OREGON HEALTH AUTHORITY
Health Policy & Analytics Division
Transformation Center

2025 CCO Flexible Services Spending Summary

November 2026

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Executive summary

2025 spending summary purpose

This summary provides an overview of coordinated care organization (CCO) flexible services spending. The summary encourages CCO flexible services spending by sharing how other CCOs are using flexible services in innovative ways. It also increases transparency to CCO partners and the broader community. This summary does not reflect all CCO spending on social determinants of health, such as CCO spending through the Supporting Health for All through Reinvestment program and other community investments.

Defining flexible services

Flexible services are defined as 1) non-covered services under Oregon's Medicaid State Plan that are not CCO administrative requirements, and 2) services meant to improve member and community health and well-being. CCOs pay for flexible services out of their global budgets. Spending on flexible services is one way CCOs can address the social determinants of health (SDOH) and health-related social needs, as defined below, of their members. This flexibility to focus on activities beyond direct medical care improves CCOs' impact on member and community health.

- **SDOH** are 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.
- **Health-related social needs** are an individual's social and economic barriers to health, such as housing instability or food insecurity.

Some housing and food services previously paid for through CCO flexible services became covered benefits for certain members in 2024 through the Oregon Health Plan 1115 Demonstration Waiver's health-related social needs (HRSN) benefits. Those benefits included housing and home services in 2024 and food services in 2025 for eligible Oregon Health Plan (OHP) members (more information is available on the HRSN webpage). CCO members who are not eligible for HRSN benefits can still request flexible services.

CCO flexible services reporting and incentives

While CCOs are not required to spend on flexible services, all CCOs spent on flexible services in 2025. CCOs submit annual flexible services spending data to

the Oregon Health Authority (OHA). OHA reviews the data to ensure all spending meets flexible services criteria, as described in the OHA Flexible Services Brief. Spending that meets criteria is included in the CCOs' financial incentives that are described in the Flexible Services Brief.

2025 flexible services spending highlights

Overall, accepted flexible services spending decreased from 2024 to 2025:

- Total spending decreased by 43.9% to $62.6 million.
- The average per member per month (PMPM) spending decreased by 43.4% to $4.10 PMPM.
- Member- and community-level spending decreased by 45.7% and 46.5% respectively, while health information technology spending (HIT) decreased by 25.9%.
- Member-level spending continued to outpace HIT spending for the third year in a row, despite HIT decreasing by a smaller percentage.
- The number of CCO members who received at least $200 of flexible services decreased by 33.0% to 13,661 members.

The overall decreases in flexible services spending may be due to members' needs being met through the recent HRSN benefits for housing and nutrition, overall CCO financial stability challenges (which limit CCO resources for flexible services), caps CCOs are placing on flexible services spending, and more CCOs meeting minimum medical loss ratio (MLR) requirements.[1] The MLR requirements can affect flexible services spending in two ways:

1. When CCOs **are meeting** their MLR requirements by spending enough on member medical services, they may have less budget available for flexible services.
2. When CCOs **are not meeting** their MLR requirements, they may spend more on flexible services to improve their MLR and avoid rebating funds back to the state (and then the federal government).

[1] The minimum medical loss ratio (MLR) requirement in Oregon requires coordinated care organizations (CCOs) to spend a minimum percentage of Medicaid budgets on direct member services and activities to improve health and health care quality. In Oregon in 2025, the minimum MLR requirement was 85%.

Background

Flexible services began in 2013 with the inception of Oregon's coordinated care organizations (CCOs). The history of flexible services and how it has evolved is further detailed in the Flexible Services Brief. One of the purposes of flexible services is to give CCOs a specific way to use their global budgets to address the social determinants of health (SDOH), including the non-covered health-related social needs of their members. Note that from 2018 through 2025, flexible services were named health-related services, or HRS. For more information, please read the July 2025 memo to CCOs about the name change.

Flexible services spending is one way for CCOs to address the SDOH, health inequities, and social needs of their community and members. The Supporting Health for All through Reinvestment (SHARE) program is another way to invest in health equity and SDOH. More information about CCO spending through SHARE is available on the OHA SHARE webpage.

CCOs may also have invested more broadly in their communities than what is reflected in flexible services and SHARE. This includes investments in covered benefits through culturally specific safety net clinics or investments in culturally responsive assessments and listening sessions.

For CCOs to use federal Medicaid funds for flexible services, they must comply with state and federal criteria. Flexible services requirements are detailed in Oregon Administrative Rule (OAR) and Code of Federal Regulations (CFR). For a full definition of flexible services, CCOs should rely primarily on the Oregon Health Authority (OHA) Flexible Services Brief and OARs 410-141-3500 and 410-141-3845. The federal regulations (45 CFR 158.150 and 45 CFR 158.151) should be used for supplemental CCO guidance only. More guidance and technical assistance can be found on OHA's flexible services webpage.

Types of flexible services

Flexible services are defined as 1) non-covered benefits under Oregon's Medicaid State Plan that are not CCO administrative requirements, and 2) services meant to improve care delivery, and member and community health and well-being. The types of flexible services are defined as:

1. **Member-level flexible services** are cost-effective services offered to an individual CCO member to complement covered benefits. For example, providing groceries to a CCO member who does not have the resources to get enough food.

2. **Community-level flexible services** are community-level interventions focused on improving population health and health care quality. For example, investing in an accessible playground in a low-income neighborhood that has no outdoor space for children to play. These initiatives include members but are not limited to members.
3. **Health information technology (HIT)** is technology that stores, retrieves, analyzes, and shares or uses health information to improve patient care, coordination of care, and population health management. For example, funding a new electronic health record for a behavioral health clinic that allows health data to be shared with primary care providers. HIT is reported and analyzed in this summary as a separate type of flexible services, but by definition, HIT it is a part of community-level flexible services.

OHA review of CCO flexible services spending

Reporting and assessment

All CCOs are contractually required to submit annual flexible services spending data to OHA. That data is reported to OHA's Office of Actuarial and Financial Analytics in the annual financial reporting template, Exhibit L, by April 30 for the prior calendar year of spending. The data submitted includes dollars spent, descriptions of spending, and categories of member-level flexible services for members who received more than $200 in flexible services in the year.

OHA reviews the annual spending details submitted to ensure the spending meets flexible services criteria. For spending that does not initially meet criteria, the CCO may provide more information to better show how the spending meets flexible services criteria. OHA reviews the new information and determines whether the spending is accepted as flexible services.

The most common reasons CCOs' spending doesn't meet flexible services criteria are because it was used to:

- Increase access to OHP covered benefits;
- Train providers who deliver covered OHP benefits; or
- License or certify more providers to increase the number of providers who deliver OHP covered benefits.

Some housing and food services previously paid for through CCO flexible services became covered benefits for certain members in 2024 through the

Oregon Health Plan 1115 Demonstration Waiver's health-related social needs (HRSN) benefits. Those benefits included housing and home services in 2024 and food services in 2025 for eligible Oregon Health Plan (OHP) members (more information is available on the HRSN webpage). Member-level flexible services are still available for CCO members who are not eligible for HRSN benefits.

Spending analysis methodology

OHA analyzes accepted flexible services spending by type and across CCOs for total, per member per month, and percent of total member services spending. OHA also considers the spending by category (for example, housing) and within priority populations, if a population is reported.

Flexible services spending analysis notes

1. All analyses in the following sections only include the spending that met flexible services criteria in 2025 and all comparative years.
2. Flexible services spending prior to 2019 is not comparable to current data because OHA did not begin this review process until 2019.
3. Member-level flexible services categories by members who received more than $200 in flexible services in the year prior to 2020 is not comparable to current data because OHA did not begin collecting this data until 2020.
4. HIT spending is, by definition, community-level flexible services, but it is reported and analyzed separately.
5. All CCO names within figures and tables are abbreviated as described in Appendix A.
6. All flexible services spending categories and examples are listed in Appendix E.

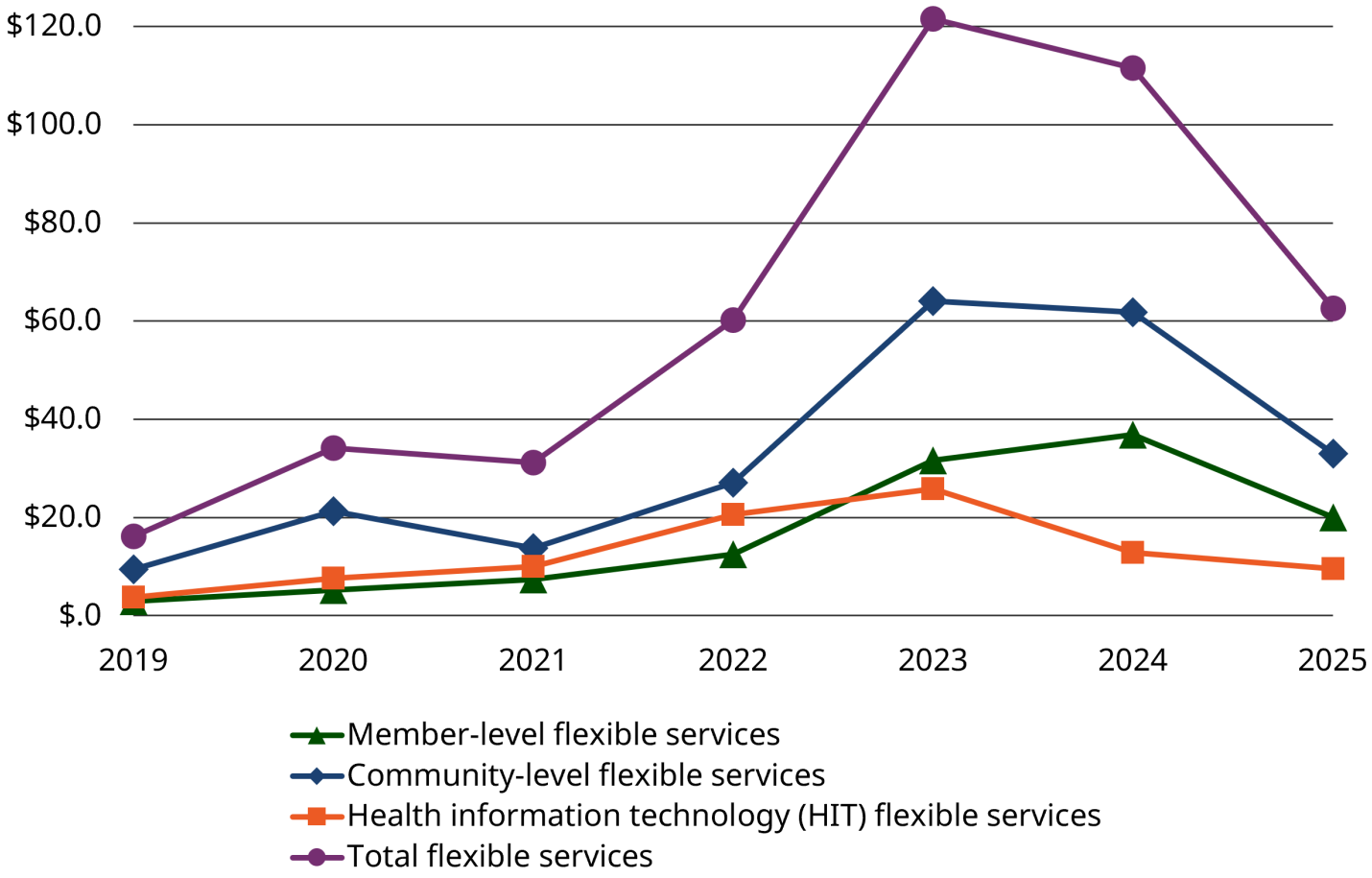
Overall spending highlights

Total spending

Total flexible services spending decreased from $111.5 million in 2024 to 62.6 $ million in 2025, which is a 43.4% decrease. All types of flexible services spending decreased. Member-level spending decreased by 45.7% to $20.1 million. Community-level spending decreased by 46.5% to $33.1 million. HIT spending decreased by 25.9% to $9.5 million. Despite the smaller percent decrease in spending for HIT, member-level continued to outspend HIT for the

