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**KEY WORDS:** Health-Related Services, HRS, Community Benefit Initiative, CBI, HRS-CBI, Community Advisory Councils, CAC, Tribal Liaison, Community Health Improvement Plan, CHP, Health Equity Plan, OAR 410-141-3500, OAR 410-141-3845

**POLICY STATEMENT**

In addition to Covered Services, AllCare CCO shall provide and cover the cost of Health-Related Services in accordance with criteria set forth in OAR 410-141-3845, OAR 410-141-3500, and 45 CFR § 158.150 (including those services identified in 45 CFR § 158.151) provided that such Services are consistent with:

(i) the goal of achieving Member wellness, (ii) the objectives of providing individualized care plans, and (iii) the goal of improving population health and health care quality. Health-Related Services must be coordinated by AllCare but may be provided in collaboration with the PCPCHs or other PCPs in AllCare’s Service Area. Health-Related Services must be administered in accordance with AllCare’s policy.

AllCare Coordinated Care Organization (CCO) is committed to investing a portion of its annual budget in Community Benefit Initiatives (CBIs), as defined in OAR 410-141-3500 and in compliance with the 2023-2024 CCO Contract with the Oregon Health Authority (OHA).

AllCare has established a Health-Related Services (HRS) CBI Program to guide investments supporting Community-level interventions focused on improving population health and to ensuring health care quality. The CBI Program will make allocations in alignment with: 1) AllCare CCO’s current *Community Health Improvement Plans* (CHP); 2) OHA’s current *Healthier Together Oregon: 2020-2024 State Health Improvement Plan* (SHIP); and, 3) AllCare’s current *Health Equity Plan*. Spending will also support the organization’s Values and Vision, Board Priorities, the achievement of the Quadruple Aim: improved patient experiences, better health outcomes, lower health care costs, and improved provider experience.



## PURPOSE

The purpose of the policy and its associated procedures is to establish policies and procedures for the funding authorities and resource determination of CBIs in compliance with AllCare's CCO Contract with the OHA, and in accordance with criteria set forth in OAR 410-141-3500, OAR 410-141-3845, and 45 CFR § 158.150 (including those services identified in 45 CFR § 158.151).

Per OAR 410-141-3500, Community Benefit Initiatives are community-level interventions focused on improving population health, health outcomes, and health care quality. The purpose of this policy and its associated procedures is to establish how AllCare CCO:

1. Encourages transparency and provider and member engagement, reflects streamlined administrative processes that do not create unnecessary barriers, and provides for accountability for health-related spending;
2. Describes how health-related spending on Community Benefit Initiatives shall promote alignment with the priorities identified in its State health Improvement Plan, Community Health Improvement Plans, Community Health Assessments, AllCare's Health Equity Plan, and with any spending priorities identified by the OHA;
3. Describes how health-related spending decisions are made, including the role of the Community Advisory Councils (CACs) and Tribes in Community Benefit Initiatives spending decisions; and
4. Ensures no limits are placed on the range of permissible health-related services by any means other than by enforcing the limits defined in OAR 410-141-3845.

## DEFINITIONS

**"Best Practices"** means practices that are generally accepted, standardized techniques, methods, or processes that have proven themselves over time.

**"Community"** as defined in ORS 414.018(5)(a) means the groups within the geographic area served by a coordinated care organization and includes groups that identify themselves by age, ethnicity, race, economic status, or other defining characteristic that may impact delivery of health care services to the group, as well as the governing body of each county located wholly or partially within the coordinated care organization's service area.

**"Community Advisory Council" (CAC)** and **"Council"** as defined in OAR 410-141-3500 both mean the AllCare CCO convened council that meets regularly to ensure it is addressing the health care needs of CCO Members and the Community consistent with ORS 414.625. Councils shall include at least one (1) Tribal Representative, one (1) County Representative, and be made up of at least 51% Consumers or Consumer Representatives.

**“Community Based Organization”** and **“CBO”** both typically mean, but are not limited to, a non-profit organization that provides services or other community benefits that promote health and wellness or removes barriers to health for AllCare CCO Members or the Community at large.

**“Community Benefit Initiative”** and **“CBI”** both mean a type of Health-Related Service delivered through Community-level interventions focused on improving population health and health care quality. CBI services are community wide supports not exclusive to Members of AllCare CCO.

**“Community Health Assessment”** and **“CHA”** both mean a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a Community. The ultimate goal of a Community Health Assessment is to develop strategies to address the Community’s health needs and identified issues. A variety of tools and processes may be used to conduct a Community Health Assessment; the essential ingredients are Community engagement and collaborative participation.

