 -- OTHER PAYMENT ARRANGEMENTS

CONTRACTOR: Allcare CCO
CALENDAR YEAR: 1/1/2020 - 12/31/2020

COVID Provider Stimulus Program

Describe COVID Provider Stimulus Program in the following space:

Provider Stabilization Payments were made during the COVID-19 emergency to assist provider and help stabilize the provider network. This program began in April 2020 with a 1st round of funding for specialty providers. This program continued through out the year based upon the needs of the providers. They providers were required to submit a request and submit to AllCare. AllCare established a formula that would provide the funding level available to each individual provider. These funds were available to all providers.

OHP Total Payments for COVID Provider Stimulus Program 826,810

CAK Total Payments for COVID Provider Stimulus Program -

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

Maternal Medical Home

Describe Maternal Medical Home in the following space:

AllCare established a new program was established in November 2020, this program is a PMPM payment for a maternal medical home payment for our OB/GYN that are handling our pregnant members. This program is similar to the PCPCH program and the offices are required to meet specific requirements for this designation. AllCare wishes to acknowledge this in a similar manner to PCPCH. As with the PCPCH program, this is considered to be a bonus program and is therefore funded with the quality pool revenue dollars received by AllCare. The program is based upon risk levels of the member: Risk 1 = \$25 PMPM; Risk 2 = \$35 PMPM and Risk 3 - \$65 PMPM.

OHP Total Payments for Maternal Medical Home 19,105

CAK Total Payments for Maternal Medical Home -

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

Other

Describe Other in the following space:

OHP Total Payments for Other 606,296

CAK Total Payments for Other -

Please attempt to distribute the above payments in Report 18.1, if applicable. (Optional)

REPORT L18 -- OTHER PAYMENT ARRANGEMENTS

CONTRACTOR: **Allcare CCO**
CALENDAR YEAR: **1/1/2020 - 12/31/2020**

The descriptions above should include:

- a) A detailed description of services provided under each of the other payments.
- b) The name of the providers that are participating and any affiliations participants may have with CCO.
- c) Detail surrounding the amount paid and also a description of the payment methods.
- d) A narrative describing how the listed payment agreements may change for the NEXT contract year.
- e) "Provider Stabilization Payment" means any payment, including Value-Based Payments, from Contractor to a Provider that is:
 - (i) Made during a COVID-19 Emergency;
 - (ii) When combined with any other payments to the Provider made for Covered Services rendered during the period, no greater than a reasonable estimate (based on historic claims data) of the claims the Provider would have submitted to Contractor for Covered Services provided to Members under this Contract but for the COVID-19 pandemic; and
 - (iii) Made to ensure the availability of the Provider, both during and after any COVID-19 Emergency, to deliver Covered Services to Members under this Contract.

REPORT L18.1 -- OTHER PAYMENTS BREAKDOWN

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Expenditures for		Total Incurred in 2020																	
		OHP LINE OF BUSINESS													Check Total OHP		CAK LINE OF BUSINESS		
PCPCH		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK	
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Physician Services	219,281	17,437	44,092	217,226	505,482	208,574	127,925	42,490	607,007	183,277	201,891	501	-	2,375,183	-	446	3,192	3,638
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total	219,281	17,437	44,092	217,226	505,482	208,574	127,925	42,490	607,007	183,277	201,891	501	-	2,375,183	-	446	3,192	3,638

Expenditures for		Total Incurred in 2020																
		OHP LINE OF BUSINESS													Check Total OHP		CAK LINE OF BUSINESS	
HRS - Flex Spending Programs		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Expenditures for		Total Incurred in 2020																
		OHP LINE OF BUSINESS													Check Total OHP		CAK LINE OF BUSINESS	
HRS - Community Investments		TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

REPORT L18.1 -- OTHER PAYMENTS BREAKDOWN

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Expenditures for		Total Incurred in 2020																
COVID Provider Stimulus Program		OHP LINE OF BUSINESS													CAK LINE OF BUSINESS			
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Expenditures for		Total Incurred in 2020																
Maternal Medical Home		OHP LINE OF BUSINESS													CAK LINE OF BUSINESS			
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Expenditures for		Total Incurred in 2020																
Other		OHP LINE OF BUSINESS													CAK LINE OF BUSINESS			
Category of Service	TANF	PLMA	CHILD 00-01	CHILD 01-05	CHILD 06-18	ABAD & OAA Duals	ABAD & OAA Medicaid Only	CAF	ACA 19-44	ACA 45-54	ACA 55-64	BCCP	TPL all	Check Total OHP	CAK 00-01	CAK 01-05	CAK 06-18	Check Total CAK
Physical Health	Inpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - A & B Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - DRG Hospital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient - Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Physician Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Substance Abuse	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Prescription Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	DME and Miscellaneous	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Behavioral Health	Mental Health Services Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Applied Behavior Analysis (ABA)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	ACT/SE	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	A&D Residential	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	MH Children's Wraparound	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	CANS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Mental Health Other Non-Inpatient	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	Dental	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	NEMT	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Total	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Report L19 -- FINANCIAL OVERVIEW AND RECONCILIATION OF COSTS