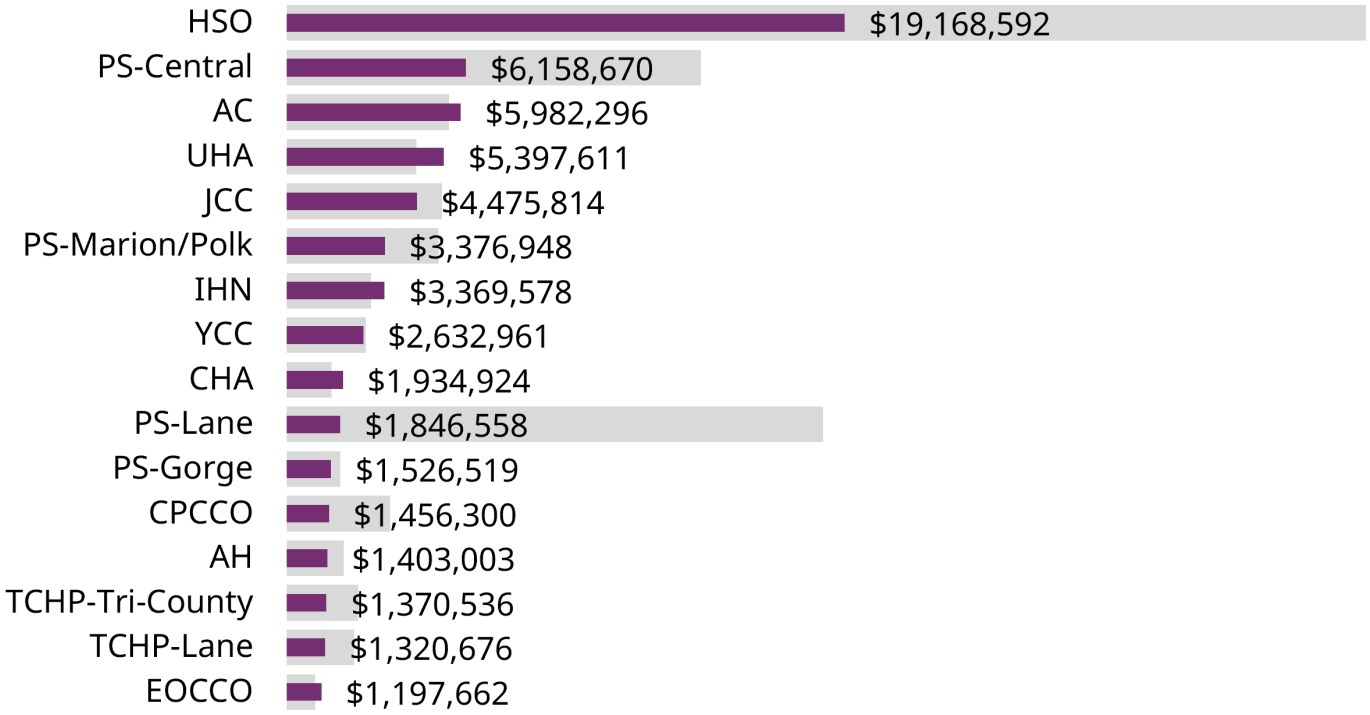
third year in a row. See Figure 1 below for total flexible services spending by year and type.

Figure 1: Total flexible services spending in millions by year and type show significant decreases across all types.



Across CCOs, total flexible services spending ranged from $1.2 million to $19.2 million. Five CCOs accounted for just over 60% of spending in 2025, or $41.2 million, while only three CCOs accounted for over 60% of spending in 2024. Eleven CCOs decreased spending in 2025, with decreases ranging from 4% to 90%. For the five CCOs that increased spending, increases ranged from 7% to 26%. See Figure 2 below and Table 1 in Appendix B for total flexible services spending by CCO and year.

Figure 2: Total flexible services spending, in millions, by CCO in **2024** and **2025** with five CCOs representing just over 60% of all spending.



Percentage of total member services spending

The downward trend is similar for flexible services as a percent of total member services spending.[2] Flexible services spending as a percent of total CCO member services spending decreased from 1.58% in 2024 to 0.82% in 2025. See Figure 13 and Table 3 in Appendix B for flexible services spending as a percent of total member services spending by CCO and year.

Per member per month spending

CCO per member per month (PMPM) flexible services spending takes CCO membership size into account and is a more meaningful way to compare how much each CCO is spending on flexible services. The total flexible services PMPM spending across CCOs decreased (43.4%) from $7.23 PMPM in 2024 to $4.10 PMPM in 2025. See Figure 3 below for total flexible services PMPM by year, and Figures 9–12 and Table 2 in Appendix B for total flexible services PMPM spending by CCO, type, and year.

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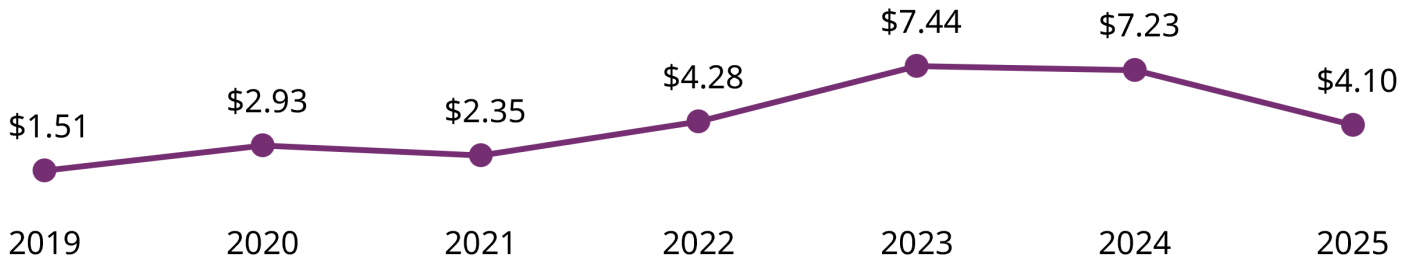
[2] Total CCO spending on member services includes all CCO covered member services plus CCO flexible services spending that met flexible services criteria.

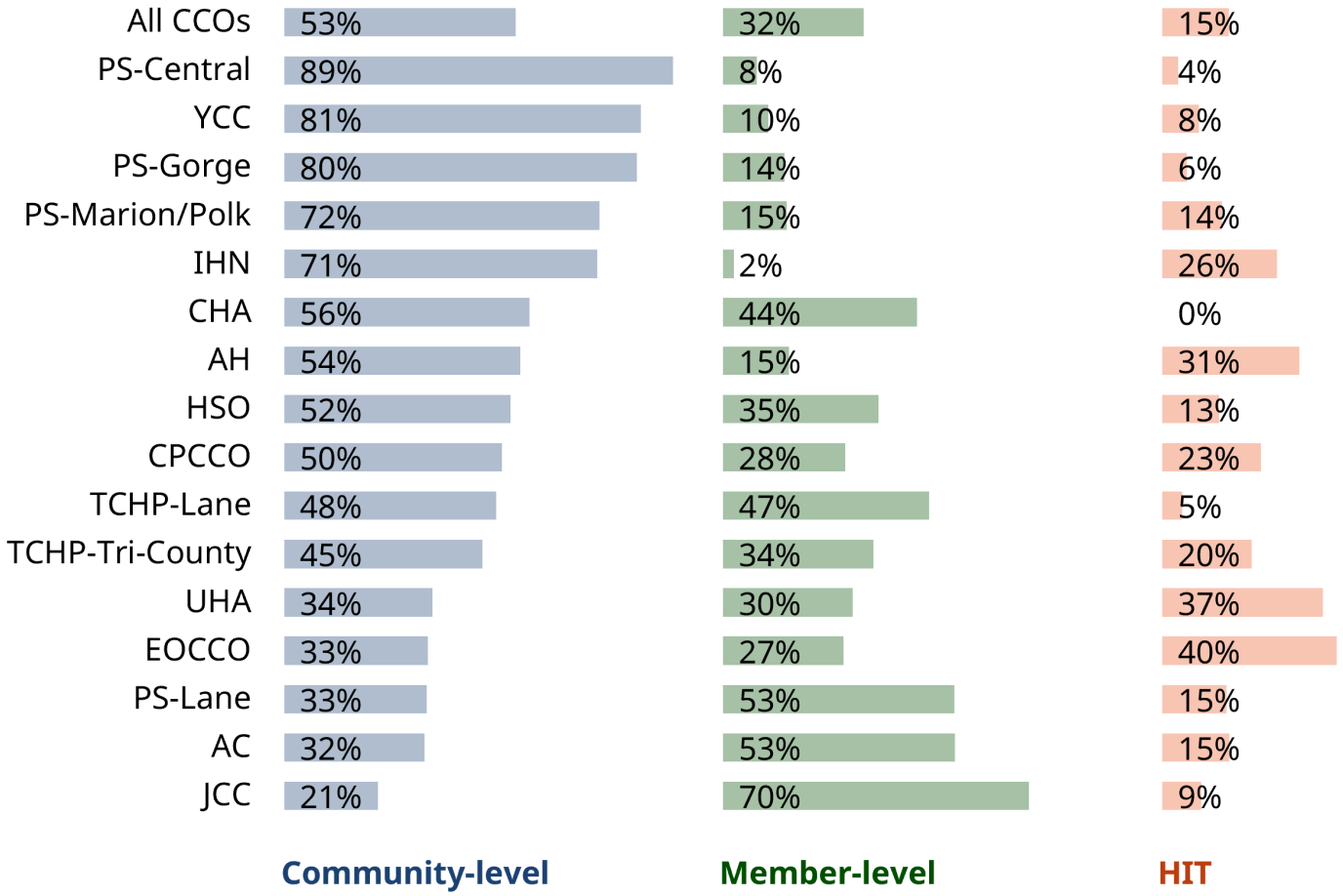
Figure 3: Average flexible services PMPM spending in 2025 decreased significantly



Spending types

In 2025, community-level flexible services remained the largest spending type at a fairly stable 53% of all flexible services spending. Likewise, member-level and HIT remained fairly stable at 32% and 15%, respectively. See Figure 4 for the percent of spending by type and CCO in 2025.

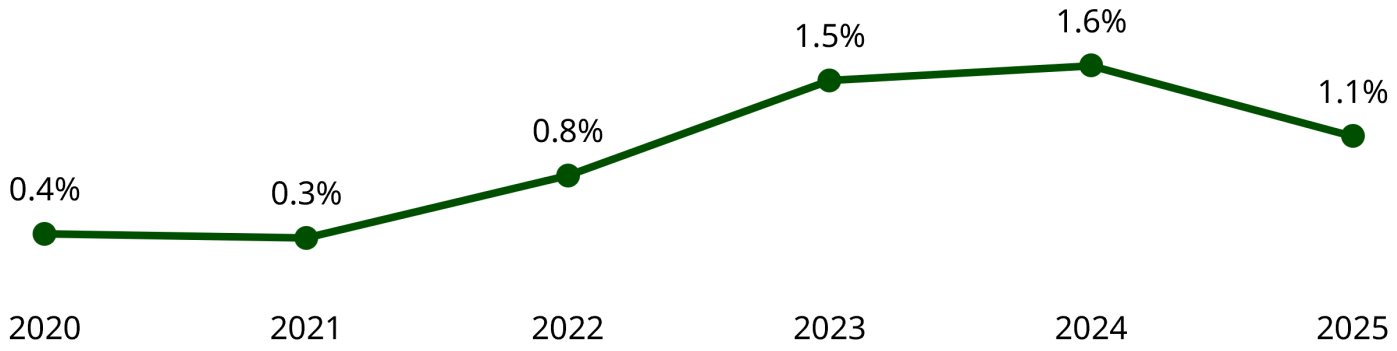
Figure 4: Nine CCOs spent at least half of all flexible services at the community level, while three CCOs spent at least half at the member level and no CCOs spent at least half on HIT.