**“Community Health Improvement Plan”** and **“CHP”** both mean a long-term, systematic effort to address public health problems on the basis of the results of Community Health Assessment activities and the Community health improvement process. This plan is used by health and other governmental, education, and human service agencies, in collaboration with Community partners, to set priorities and coordinate and target resources. A Community Health Improvement Plan is critical for developing policies and identifying strategies to target efforts that promote health, and defines the vision for the health of the Community through a collaborative process that addresses strengths, weaknesses, challenges, and opportunities that exist to improve the health status of that Community.

**“Community Health Integration Team”** refers to the cross-departmental team at AllCare that contributes to successful execution and tracking of the procedures for CBIs indicated in this policy. Whenever beneficial, consultation from AllCare’s Medical Directors, Care Coordination, Finance, or other teams at AllCare will be included.

**“Evaluation”** refers to the process that AllCare staff will use to gauge the success of the funded project or program in meeting its goals and objectives. The purpose of evaluation will be to determine the project or programs spending effectiveness, community impact, and sustainability for the purpose of informing quality improvement of how CBI funds are invested.

**“Evidence-Based”** means well-defined practices that are based directly on scientific evidence and that have been demonstrated to be effective through research studies.

**“Flexible Service”** is a type of Health-Related Service which is a cost-effective service and is offered to an individual Member to supplement covered services exclusive to members of AllCare CCO.

**“Funding Authority”** means an entity that is responsible for awarding the HRS grant funds. These entities include the AllCare Executives (CEO, CFO, and/or Chief Compliance Officer), Community Health Integration Team and Community Advisory Councils.

**“Health-Related Services”** and **“HRS”** as defined in OAR 410-141-3845 both mean non-covered services under Oregon’s Medicaid Plan intended to improve care delivery and overall Member and Community health and well-being. Health-Related Services include Flexible Services and Community Benefit Initiatives.

**“Health Related Social Needs”** as defined in OAR 410-141-3735 means an individual’s social and economic barriers to health.

**“Housing-Related Services and Supports”** means the services and supports that help people find and maintain stable and safe housing. Services and supports may include services at the individual level (e.g., individual assistance with a housing application process) or at the Community level (e.g., Traditional Health Workers stationed in affordable housing communities).

**“Managed Care Entity”** and **“MCE”** each mean as stated in 42 CFR 457.10, an entity that enters into a contract with the Authority to provide services in a managed care delivery system including but not limited to coordinated care organizations, dental care organizations, mental health organizations, and primary care case managers.

**“Member”** as defined in OAR 410-141-3500 means an Oregon Health Plan client enrolled with a Managed Care Entity.

**“Monitoring”** means an organized and on-going process AllCare staff will use to check in with grant recipients and collect information regarding the activities undertaken in the funded project or program. The purpose of Monitoring will be to examine the activities and progress of the project, as well as to identify and address barriers to the project’s success.

**“Prioritized Populations”** means individuals with severe and persistent mental illness (SPMI), children 0-5 at risk of maltreatment, children showing early signs of social/emotional or behavioral problems and/or have a serious emotional disability/disorder (SED) diagnosis, individuals in medication-assisted treatment for substance use disorder (SUD), pregnant women and parents with dependent children, children with neonatal abstinence syndrome, children in Child Welfare, IV drug users, individuals with SUD in need of withdrawal management, individuals with HIV/AIDS, individuals with tuberculosis, Veterans and their families, individuals at risk of First Episode Psychosis, and individuals within the intellectual/developmental disability (I/DD) population, and other prioritized members.

**“Quadruple Aim”** refers to the four priorities of improving the patient experience of care, including quality and satisfaction; improving the health of populations; reducing the per capita cost of health care; and prioritizing provider and care team well-being.

**“Reporting”** means the sharing of Monitoring and/or Evaluation information on individual or sets of CBIs.

**“Social Determinants of Health”** and **“SDOH”** as defined in OAR 410-141-3735 both mean the social, economic, and environmental conditions in which people are born, grow, work, live, and age, and are shaped by the Social Determinants of Equity. These conditions significantly impact length and quality of life and contribute to health inequities.

**“Social Determinants of Equity”** and **“SDOE”** as defined in OAR 410-141-3735 both mean systemic or structural factors that shape the distribution of the social determinants of health in communities. Examples include, but are not limited to, the distribution of money, power, and resources at local, national, and global levels; institutional bias; discrimination; racism; and other factors.

**“Social Determinants of Health and Equity”** and **“SDOH-E”** according to OAR 410-141-3735 both encompass three different and interrelated terms as defined below: the social determinants of health (SDOH), the social determinants of equity (SDOE), and health-related social needs (Social Needs).

**“State Health Improvement Plan”** and **“SHIP”** both refer to OHA’s *Healthier Together Oregon*. The SHIP is a five-year plan that identifies the state’s health priorities with strategies to advance improvement and measures to monitor progress.