CONTRACTOR: Allcare CCO
 CALENDAR YEAR: 1/1/2020 - 12/31/2020

Medical Expense	OHP Total Cost
FFS Claims Expenditures	
Inpatient - A & B Hospital	\$ 2,281,807
Inpatient - DRG Hospital	\$ 30,938,671
Inpatient - Other	\$ 1,293,585
Outpatient - A & B Hospital	\$ 7,278,609
Outpatient - DRG Hospital	\$ 21,927,917
Outpatient - Other	\$ 4,186,580
Physician Services	\$ 37,393,417
Substance Abuse	\$ 2,332,536
Prescription Drugs	\$ 29,312,529
DME and Miscellaneous	\$ 6,202,632
Mental Health Services Inpatient	\$ 697,732
Applied Behavior Analysis (ABA)	\$ -
ACT/SE	\$ -
A&D Residential	\$ 2,056,308
MH Children's Wraparound	\$ 266,518
CANS	\$ -
Mental Health Other Non-Inpatient	\$ 1,795,545
Dental	\$ 46,435
NEMT	\$ -
IBNR	\$ 1,601,729
Total Claims Expense	\$ 149,612,551
Sub-Capitation	
Inpatient - A & B Hospital	\$ -
Inpatient - DRG Hospital	\$ -
Inpatient - Other	\$ -
Outpatient - A & B Hospital	\$ -
Outpatient - DRG Hospital	\$ -
Outpatient - Other	\$ -
Physician Services	\$ 11,351,553
Substance Abuse	\$ 3,181,446
Prescription Drugs	\$ -
DME and Miscellaneous	\$ -
Mental Health Services Inpatient	\$ -
Applied Behavior Analysis (ABA)	\$ 51,706
ACT/SE	\$ 928,657
A&D Residential	\$ -
MH Children's Wraparound	\$ 434,253
CANS	\$ 157,088
Mental Health Other Non-Inpatient	\$ 25,405,952
Dental	\$ 14,882,431
NEMT	\$ 5,597,418
Sub-Capitated Maternity	\$ -
Total Sub-Capitation Expense	\$ 61,990,504
Maternity Expenditures (Fee For Service)	
Maternity – Inpatient	\$ 96,050
Maternity – Outpatient	\$ 653,103
Maternity – Physician	\$ 1,984,188
Total Maternity Expenditures (Fee For Service)	\$ 2,733,340

Report L19 -- FINANCIAL OVERVIEW AND RECONCILIATION OF COSTS

CONTRACTOR: **Allcare CCO**
 CALENDAR YEAR: **1/1/2020 - 12/31/2020**

Medical Expense	OHP Total Cost
Other Expenditures	
Quality Pool	\$ 6,656,761
Challenge Pool	\$ 1,349,030
Other Incentives	\$ 471,939
PCPCH	\$ 2,375,183
HRS - Flex Spending Programs	\$ 744,715
HRS - Community Investments	\$ 2,115,155
COVID Provider Stimulus Program	\$ 826,810
Maternal Medical Home	\$ 19,105
Other	\$ 606,296
Total Other Expenditures	\$ 15,164,994
Total Medical Expenses	\$ 229,501,390
Total Member Service Expenses L6 OHP Line 16/CAK Line 14	\$ 228,020,823
Difference	\$ 1,480,567

Reconciling Differences	OHP Amount
2019 DHO Withholds forfeited - did not meet utilization requirements associated with the withhold program	240,371
2020 MHO deductions from gross capitation calculations - retained by AllCare for mental health services in PCP offices	87,972
Pharmacy - admin	(556,904)
HRS Flex -	744,715
HRS Community Investments	2,115,155
Large Case	125,515
FFS Difference	61,000
	-
	-
Unreconciled Difference	(1,572,138)
	-
Total Reconciling Differences	\$ 1,245,686

Please provide any text, tables, numbers, etc. that you would like to communicate but were not able to include within the preceding reports.

Noted formula issues:

L6.21 - Column E totals should include Column F amounts to tie back to L6 totals - Column E is showing a difference of \$115,000 which is equal to t

L6.5 - formula issues as noted in ASU email

L14 - Cell H19 does not appear to have a formula and thus the amount is not pulling through from the appropriate schedule

L17.1 AllCare has funded its PCPCH program since 2013 when the State discontinued funding this program. The PCPCH funds are built into / by the Quality Pool Revnues earned by AllCare. In addition, the NEMT quality program is funded with these funds as well.

re amount of Column F

AllCare's APM (VBP) programs and are funded