Member-level spending

The number of members who received at least $200 in the value of flexible services in a calendar year decreased to 13,661 in 2025. This is a 33% decrease from 2024 and represents 1.1% of all CCO members. See Figure 5 for the percent of CCO members by year. Most of these members (88%) were not the same members who received at least $200 in the value of flexible services in 2024. See Appendix C for more details about flexible services reported at the OHP member level.

Figure 5: Percent of CCO members who received at least $200 in the value of flexible services decreased by 33% from 2024 to 2025



Spending in key areas

Overall spending category trends

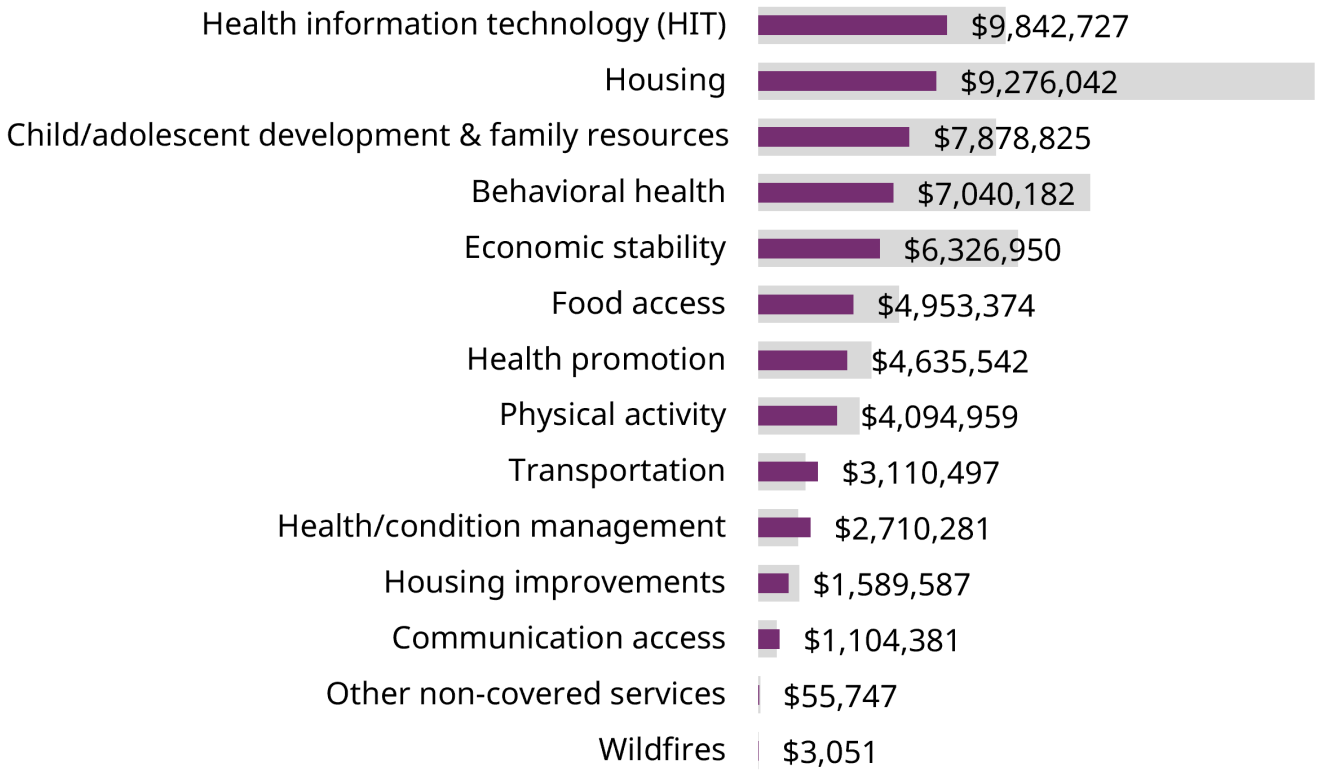
Spending categories are determined through a qualitative analysis and validation of CCO-reported categories (see Appendix E for a full list of categories, subcategories, and examples of spending within subcategories).[3]

In 2025, CCOs spent more on HIT than any other category, at $9.8 million. Housing was not far behind with $9.3 million. Child and adolescent development and family resources, behavioral health, and economic stability were the next three largest spending categories with $7.9, $7.0, and $6.3 million respectively. See Figure 6 below for total spending by category and

[3] The qualitative analysis results only reflect one spending category per investment, so there may be an undercount for categories. For example, an investment providing housing supports related to COVID-19 efforts are only included as COVID-19. It is not also included as housing.

year. See Tables 4–19 in Appendix D for total spending by category, year, and CCO.

Figure 6: Flexible spending categories in **2024** and **2025**



Examining spending within categories provides better information about how the spending is being invested in members and the community. See Figures 23–34 in Appendix D for details about spending within each category.

CCO-reported flexible services spending among priority populations

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

- Communities of color:
  - American Indian/Alaska Native;
  - Asian;
  - Black/African American;

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

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

Across 2025 CCO flexible services spending, most spending ($54.0 million; 86.3%) included a CCO-reported priority population. Most of this spending was to support individuals and families with lower incomes ($28.6 million) and communities of color ($7.7 million). In addition to the defined priority populations, CCOs reported $5.3 million that focused on people living in rural areas. While spending to support priority populations did decrease across all groups, this is in line with the overall decrease in flexible services spending. See Figures 7 and 8 for more details and the subset of priority population spending across all CCOs.

Note that CCOs may report more than one priority population, so population spending totals are not mutually exclusive. Also, these totals may not reflect all CCO spending among these populations since this data is optional. Improved reporting would better inform future OHA flexible services policy, guidance, and technical assistance to encourage increased flexible services spending to support priority populations.

Figure 7: Flexible services spending in millions reported to support priority populations in **2024** and **2025**

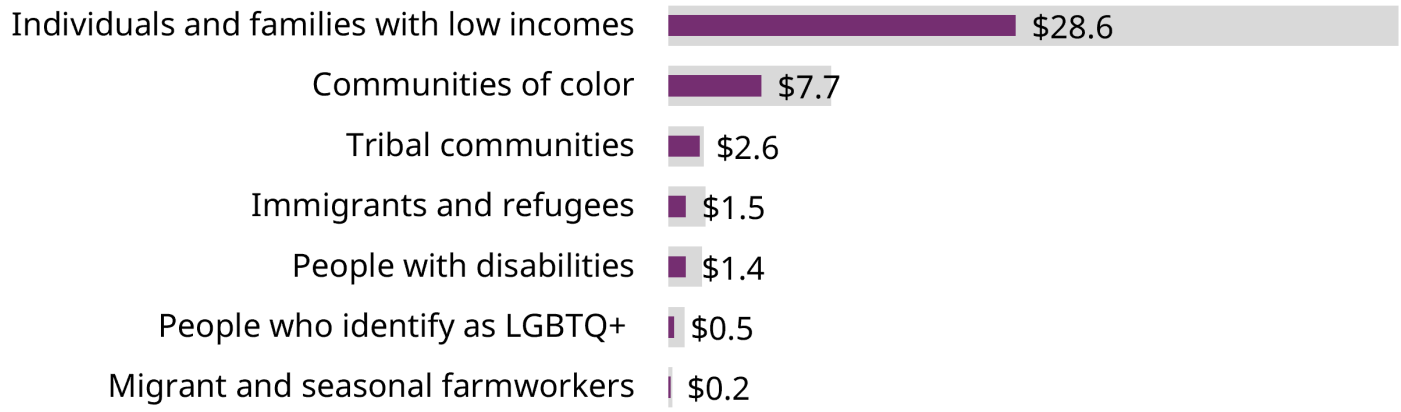
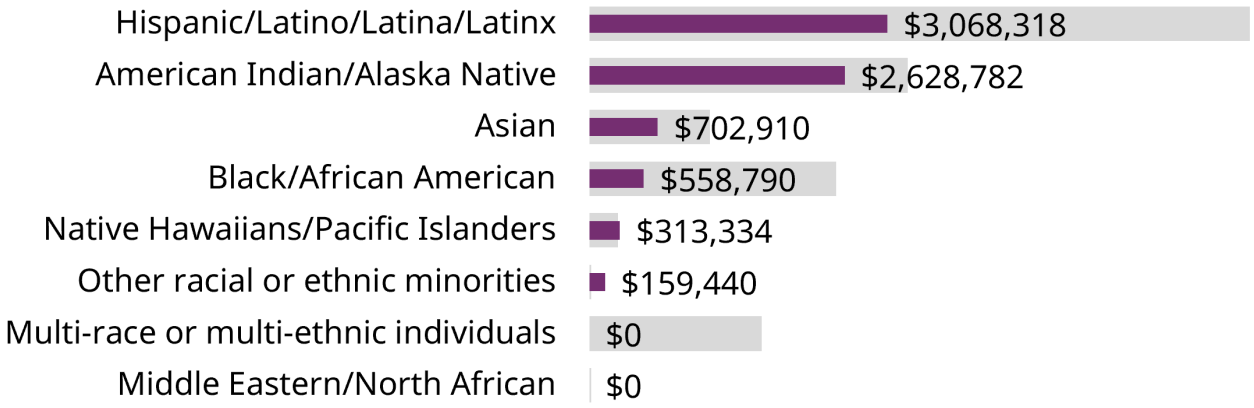


Figure 8: Flexible services spending in millions to support communities of color in **2024** and **2025**



Conclusions

While overall flexible services spending has significantly decreased, the member-level spending continues to outpace HIT spending. The decrease for members receiving at least $200 in 2025 was only 33% compared to the decrease of 45.7% for all member-level flexible services spending. This may highlight CCOs' continued commitment to addressing their members' health-related social needs even during a period of decreased spending.

The overall decreases in flexible services spending may be due to members' needs being met through the recent HRSN benefits for housing and nutrition, overall CCO financial stability challenges (which limit CCO resources for flexible services), caps CCOs are placing on flexible services spending, and more CCOs

meeting minimum medical loss ratio (MLR) requirements. The MLR requirements can affect flexible services spending in two ways:

1. When CCOs **are meeting** their MLR requirements by spending enough on member medical services, they may have less budget available for flexible services.
2. When CCOs **are not meeting** their MLR requirements, they may spend more on flexible services to improve their MLR and avoid rebating funds back to the state (and then the federal government

OHA looks forward to the continued CCO contribution and innovation in all flexible services spending to improve both member and community health.

Questions about flexible services or this spending summary can be directed to OHA at flexible.services@oha.oregon.gov.