**“Subject Matter Expert”** and **“SME”** both mean an internal staff member, external professional, or individual with lived experience with recognized knowledge to act as an authority on a specific topic related to elements of this policy.

**“Tracking”** refers to the documentation of information associated with the promotion, solicitation, application, review, approval or denial, monitoring, evaluation or reporting on a CBI.

## **POLICY**

AllCare Coordinated Care Organization (CCO) is committed to investing a portion of its annual budget in Community Benefit Initiatives (CBI), as defined in OAR 410-141-3500 and in compliance with its CCO Contract with the Oregon Health Authority (OHA).

AllCare has established a Health-Related Services (HRS) CBI Program to guide investments supporting community-level interventions focused on improving population health and ensuring health care quality in alignment with OAR 410-141-3845.

The program ensures that investments are made in alignment with: 1) AllCare CCO’s current *Community Health Improvement Plans (CHP)* and *Community health Assessment*; 2) OHA’s current

*Healthier Together Oregon: 2020-2024 State Health Improvement Plan (SHIP); and, 3) AllCare’s current Health Equity Plan.*

Spending will also support the organization’s Values and Vision, Board Priorities, the achievement of the Quadruple Aim: improved patient experiences, better health outcomes, lower health care costs, and improved provider experience.

The HRS-CBI Program will ensure a rapid, coordinated, and efficient process for providing responsive, timely, and strategic allocations to the AllCare CCO service area and maintain compliance for documentation, monitoring, and reporting HRS-CBI investments.

The program will ensure the prioritization of HRS-CBI spending to increase AllCare CCO’s ability to respond to public health emergencies and natural disasters to ensure community recovery and resilience in its service area.

**Funding Authorities:** Per Exhibit K of AllCare CCO Contract with OHA, and in accordance with ORS 414.575, AllCare will direct, track, review, and have control of an annual budget allocated to HRS-CBIs. Funding Authorities will include:

1. Community Advisory Councils with at least one (1) voting member slot on each Council being held for a designated representative of Tribal partners, if willing;
2. Community Health Integration Team;
3. Chief Officers (CEO, CFO and Chief Compliance Officer); and
4. AllCare CCO Board of Governors.

#### **Prioritization of Investment Opportunities**

1. AllCare CCO HRS-CBI spending shall prioritize alignment with:
  - a. Current *Community Health Improvement Plans (CHPs)* and *Community Health Assessment* for AllCare CCO’s service area;
  - b. OHA’s *Healthier Together Oregon: 2020-2024 State Health Improvement Plan (SHIP)*; and
  - c. Current *AllCare Health Equity Plan*.
2. Spending will also support progress toward:
  - a. Furthering the organization’s Mission;
  - b. Board Priorities for Social Determinants of Health and Equity;
  - c. Achievement of the Quadruple Aim: improved patient experience; better outcomes; lower costs; and improved clinical experience; and
  - d. Increasing AllCare CCO’s ability to respond to public health emergencies, climate and environmental related disasters to ensure community recovery and resilience in its service areas.
3. Supplemental guidance for funding prioritization may be informed by Listening Sessions with Members and Community Partners.

**Eligibility:** Any Community Based Organization (CBO) compliant with federal and state Equal Opportunity Employer (EOE) and American Disabilities Act (ADA), including clinical and non-clinical Providers, may apply for CBI funding.

### **Permissible Uses**

1. The goals of health-related services (HRS) are to promote the efficient use of resources and address members' social determinants of health to improve health outcomes, alleviate health disparities, and improve overall community well-being. Health-related services are provided as a supplement to covered health care services:
  - a. HRS may be provided as flexible services or as community benefit initiatives, as those terms are defined in OAR 410-141-3845;
  - b. AllCare CCO has the flexibility to identify and provide health-related services beyond the list of examples in 45 CFR §§ 158.150, 158.151, as long as the HRS satisfy the requirements of OAR 410-141-3845;
  - c. As allowed under 42 CFR 438.6(e), MCEs may offer additional services that are separate from HRS and delivered at the complete discretion of AllCare CCO;
  - d. HRS may be used to pay for non-covered health care services including physical health, mental health, behavioral health, oral health, and tribal-based services.
2. To qualify as an HRS within the meaning of OAR 410-141-3845, a service must meet the following requirements, consistent with 45 C.F.R. § 158.150:
  - a. The service must be designed to:
    - i. Improve health quality;
    - ii. Increase the likelihood of desired health outcomes in a manner that is capable of being objectively measured and produce verifiable results and achievements;
    - iii. 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
    - iv. Be based on any of the following:
      1. Evidence-based medicine; or
      2. Widely accepted best clinical practice; or
      3. Criteria issued by accreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations.
  - b. The service must be primarily designed to achieve at least one of the following goals:
    - i. Improve health outcomes compared to a baseline and reduce health disparities among specified populations;
    - ii. Prevent avoidable hospital readmissions through a comprehensive program for hospital discharge;

- iii. Improve patient safety, reduce medical errors, and lower infection and mortality rates;
  - iv. Implement, promote, and increase wellness and health activities;
  - v. Support expenditures related to health information technology and meaningful use requirements necessary to accomplish the activities above 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.
- c. The following types of expenditures and activities are not considered HRS:
- i. Those that are designed primarily to control or contain costs;
  - ii. Those that otherwise meet the definitions for quality improvement activities but that were paid for with grant money or other funding separate from revenue received through AllCare CCO's contract;
  - iii. Those activities that may be billed or allocated by a provider for care delivery and that are, therefore, reimbursed as clinical services;
  - iv. Establishing or maintaining a claims adjudication system, including costs directly related to upgrades in health information technology that are designed primarily or solely to improve claims payment capabilities or to meet regulatory requirements for processing claims, including maintenance of ICD-10 codes sets adopted pursuant to the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. § 1320d-2, as amended;
  - v. That portion of the activities of health care professional hotlines that do not meet the definition of activities that improve health quality;
  - vi. All retrospective and concurrent utilization review;
  - vii. Fraud prevention activities;
  - viii. The cost of developing and executing provider contracts and fees associated with establishing or managing a provider network, including fees paid to a vendor for the same reason;
  - ix. Provider credentialing;
  - x. Costs associated with calculating and administering individual member incentives; and
  - xi. That portion of prospective utilization that does not meet the definition of activities that improve health quality.
3. CBI project applications must align with AllCare's Community Health Improvement Plans.
4. The HRS-CBI Program will ensure a rapid, coordinated, and efficient process for providing responsive, timely, and strategic allocations to the AllCare CCO service area and maintain compliance for documentation, monitoring, and reporting HRS-CBI investments. The program will ensure the prioritization of HRS-CBI spending to increase AllCare CCO's service area's ability to respond to public health emergencies and natural disasters to ensure community recovery and resilience.



### **HRS CBI Applications:**

1. AllCare's Community-Benefit Initiative spending shall promote alignment with its then-current CHP.
2. AllCare shall draft and adopt written Health-Related Service Policies which shall address AllCare's policies and procedures for the provision of Health-Related Services. AllCare's Health-Related Service Policies must comply with OAR 410-141-3500 and OAR 410-141-3845, and also identify:
  - a. Processes to enable alignment between AllCare's Health-Related Service investments and CHP priorities;
  - b. Procedures and processes for Monitoring funds spent on and an analysis of how that spending correlates to, the effectiveness of Health-Related Services and how such analysis has impacted any change in AllCare's Health-Related Services Policies;
  - c. The role of the Community Advisory Council and Tribes in community benefit initiative spending decisions.

### **HRS CBI Monitoring and Evaluation:**

1. The program will make allocations in alignment with:
  - a. AllCare CCO's current *Community Health Improvement Plans (CHP)*;
  - b. OHA's current *Healthier Together Oregon: 2020-2024 State Health Improvement Plan (SHIP)*; and
  - c. AllCare's current *Health Equity Plan*. Spending will also support the organization's Values and Vision, Board Priorities, the achievement of the Quadruple Aim: improved patient experiences, better health outcomes, lower health care costs, and improved provider experience.
2. The HRS-CBI Program will ensure a rapid, coordinated, and efficient process for providing responsive, timely, and strategic allocations to the AllCare CCO service area and maintain compliance for documentation, monitoring, and reporting HRS-CBI investments. The program will ensure the prioritization of HRS-CBI spending to increase AllCare CCO's service area's ability to respond to public health emergencies and natural disasters to ensure community recovery and resilience.

## **PROCEDURES**

**Resource Determination:** All allocations, regardless of Funding Authority, will be subject to a final review by the Chief Executive Officer.

1. Community Advisory Councils: Annually, the AllCare CCO Board of Governors receives a request from the Community Health Integration Team based on a recommendation from the Executives for a dedicated CBI budget that will be directed by each Council, which will include a slot designated for Tribal Representative(s) willing to serve on the Council. Each grant approved by the CAC will not exceed \$20,000.