Appendix A: CCO abbreviations and counties served

1. Advanced Health (**AH**): Coos, Curry
2. AllCare CCO (**AC**): Douglas*, Curry, Jackson, Josephine
3. Cascade Health Alliance (**CHA**): Klamath*
4. Columbia Pacific CCO (**CPCCO**): Clatsop, Columbia, Tillamook
5. Eastern Oregon CCO (**EOCCO**): Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler
6. Health Share of Oregon (**HSO**): Clackamas, Multnomah, Washington*
7. InterCommunity Health Network (**IHN**): Benton, Lincoln, Linn
8. Jackson Care Connect (**JCC**): Jackson
9. PacificSource – Central Oregon (**PS-Central**): Crook, Deschutes, Jefferson, Klamath*
10. PacificSource – Columbia Gorge (**PS-Gorge**): Hood River, Wasco
11. PacificSource – Lane (**PS-Lane**): Lane
12. PacificSource – Marion/Polk (**PS-Marion-Polk**): Marion, Polk*
13. Trillium Community Health Plan – Lane (**TCHP-Lane**): Douglas*, Lane, Linn*
14. Trillium Community Health Plan – Tri-County (**TCHP-Tri-County**): Clackamas, Multnomah, Washington
15. Umpqua Health Alliance (**UHA**): Douglas*
16. Yamhill Community Care (**YCC**): Polk*, Washington*, Yamhill

* CCO serves part of the county

Appendix B: Flexible services spending by CCO

Table 1: Total flexible services spending in millions by CCO and year

CCO	2019	2020	2021	2022	2023	2024	2025
AC	$1.57	$2.50	$2.80	$3.74	$7.93	$5.57	$5.98
AH	$.53	$4.14	$1.63	$2.40	$1.78	$1.96	$1.40
CHA	$.22	$.29	$.29	$1.07	$1.52	$1.54	$1.93
CPCCO	$1.46	$1.68	$1.41	$1.20	$7.62	$3.57	$1.46
EOCCO	$.09	$1.06	$.97	$.52	$1.75	$.97	$1.20
HSO	$2.72	$11.69	$6.04	$25.58	$27.47	$37.96	$19.17
IHN	$.96	$.76	$1.13	$2.50	$3.99	$2.91	$3.37
JCC	$1.04	$2.32	$2.54	$3.15	$12.65	$5.34	$4.48
PS-Central	$.11	$.32	$1.24	$3.32	$11.06	$14.23	$6.16
PS-Gorge	$.54	$.52	$.50	$1.05	$1.75	$1.85	$1.53
PS-Lane	N/A	$.38	$.99	$2.07	$9.02	$18.42	$1.85
PS-Marion-Polk	N/A	$.68	$4.45	$5.21	$2.83	$5.22	$3.38
TCHP-Lane	N/A	N/A	$.82	$1.31	$10.09	$2.33	$1.32
TCHP-Tri-County	N/A	N/A	$.10	$.33	$15.65	$2.46	$1.37
UHA	$3.33	$4.39	$4.26	$3.96	$4.36	$4.46	$5.40
YCCO	$1.13	$2.53	$1.94	$2.82	$2.13	$2.73	$2.63
All CCOs	**$16.16**	**$34.15**	**$31.14**	**$60.24**	**$121.58**	**$111.52**	**$62.62**

Table 2: PMPM flexible services spending by CCO and year

CCO	2019	2020	2021	2022	2023	2024	2025
AC	$2.60	$4.16	$5.00	$5.19	$6.31	$7.14	$7.42
AH	$2.21	$15.51	$5.42	$7.48	$5.02	$5.78	$4.29
CHA	$1.04	$1.21	$1.08	$3.62	$4.94	$5.13	$6.54
CPCCO	$4.74	$5.01	$3.69	$2.88	$17.32	$8.22	$3.31
EOCCO	$0.15	$1.59	$1.29	$0.64	$1.91	$1.10	$1.37
HSO	$0.71	$2.80	$1.30	$5.12	$5.15	$7.18	$3.81

CCO	2019	2020	2021	2022	2023	2024	2025
IHN	$1.39	$1.03	$1.33	$5.29	$3.86	$3.18	$3.32
JCC	$2.72	$3.86	$3.70	$4.28	$16.34	$6.93	$5.72
PS-Central	$0.19	$0.48	$1.59	$3.89	$12.30	$16.61	$7.28
PS-Gorge	$3.73	$3.26	$2.79	$5.44	$8.68	$9.48	$7.93
PS-Lane	N/A	$0.50	$1.08	$2.01	$8.29	$17.64	$1.79
PS-Marion-Polk	N/A	$0.52	$3.00	$3.23	$1.68	$3.22	$2.08
TCHP-Lane	$2.08	$1.88	N/A	N/A	N/A	N/A	$3.19
TCHP-Tri-County	N/A	N/A	$1.92	$3.03	$21.81	$5.50	$1.95
UHA	N/A	N/A	$0.51	$0.94	$23.91	$3.69	$11.09
YCCO	$10.29	$12.25	$10.70	$9.22	$8.79	$9.33	$6.34
CCO average	**$3.75**	**$8.44**	**$5.10**	**$7.01**	**$4.73**	**$6.48**	**$4.10**

Figure 9: Per member per month (PMPM) flexible services spending by CCO in **2024** and **2025**

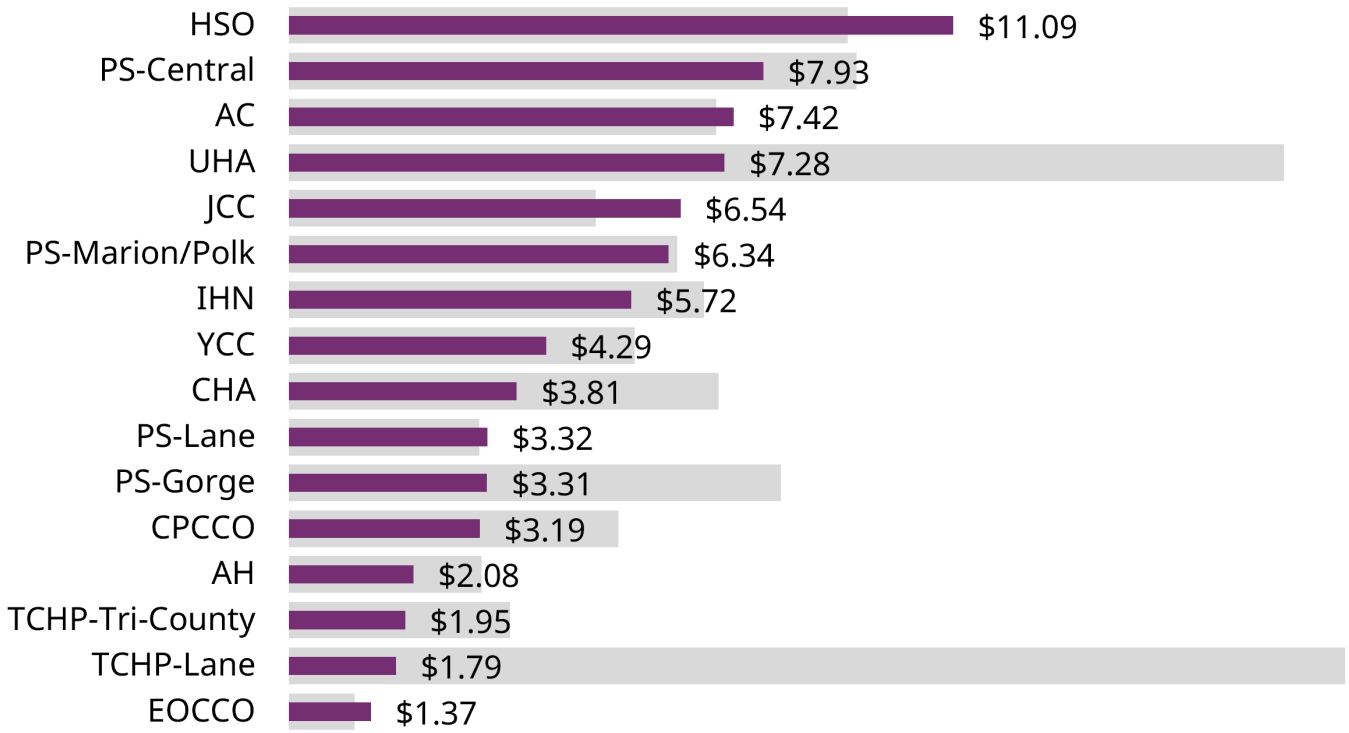


Figure 10: PMPM member-level flexible services spending by CCO in **2024** and **2025**

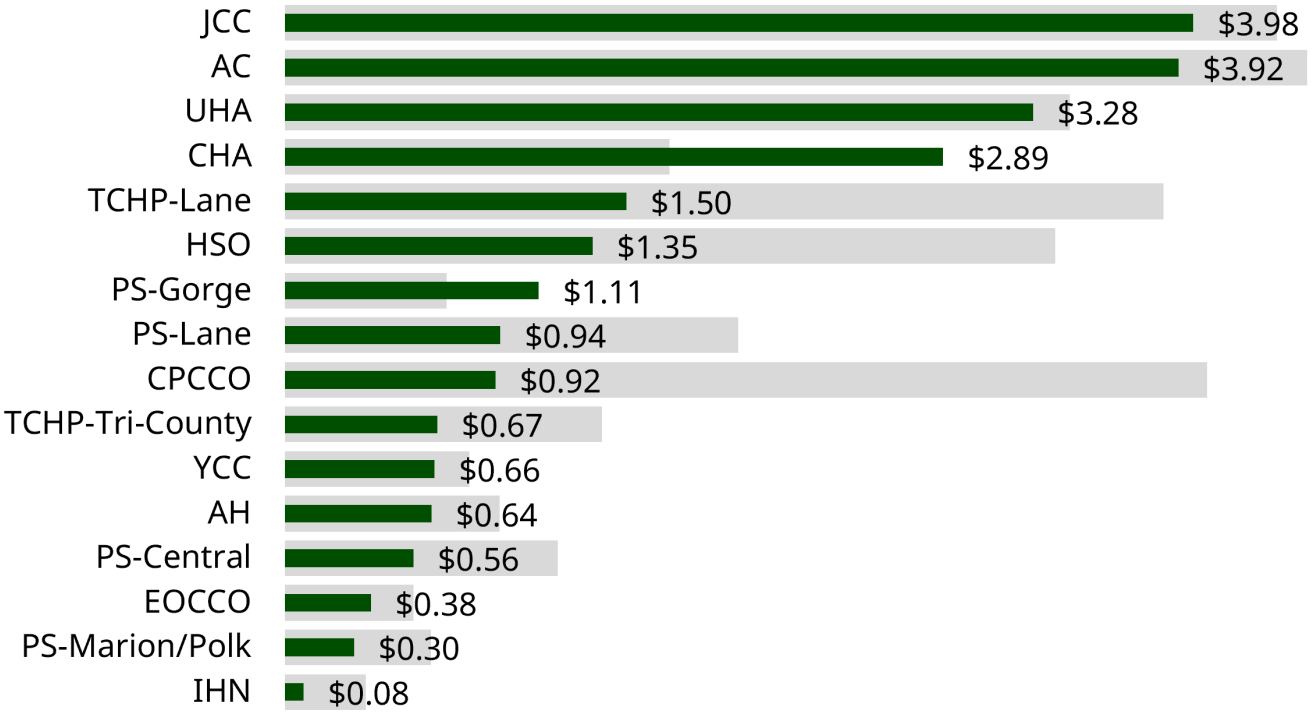


Figure 11: PMPM community-level flexible services spending by CCO in **2024** and **2025**

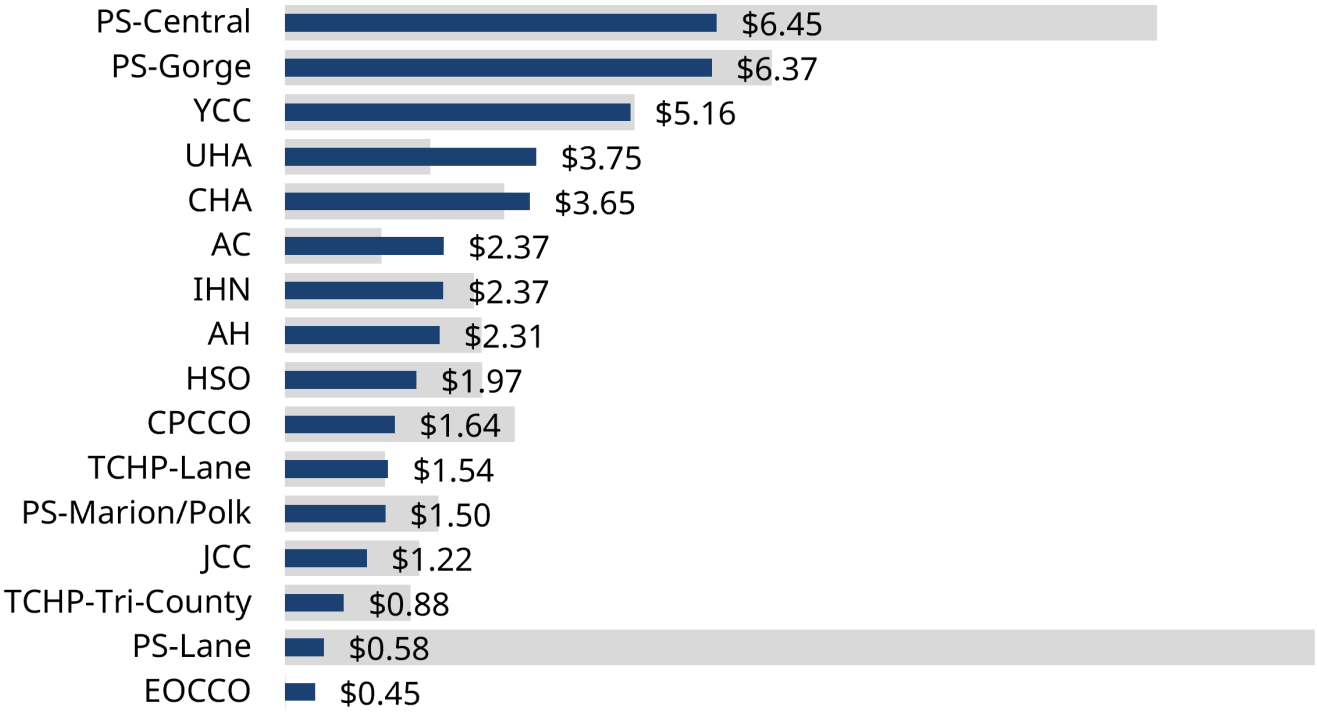


Figure 12: PMPM HIT flexible services spending by CCO in **2024** and **2025**

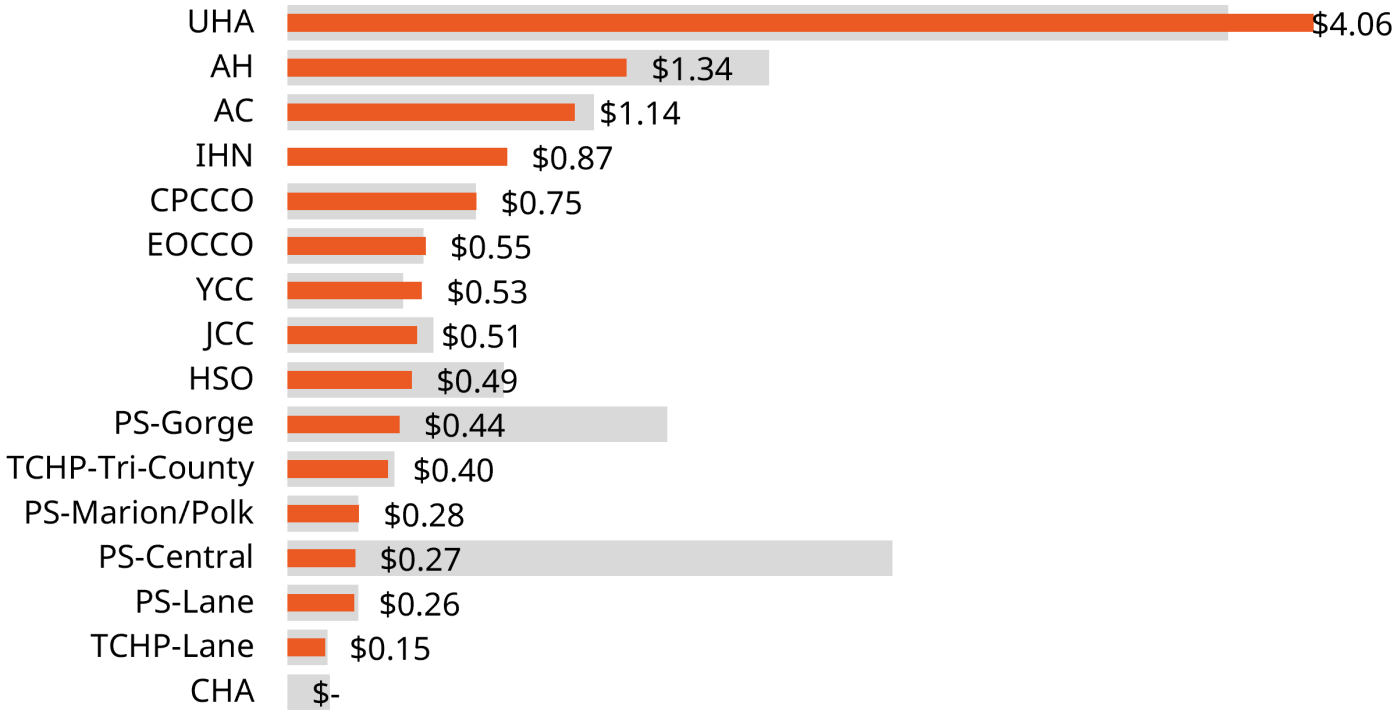
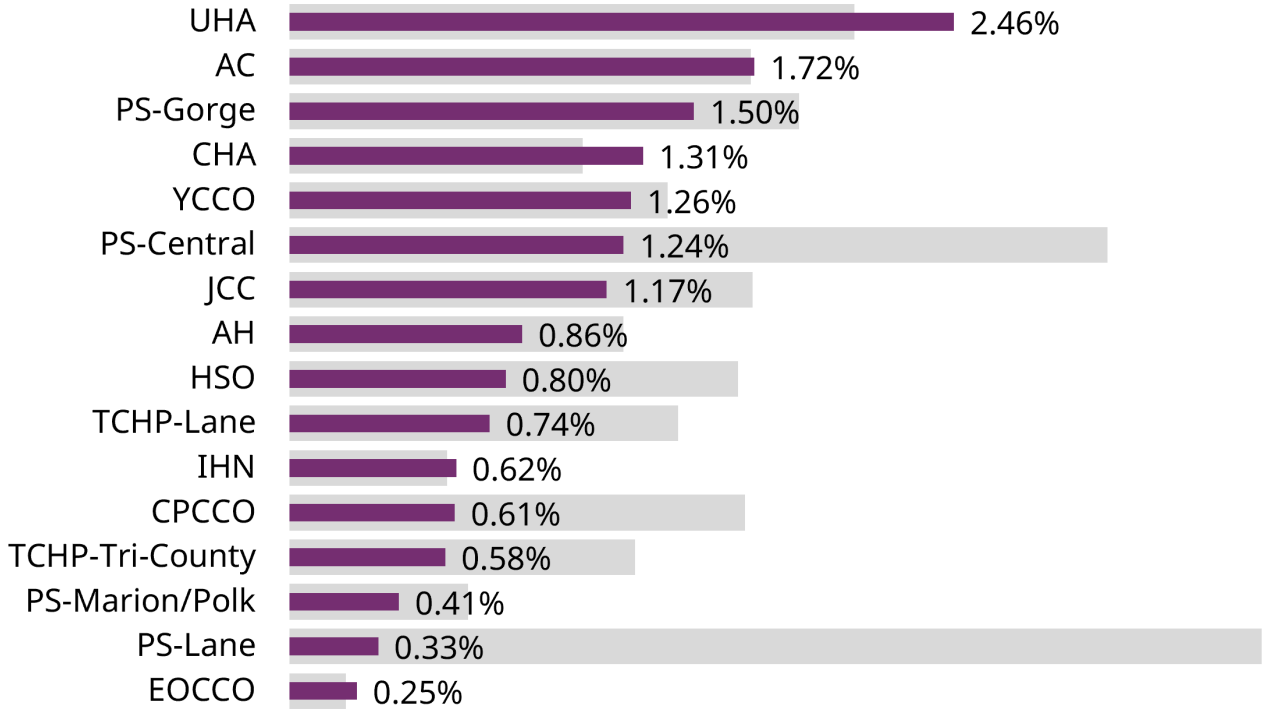


Table 3: Flexible services spending as a percent of total CCO member services spending by CCO and year

CCO	2019	2020	2021	2022	2023	2024	2025
AC	0.68%	1.08%	1.08%	1.33%	2.44%	1.70%	1.72%
AH	0.49%	3.27%	1.20%	1.48%	1.11%	1.23%	0.86%
CHA	0.26%	0.31%	0.29%	0.92%	1.18%	1.08%	1.31%
CPCCO	1.01%	0.99%	0.79%	0.62%	3.19%	1.68%	0.61%
EOCCO	0.03%	0.32%	0.29%	0.13%	0.40%	0.21%	0.25%
HSO	0.17%	0.68%	0.31%	1.19%	1.19%	1.66%	0.80%
IHN	0.32%	0.22%	0.30%	0.58%	0.82%	0.58%	0.62%
JCC	0.70%	0.96%	0.90%	1.08%	3.60%	1.71%	1.17%
PS-Central	0.05%	0.11%	0.34%	0.21%	2.55%	3.02%	1.24%
PS-Gorge	0.92%	0.77%	0.63%	1.28%	1.82%	1.88%	1.50%
PS-Lane	N/A	0.12%	0.25%	0.49%	1.79%	3.59%	0.33%
PS-Marion-Polk	N/A	0.13%	0.75%	0.84%	0.39%	0.66%	0.41%
TCHP-Lane	0.50%	0.51%	N/A	N/A	N/A	N/A	0.74%

TCHP-Tri-County	N/A	N/A	0.54%	0.83%	5.74%	1.44%	0.58%
UHA	N/A	N/A	0.19%	0.34%	9.04%	1.28%	2.46%
YCCO	2.76%	3.00%	2.57%	2.24%	2.05%	2.09%	1.26%
CCO average	**0.95%**	**2.08%**	**1.20%**	**1.64%**	**1.08%**	**1.40%**	**0.82%**

Figure 13: Flexible services spending as a percent of total CCO member services spending by CCO in **2024** and **2025**



Appendix C: Member-level flexible services spending data

The data in this appendix only represents the OHP members that CCOs reported as receiving at least $200 in flexible services during a calendar year.

Figure 14: Most members did not receive this level of flexible services for more than one year from 2023 to 2025.

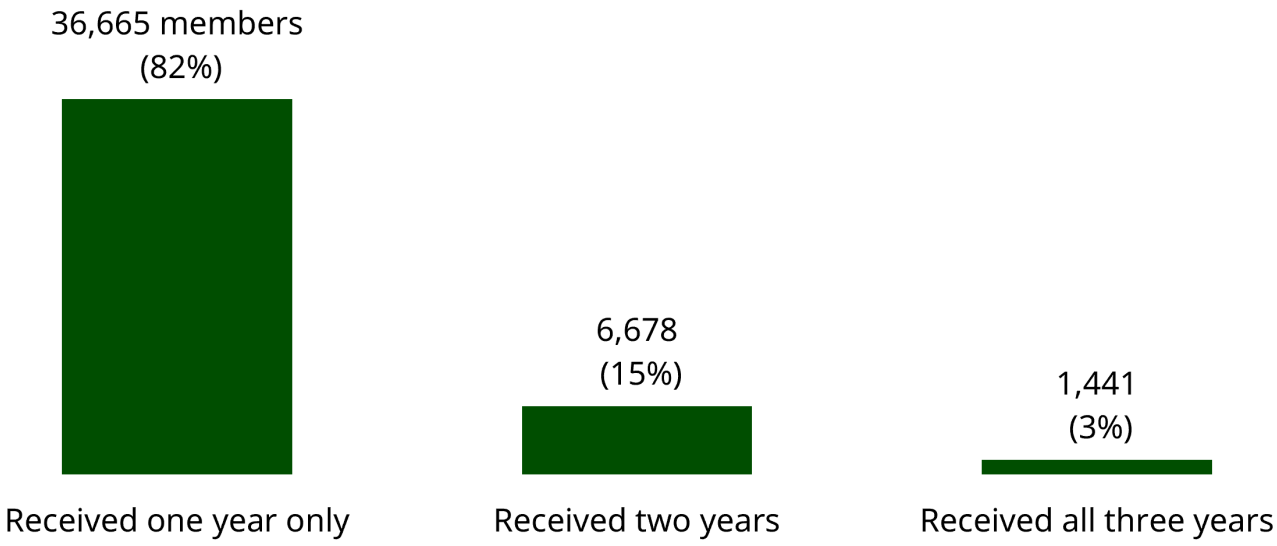


Figure 15: Median annual flexible services spending per member decreased by 22% from 2024 to 2025.