2. Community Health Integration Team: Annually, resources available for allocations made by the Community Health Integration Team’s Subject Matter Experts or Executives (CEO, CFO and Chief Compliance Officer) will be updated throughout the fiscal year at the discretion of the Executives. Each grant approved by the Community Health Integration Team will not exceed \$50,000. Any grants request above \$50,000 will be submitted to Executives (CEO, CFO and Chief Compliance Officer) for grant approval.
3. Community Resilience and Emergency Response Funding: As crises emerge, resources available for allocations made by the Councils, Community Health Integration Team’s Subject Matter Experts, or Executives (CEO, CFO and Chief Compliance Officer) will be determined at the discretion of the Executives.
4. Chief Officer or Board Discretionary Allocations: As needed, resources available for allocations made by the Chief Executive Officer or Board will be determined at the discretion of the Executives.

### **Strategic Planning**

1. Community Health Integration Team: Will meet as funds are allocated to determine investment strategies and SME budget allocations for funding in alignment with the CHIPs.
2. Community Advisory Councils: Will be determined by alignment with the CHIPs.
3. Chief Officer and Board: Will be determined at the discretion of the Executives.

### **Socialization to Opportunities**

1. Invited Grants
  - a. AllCare CCO will address community funding needs by inviting any organizations working in AllCare’s service area. These grant funds are available to rapidly support Community Based Organizations (CBOs) meeting the community needs of Social Determinants of Health and Equity (SDOH-E).
2. Open Call Grants
  - a. AllCare has a year-round application cycle for grant submissions through Council and Community Health Integration Team funding. Additional application cycles may be announced throughout the year through community engagement processes.
  - b. AllCare CCO will encourage transparency and accessibility through posting information about its Community Benefit Initiatives on its website and social media feeds, as well as through the broad distribution of emails and public presentations during the investment year (January 1<sup>st</sup> through December 31<sup>st</sup>). This information will include contact information to request alternate application methods to ensure accessibility.
  - c. These efforts recognize that to be accessible requires going beyond posting only online. In an attempt to ensure that grants are available to underserved populations, individuals within the Community Health Integration Team will make outreach efforts.

These efforts will be presented in electronic, written, or oral languages other than in English to ensure access for those with Limited English Proficiency.

### **Technical Assistance**

1. AllCare CCO's Community-Centered CBI application process has been designed for ease of access and completion to support Community Based Organizations and not place undue burden on applicants. AllCare CCO will use an online application form hosted on the Smartsheet platform for tracking all CBI investments.
2. Information on how to request assistance with the completion of applications will be clearly included on the form to ensure that any accommodations or support needed by the Community Based Organization (e.g., translation, technical assistance, etc.) are addressed by the Community Health Integration Team.

### **Processing of Applications**

1. Review for Minimum Application Information
  - a. When CBI funding proposals are received from Community Based Organizations via the Community Benefit Initiative Application Smartsheet form, a review will be completed by the Community Health Integration Team.
  - b. This review will serve to ensure that the application is in alignment with AllCare's CHIPs and Non-Discrimination Agreement and that all required information is included. Upon submission, the reviewers will route the application to the appropriate SME for approval and then Funding Authority, ensuring all steps are documented in the process.
  - c. AllCare CCO Community Benefit Initiative Application includes, but is not limited to: Project Description, Budget, Program Name, Fiscal Entity Name (if different), EIN/TIN, current W-9, full contact information, an Equal Opportunity Employer attestation, disclosure of any Conflicts of Interest, an Organizational Equity Statement, and a list of current Board Members (if applicable) to ensure adherence to best practices for promoting Health Equity and working against historical oppression of marginalized communities that include, but are not limited to, groups excluded due to race, gender identity, sexual orientation, age, physical ability, language, and/or immigration status.
2. Review by Subject Matter Experts
  - a. Once the initial review is complete, CBI funding proposals will be sent to the Subject Matter Expert to ensure alignment with OAR 410-141-3845 and other priority frameworks as indicated in this policy (e.g., CHP, SHIP, and/or Health Equity Plan goals) and appropriateness for community.
  - b. A successful/positive review will serve as an endorsement of the application moving forward to the appropriate Funding Authority.
3. Review by Funding Authorities

- a. Grant requests \$25,000 and smaller may be reviewed and approved by the CACs;
- b. Grant requests under \$50,000 may be reviewed and approved by the Health Integration Team;
- c. All grants greater than \$50,000 shall be reviewed and approved by the Executive Team (CEO, CFO, and Chief Compliance Officer).