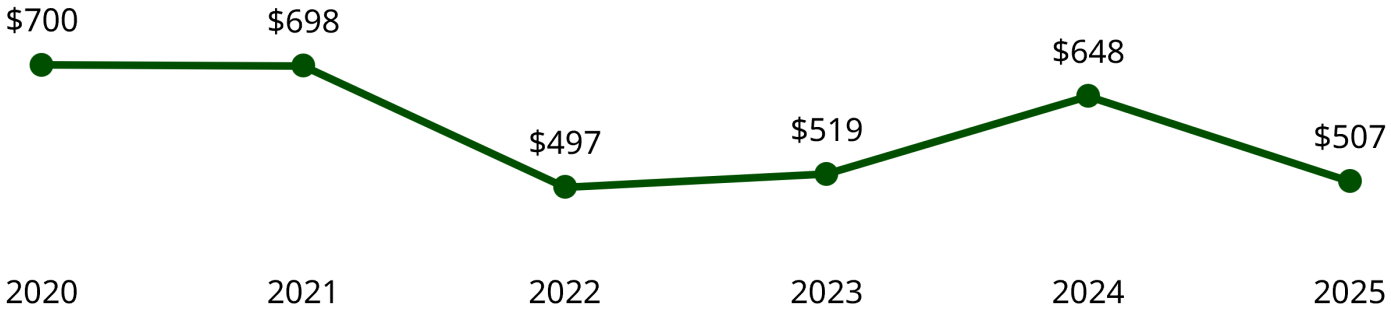


Figure 16: Five CCOs increased median annual flexible services spending per member from **2024** to **2025**.

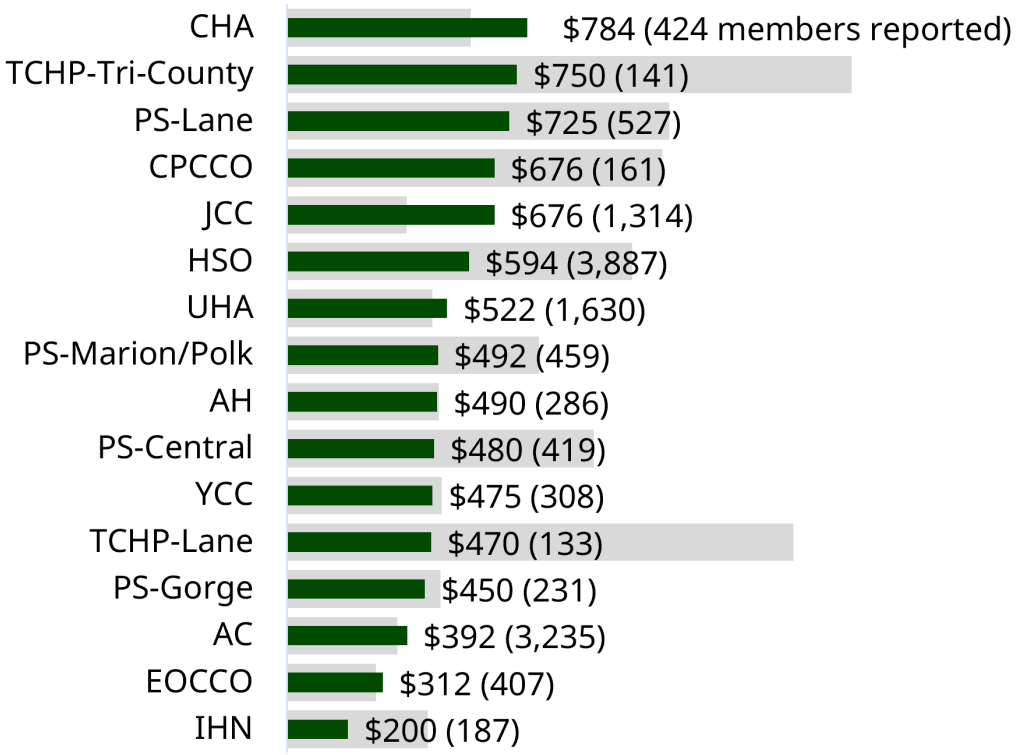


Figure 17: Flexible services spending, in millions, reported in member-level data decreased by 52% from 2024 to 2025.

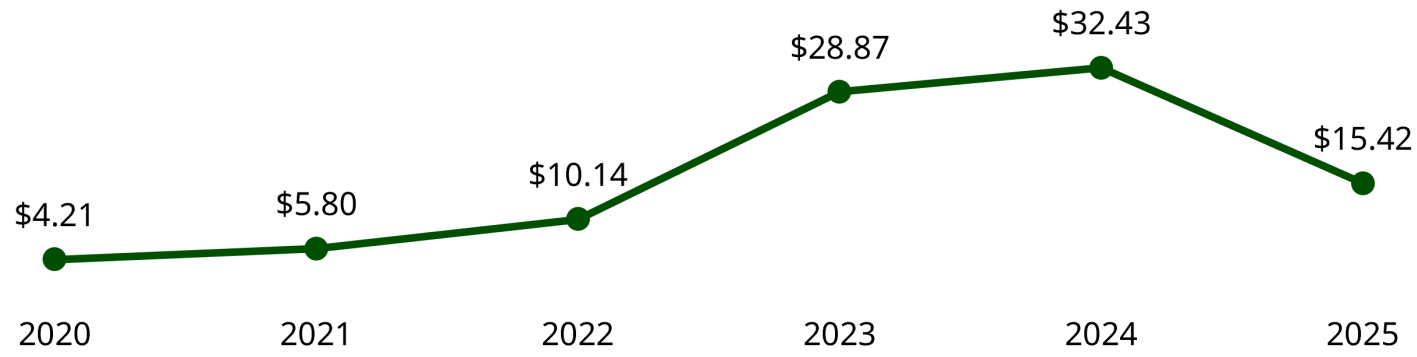


Figure 18: More members received physical activity-related services than any other category.

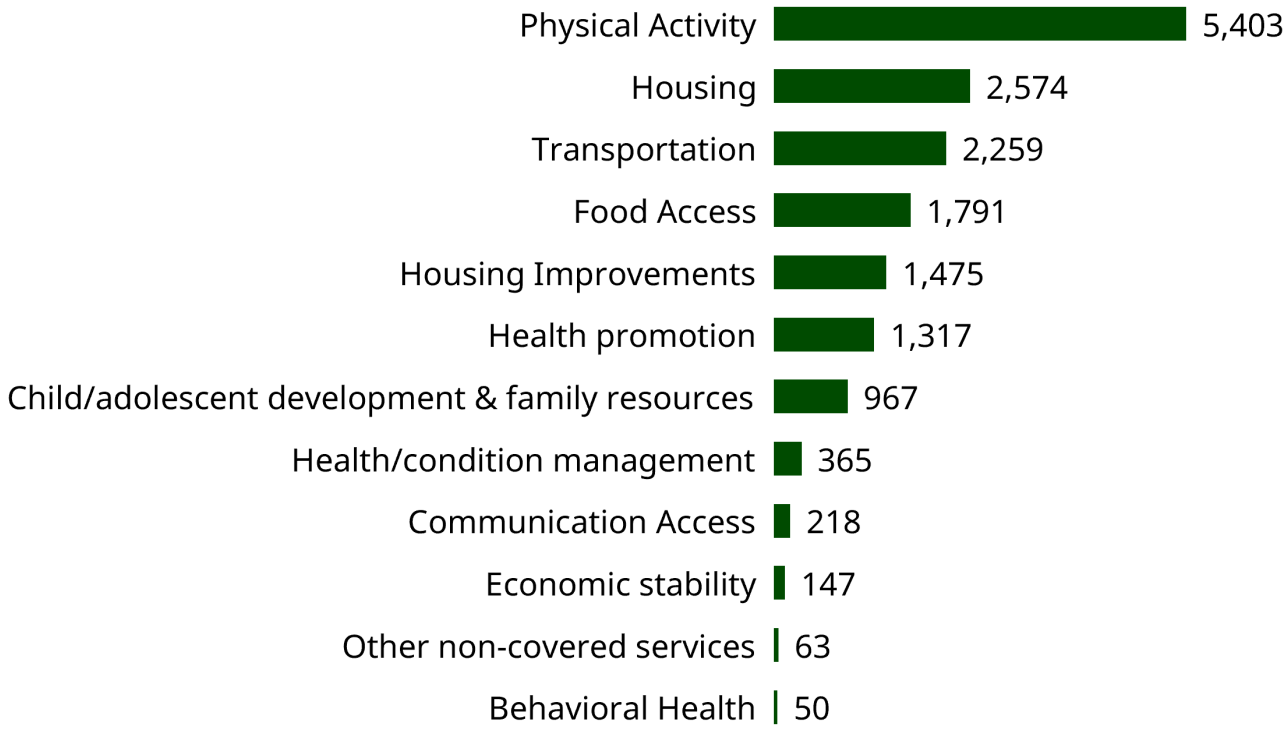


Figure 19: Most members who received physical activity services in 2025 received facilities access.



Apparel numbers in Figure 19 may be statistically unreliable due to small numbers; interpret with caution.

Figure 20: Housing services accounted for 49% of dollars spent on members

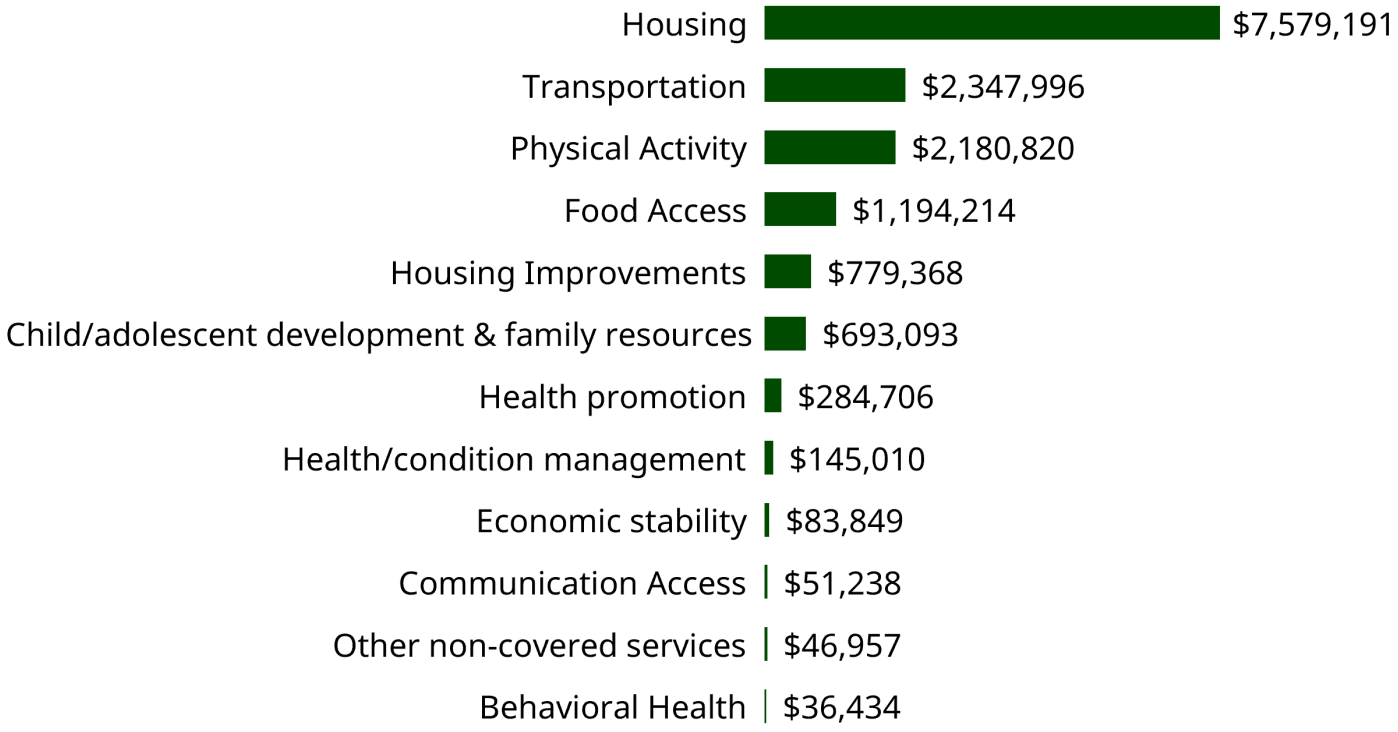
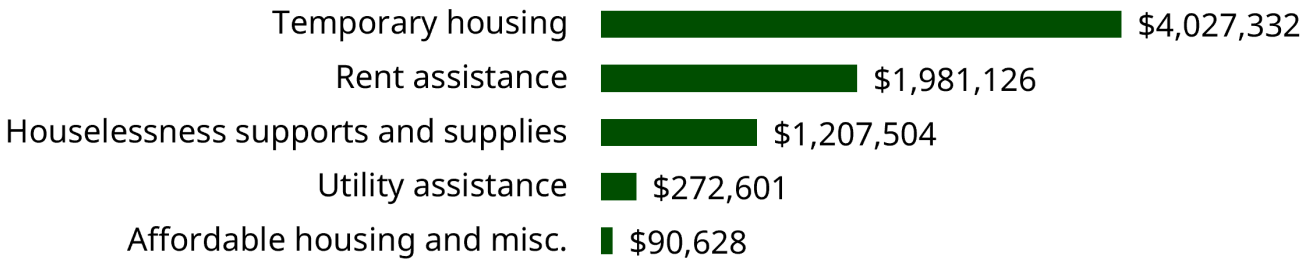


Figure 21: Most flexible services spending on housing services went toward temporary housing



Appendix D: Flexible services spending across categories[4]

Figure 22: Flexible services spending on **behavioral health** in **2024** and **2025**

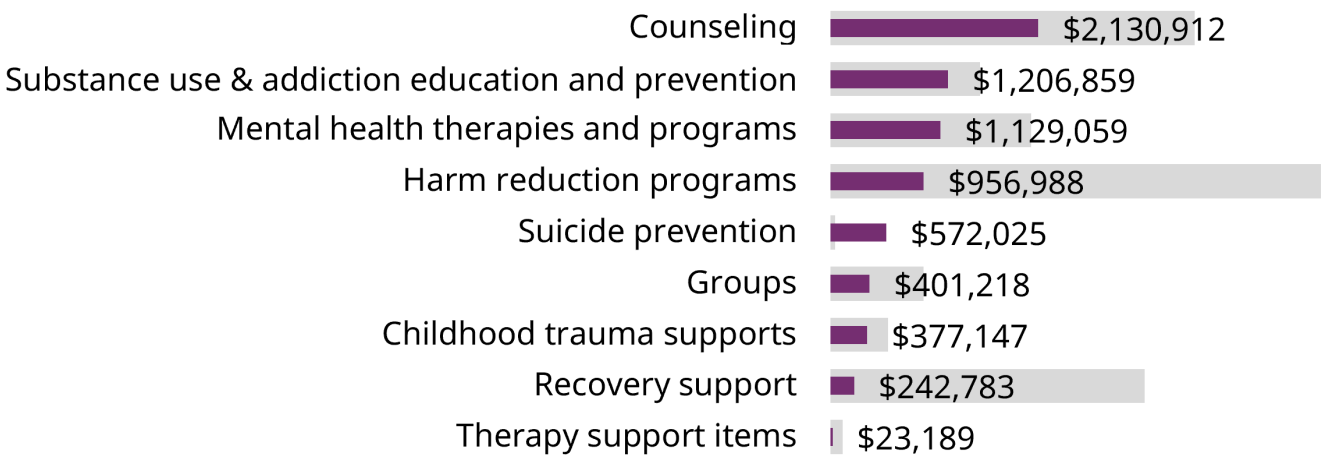
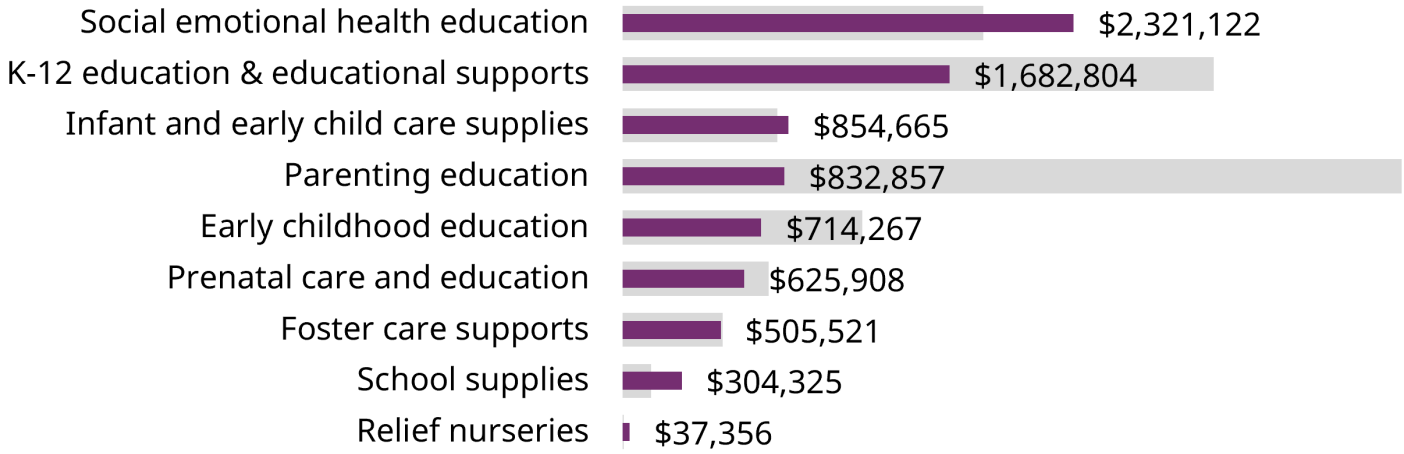


Figure 23: Flexible services spending on **child/adolescent development and family resources** in **2024** and **2025**



[4] Figures not included for categories with one or less sub-category of spending

Figure 24: Flexible services spending on **communications access** in **2024** and **2025**

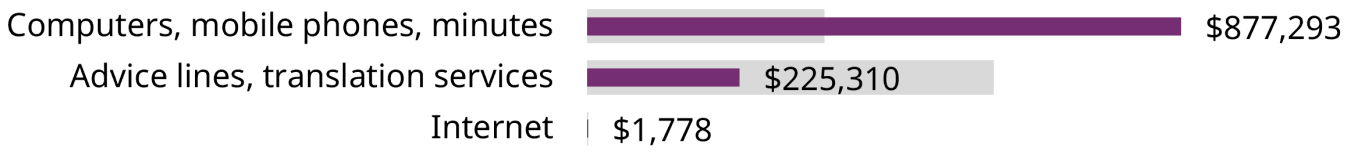


Figure 25: Flexible services spending on **economic stability** in **2024** and **2025**

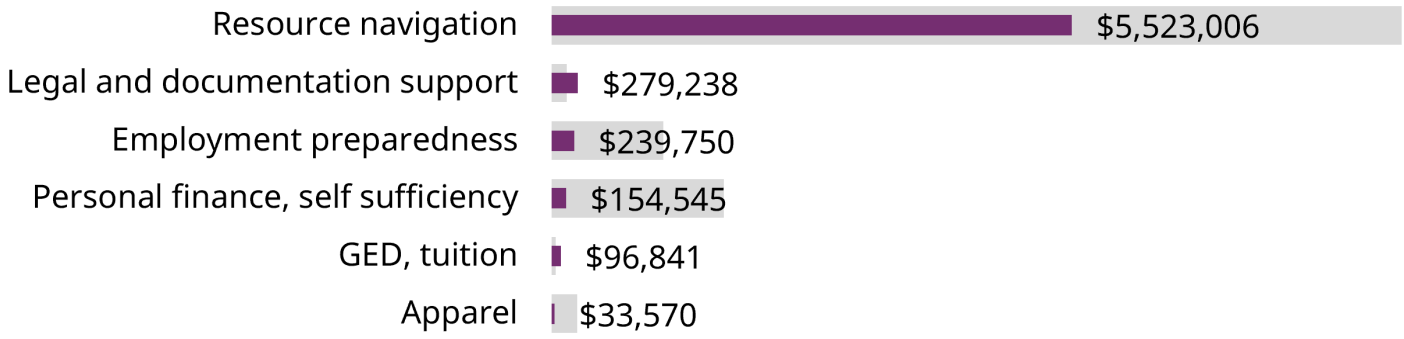


Figure 26: Flexible services spending on **food access** in **2024** and **2025**

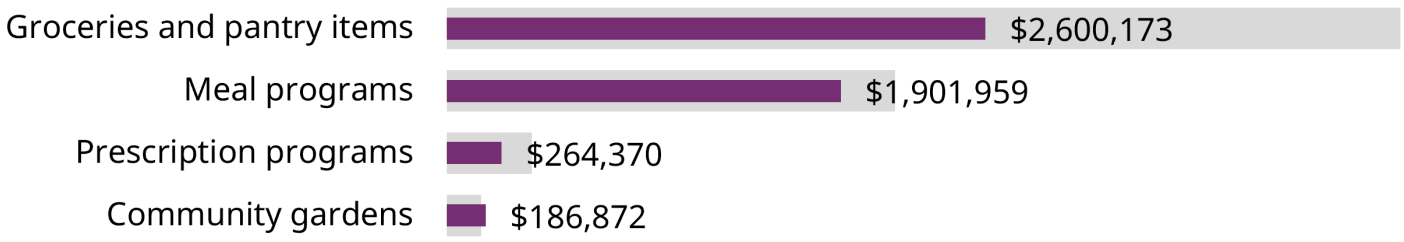


Figure 27: Flexible services spending on **health information technology** in **2024** and **2025**

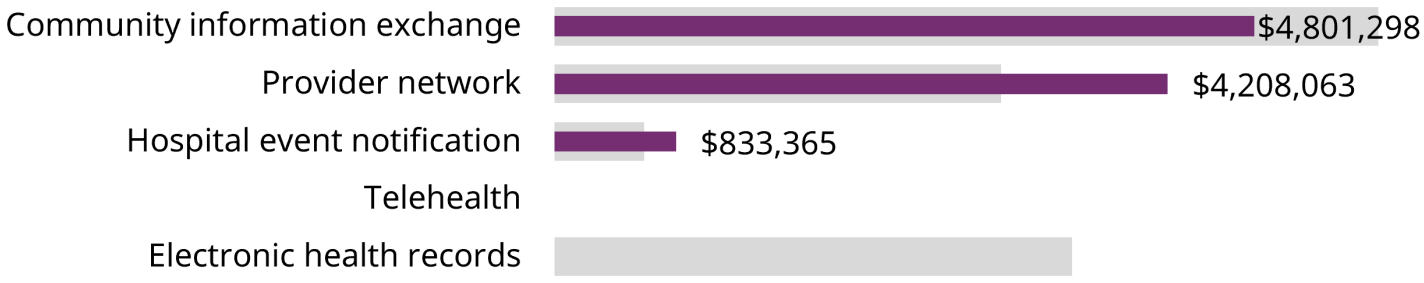


Figure 28: Flexible services spending on **health promotion** in **2024** and **2025**