**HRS CBI Funding Authorities & Resource Determination:**

1. Funding Authorities: Per Exhibit K of AllCare CCO’s 2022 CCO Contract with OHA, and in accordance with ORS 414.575, Funding Authorities will direct, track, review, and have control of an annual budget allocated HRS-CBIs. Funding Authorities may include:
  - a. Community Advisory Councils with at least one (1) voting member slot on each Council being held for a designated representative of Tribal partners if willing;
  - b. Community Health Integration Team;
  - c. Chief Officers; and
  - d. AllCare CCO Board of Governors.
2. Resource Determination
  - a. Community Advisory Councils: Annually, the AllCare CCO Board of Governors receives a recommendation from the Executives for a dedicated CBI budget that will be directed by each Council, which will include a slot designated for Tribal Representative(s) willing to serve on the Council.
  - b. Community Health Integration Team: Resources available for allocations made by the Community Health Integration Team’s Subject Matter Experts or Executives (CEO, CFO and CCO) will be updated throughout the fiscal year at the discretion of the Executives (primarily the CEO and CFO). All allocations, regardless of Funding Authority, will be subject to a final review by the Chief Executive Officer.
  - c. Community Resilience and Emergency Response Funding: As crises emerge, resources available for allocations made by the Community Advisory Councils, Community Health Integration Team’s Subject Matter Experts, or Executives (CEO, CCO, and CFO) will be determined at the discretion of the Executives (primarily the CEO and CFO). All allocations, regardless of Funding Authority, will be subject to a final review by the Chief Executive Officer.
  - d. Chief Officer Discretionary Allocations: As needed, resources available for allocations made by the Chief Executive Officer will be determined at the discretion of the Executives (primarily the CEO and CFO).
  - e. Once an application is determined complete, CBI funding proposals will be sent to the appropriate Funding Authority and undergo a thorough vetting process, including a review of past allocations and outcomes, prior to an official decision to approve or deny the application.

- f. The internal timeframe to complete review processes may vary based on Funding Authority; however, as it is in the best interest of the community, every effort will be made by staff to ensure an expedient review of all applications.
  - i. Applications will take no more than forty-five (45) days to complete the review process.
  - ii. Exceptions to this internal timeframe may occur if additional information is needed from a Community Based Organization to complete all due diligence for a final decision.
- 3. Forwarding of Request to Other Internal Funding Sources
  - a. Applications that are received through this CBI process that are more appropriate for HRS-Flexible Services, given their use for individual AllCare CCO Members or for Clinical Providers settings, will be routed to the administrators of those funds per the *HRS Flexible Spending* policy and procedures.
- 4. Notification of Decision
  - a. The Community Health Integration Team will be accountable for informing applicants of the result of their CBI request.
  - b. Notifications will be sent out via email/mail and tracked as a PDF attachment in Smartsheet.
  - c. If an application is denied, technical support may be offered to the Applicant to build their capacities.

**HRS CBI Applications:**

- 1. Community Centered Application Process
  - a. AllCare CCO's CBI application process has been designed for ease of access and completion to support Community Based Organizations and not place undue burden on applicants. AllCare CCO will use an online application form hosted on the Smartsheet platform for tracking all CBI investments. AllCare may offer alternative methods of applying for a grant such as site visits or phone calls.
  - b. Information on how to request assistance with the completion of applications will be clearly included on the form to ensure that any accommodations or support needed by the Community Based Organization (e.g., translation, technical assistance, etc.) are addressed by the Community Health Integration Team.
- 2. Grant Review, Approval and Denial Process
  - a. Review for Minimum Application Information
    - i. When CBI funding proposals are received from Community Based Organizations via the Smartsheet form, an initial review will be completed.
    - ii. This review will serve to ensure that the application is complete and that next steps to route the application to the appropriate Funding Authority take place and are documented.

- iii. AllCare CCO requires the submission of basic information from the CBO prior to moving applications forward to the appropriate Funding Authority. This information includes, but is not limited to: Project Description, budget, program Name, Fiscal Entity Name (if different), EIN/TIN, current W-9, full contact information, an Equal Opportunity Employer attestation, disclosure of any Conflicts of Interest, an Organizational Equity Statement, and a list of current Board Members (if applicable).
3. Review for Permissible Uses
- a. The goals of Health-Related Services (HRS) are to promote the efficient use of resources and address members' Health Related Social Needs and Social Determinants of Health to improve health outcomes, alleviate health disparities, and improve overall community well-being. Health-Related Services are provided as a supplement to covered health care services.
  - b. HRS may be provided as Flexible Services or as Community Benefit Initiatives (CBIs), as those terms are defined in this policy. CCOs have the flexibility to identify and provide Health-Related Services beyond the list of examples in 45 CFR §§ 158.150, 158.151, as long as the HRS satisfy the requirements of this rule. As allowed under 42 CFR 438.6(e), Managed Care Entities (MCEs) may offer additional services that are separate from HRS and delivered at the complete discretion of the CCO.
  - c. HRS may be used to pay for non-covered health care services including physical health, mental health, behavioral health, oral health, and tribal-based services.
  - d. The current policy states what types of CBI AllCare CCO provides, but does not place limits (outside of HRS definition in rule) on what is permissible.
  - e. CBI requests must meet all of the requirements and at least one (1) of the goals listed below based on criteria provided by CMS and the OHA as outlined in OAR 410-141-3845. To qualify as a CBI within the meaning of this rule, an initiative must meet the following requirements, consistent with 45 C.F.R. § 158.150. The initiative must be designed to meet the following:
    - i. Improve health quality;
    - ii. Increase the likelihood of desired health outcomes in a manner that is capable of being objectively measured and produce verifiable results and achievements;
    - iii. 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
    - iv. Be based on any of the following:
      - a Evidence-based medicine;
      - b Widely accepted best clinical practice; or
      - c Criteria issued by accreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations.

- f. All HRS-CBI allocations must be primarily designed to achieve at least one (1) of the following Goals;
    - i. Improve health outcomes compared to a baseline and reduce health disparities among specified populations;
    - ii. Prevent avoidable hospital readmissions through a comprehensive program for hospital discharge;
    - iii. Improve patient safety, reduce medical errors, and lower infection and mortality rates;
    - iv. Implement, promote, and increase wellness and health activities; and/or,
    - v. Support expenditures related to health information technology and meaningful use requirements necessary to accomplish the activities above 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.
4. CBI Reviews
- a. Review by Subject Matter Experts
    - i. Once complete, CBI funding proposals will be sent to the Subject Matter Expert to ensure alignment with CHP, SHIP, and/or Health Equity Plan goals and appropriateness for community. A successful/positive review will serve as an endorsement of the application moving forward to the appropriate Funding Authority.
  - b. Review by Funding Authority
    - i. Once complete, CBI funding proposals will be sent to the appropriate Funding Authority and undergo a thorough vetting process prior to an official decision to approve or deny the application.
    - ii. The internal timeframe to complete review processes may vary based on Funding Authority; however, as it is in the best interest of the community, every effort will be made by staff to ensure an expedient review of all applications. Applications will take no more than thirty (30) days to complete the review process.
    - iii. Exceptions to this internal timeframe may occur if additional information is needed from a Community Based Organization to complete all due diligence for a final decision.
  - c. Forwarding of Request to Other Internal Funding Sources
    - i. Applications that are received through this CBI process that are more appropriate for HRS-Flexible Services given their use for individual AllCare CCO Members or for Clinical Providers settings will be routed to the administrators of those funds per the *Health-Related Services (HRS) Flexible Spending Policy*.
5. Notification of Decision
- a. The Community Health Integration Team will be accountable for informing applicants of the result of their CBI request.

- b. Notifications will be sent out via email/mail and tracked as a PDF attachment in Smartsheet.
  - c. If an application is denied, technical support may be offered to the Applicant to build their capacities.
6. Grant Agreement Execution
- a. A Grant Award Letter, drafted by the Community Health Integration Team and signed by the CEO, will be sent to the CBO with information regarding the award amount, any sidebars to grant implementation, reporting schedule and link, funder recognition promised, and contacts for branding materials.

**HRS CBI Monitoring and Evaluation:**

1. For the purpose of this policy, Monitoring refers to the organized and on-going process AllCare staff will use to check in with grant recipients and collect outcomes information regarding the activities undertaken in the funded project or program.
  - a. The purpose of Monitoring will be to examine the activities and progress of the project, as well as to identify and address barriers to the project’s success. Regardless of the Funding Authority through which the project or program was approved, information to support this Monitoring process will be submitted via an online form to be tracked in the *CBI Report* Smartsheet.
  - b. Monitoring report frequency will be determined on a project-by-project basis. Information on how to request assistance with the completion of the Monitoring form will be clearly included to ensure that any accommodations or support needed by the Community Based Organization (e.g., translation, technical assistance, etc.) are addressed by the Community Health Integration Team.
  - c. Reports will be reviewed quarterly by the Community Health Integration Team and shared with the Councils, Community Health Integration Team, Executives, and the Board.
2. For the purpose of this policy, Evaluation refers to the process that AllCare staff will use to gauge the success of the funded project or program in meeting its objectives.
  - a. The purpose of Evaluation will be to determine the project or program’s spending effectiveness, community impact, and sustainability for the purpose of informing quality improvement of how CBI funds are invested.
  - b. Evaluation of CBI funds may be completed by internal staff or contracted third-party evaluators.

**CBI Reporting**

1. All of AllCare CCO’s CBI records will be documented in Smartsheet. Information recorded will ensure Tracking of:



- a. Promotion of the opportunity to apply for CBIs (whenever possible);
- b. Submitted applications, dates of review, record of approval or denial; and
- c. Information related to Monitoring, Evaluation, and Reporting of CBIs.

**OVERSIGHT & MONITORING**

AllCare CCO’s Community Health Integration Team will be the lead for Oversight and Monitoring of AllCare CCO’s Community Benefit Initiative Program. Operational support for ensuring implementation of this policy and its associated procedures will be provided by the Community Advisory Council Coordinator.

All aspects of this program, including the determination of resources available for HRS-CBIs, will be at the discretion of and subject to approval by the organization’s Chief Executive Officer, Chief Compliance Officer, and Chief Financial Officer. Other Executive Leaders will be consulted on programmatic decision as needed.

Internal Subject Matter Experts (SMEs) will be consulted on investments throughout the promotion, application, monitoring, and reporting lifecycle of grants. If beneficial, External SMEs may also be called on to support these aspects of the program’s implementation.

This Policy and Procedures will be reviewed at least annually by the Community Health Integration Team to ensure alignment with best practices and all applicable rules, regulations, and contact requirements.

**REPORTING**

For the purpose of this policy, Reporting will refer to the sharing of Monitoring and/or Evaluation information on individual or sets of CBIs. Reports will be provided regularly to each Council, AllCare’s Executive Leadership and its CCO Board of Governors.

Information will be delivered by the Community Health Integration Team. Supplementary information may be provided by Council Chairs, SMEs, or other community stakeholders.

1. Internal Reporting

Report	Authority	Date
Proposed CBIs, Funded CBIs, and Remaining Budget	Community Advisory Councils	Monthly



CBI Outcome Reports	Community Advisory Councils Executive Leadership CCO Board of Governors	Quarterly
Ex. L6.21	Finance Department	April 8 <sup>th</sup>

2. External Reporting

Report	Authority	Date
Ex. L 6.21	Oregon Health Authority	April 30 <sup>th</sup>

**HRS CBI Funding Authorities & Resource Determination:**

1. Internal Reporting

Report	Authority	Date
Pending CBI applications	Community Advisory Councils	Monthly
CBI Investments	CCO BOG	Bi-monthly
Submitted CBI Reports	Councils, Executive Leadership, and BOG	Quarterly
Ex. L 6.21	Finance Department	April 8

2. External Reporting

Report	Authority	Date
CBI Reports from CBOs	AllCare	Quarterly, Semi-Annually, or Annually from funding date of project
Ex. L	OHA	April 30 of contract year

**HRS CBI Prioritization of Investment Opportunities:**

1. Internal Reporting

<b>Report</b>	<b>Authority</b>	<b>Date</b>
Pending CBI applications	Community Advisory Councils	Monthly
CBI Investments	CCO BOG	Bi-monthly
Submitted CBI Reports	Councils, Executive Leadership, and BOG	Quarterly
Ex. L 6.21	Finance Department	April 8

2. External Reporting

<b>Report</b>	<b>Authority</b>	<b>Date</b>
CBI Reports from CBOs	AllCare	Quarterly, Semi-Annually, or Annually from funding date of project
Ex. L	OHA	April 30 of contract year

**HRS CBI Applications:**

1. Internal Reporting

<b>Report</b>	<b>Authority</b>	<b>Date</b>
Pending CBI applications	Community Advisory Councils	Monthly
CBI Investments	CCO BOG	Bi-monthly
CBI Reports	Councils, Executive Leadership, and BOG	Quarterly
Ex. L 6.21	Finance Department	April 8

2. External Reporting



Report	Authority	Date
Ex. L	OHA	April 30 of contract year

**HRS CBI Monitoring and Evaluation:**

1. Internal Reporting

Report	Authority	Date
Pending CBI applications	Community Advisory Councils	Monthly
CBI Investments	CCO BOG	Bi-monthly
Submitted CBI Reports	Councils, Executive Leadership, and BOG	Quarterly
Ex. L 6.21	Finance Department	April 8

2. External Reporting

Report	Authority	Date
CBI Reports from CBOs	AllCare	Quarterly, Semi-Annually, or Annually from
		funding date of project
Ex. L	OHA	April 30 of contract year

**ADDITIONAL REFERENCES**



AllCare Health Equity Plan

<https://www.allcarehealth.com/media/3314/2019achhc-allcare-health-equity-plan.pdf>

Community Health Improvement Plans

<https://www.allcarehealth.com/medicaid/resources/collaborative-community-health-assessments/community-health-improvement-plans-chip>

State Health Improvement Plans

<https://www.oregon.gov/oha/PH/ABOUT/Documents/ship/2020-2024/Healthier-Together-Oregon-full-plan.pdf>

Oregon Health Authority: Health-Related Services

<https://www.oregon.gov/oha/hpa/dsi-tc/pages/health-related-services.aspx>