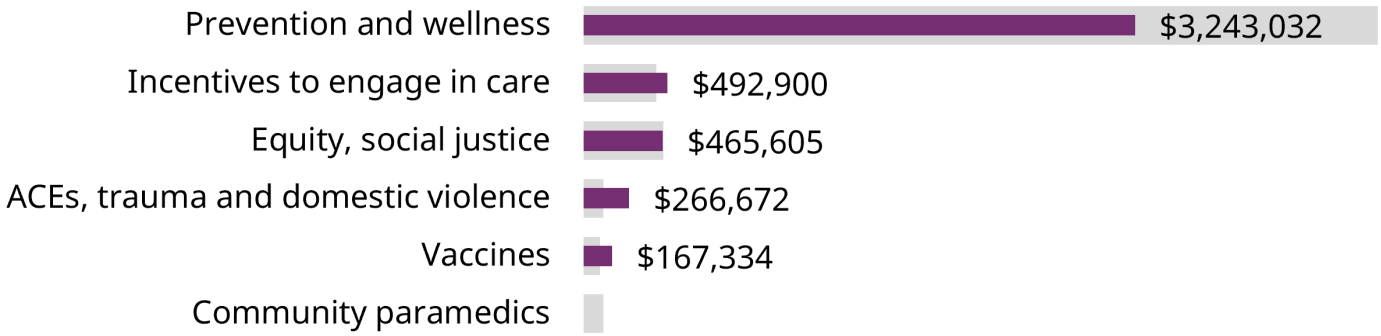


Figure 29: Flexible services spending on **health/condition management** in **2024** and **2025**

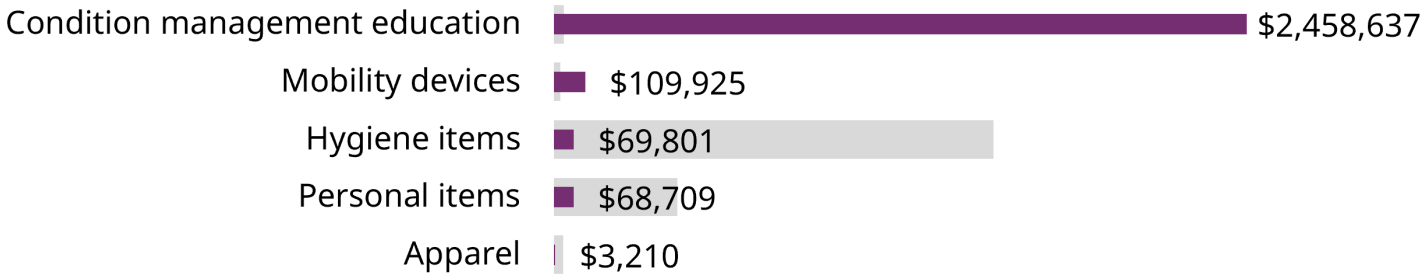


Figure 30: Flexible services spending on **housing** in **2024** and **2025**

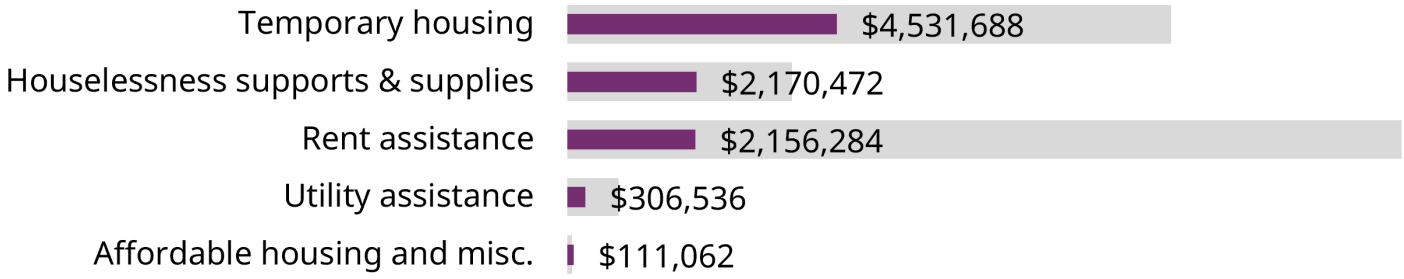


Figure 31: Flexible services spending on **housing improvements** in **2024** and **2025**

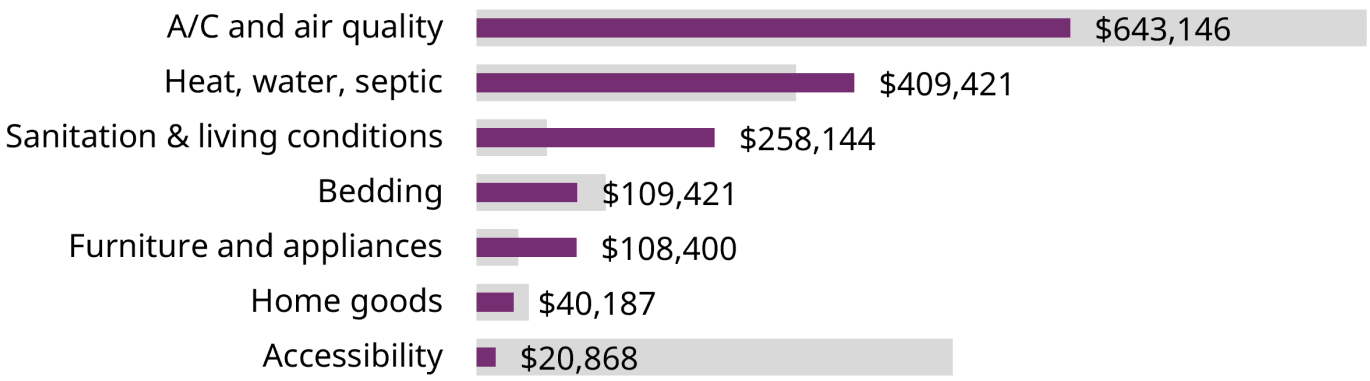


Figure 32: Flexible services spending on **physical activity** in **2024** and **2025**

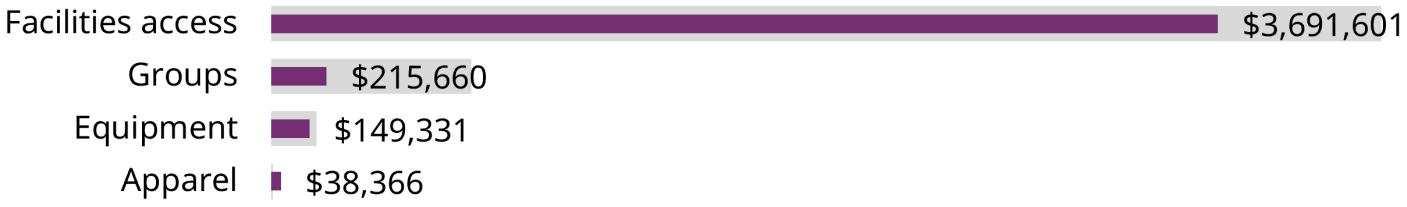
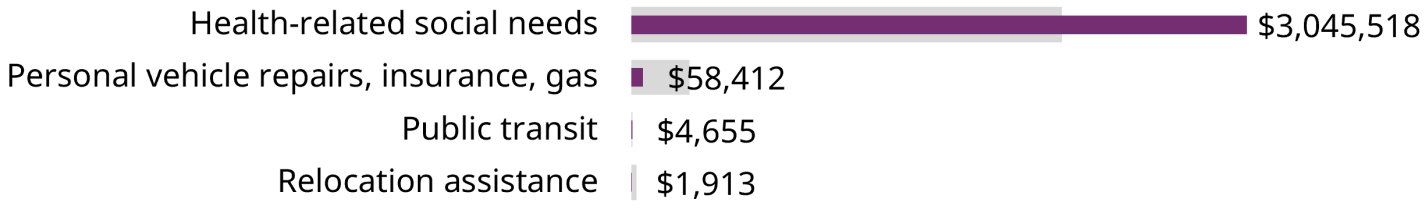


Figure 33: Flexible services spending on **transportation** in **2024** and **2025**



Flexible services spending categories by year[5] and CCO

Table 4: Advanced Health flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$18,512	$19,500	$98,500	$5,533
Child and adolescent development & family resources	$82,550	$64,400	$113,217	$228,009
Communication access	$80,970	$94,413	$67,660	$49,710
COVID-19	$0	$0	$0	$0
Economic stability	$192,050	$208,500	$176,000	$25,252
Food access	$65,878	$110,045	$157,785	$105,802
Health information technology	$1,279,515	$526,093	$646,870	$438,673
Health promotion	$73,760	$89,410	$41,697	$74,812
Health/condition management	$92,084	$107,554	$156,256	$70,075
Housing	$362,722	$342,880	$328,367	$126,730
Housing improvements	$37,160	$0	$0	$32,400
Other non-covered services	$0	$16,804	$0	$3,282
Physical activity	$84,376	$116,733	$128,193	$201,088
Transportation	$34,793	$81,598	$48,067	$41,637
Wildfires	$0	$0	$0	$0
Total	**$2,404,370**	**$1,777,930**	**$1,962,612**	**$1,403,003**

Table 5: AllCare flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$600	$226,300	$164,550	$212,405

[5] The qualitative coding was updated for 2023 spending to more accurately reflect and group spending themes. The coding changes were applied back to 2022 flexible services spending, so trends reflected in this analysis only go back to 2022.

Category	2022	2023	2024	2025
Child and adolescent development & family resources	$431,308	$471,625	$471,195	$370,340
Communication access	$661	$20,000	$3,498	$31,824
COVID-19	$11,050	$0	$0	$0
Economic stability	$166,313	$449,350	$1,022,185	$272,500
Food access	$416,099	$462,170	$233,334	$655,593
Health information technology	$62,085	$0	$945,457	$916,136
Health promotion	$145,639	$207,542	$27,500	$133,745
Health/condition management	$31,405	$14,996	$54,250	$160,296
Housing	$750,161	$1,514,000	$460,091	$1,212,569
Housing improvements	$112,314	$10,000	$11,952	$42,809
Other non-covered services	$30,205	$65,000	$0	$45,495
Physical activity	$1,152,187	$4,047,814	$1,830,880	$1,448,250
Transportation	$305,654	$312,429	$344,916	$477,283
Wildfires	$128,062	$125,000	$0	$3,051
Total	**$3,743,743**	**$7,926,226**	**$5,569,807**	**$5,982,296**

Table 6: Cascade Health Alliance flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$7,250	$65,938	$57,428	$72,654
Child and adolescent development & family resources	$2,000	$21,017	$14,566	$49,766
Communication access	$0	$100	$5,157	$7,393
COVID-19	$0	$0	$0	$0
Economic stability	$690,000	$770,000	$768,623	$762,831
Food access	$1,258	$12,038	$39,753	$35,814

Category	2022	2023	2024	2025
Health information technology	$217,400	$33,133	$50,120	$0
Health promotion	$19,902	$33,368	$36,438	$214,003
Health/condition management	$0	$3,957	$2,526	$24,732
Housing	$1,004	$378,280	$244,488	$342,908
Housing improvements	$23,639	$18,310	$29,290	$25,698
Other non-covered services	$90,000	$94,500	$95,670	$0
Physical activity	$16,684	$10,857	$12,601	$2,083
Transportation	$54	$60,952	$147,014	$397,043
Wildfires	$0	$15,000	$32,000	$0
Total	**$1,069,190**	**$1,517,451**	**$1,535,674**	**$1,934,924**

Table 7: Columbia Pacific CCO flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$170,050	$116,737	$376,290	$249,617
Child and adolescent development & family resources	$143,480	$453,497	$182,499	$66,237
Communication access	$0	$13,109	$63,131	$80,296
COVID-19	$0	$0	$0	$0
Economic stability	$39,955	$954,889	$285,351	$50,503
Food access	$79,683	$36,990	$236,733	$44,774
Health information technology	$227,154	$3,936,145	$323,283	$328,611
Health promotion	$25,000	$312,267	$19,250	$17,000
Health/condition management	$306,902	$277,299	$109,674	$236,069
Housing	$142,386	$1,458,026	$1,874,113	$334,840
Housing improvements	$8,100	$10,638	$58,894	$47,348
Other non-covered services	$0	$0	$0	$0

Category	2022	2023	2024	2025
Physical activity	$53,228	$36,144	$31,932	$1,298
Transportation	$1,085	$11,690	$6,500	$0
Wildfires	$0	$0	$0	$0
Total	**$1,197,023**	**$7,617,430**	**$3,567,650**	**$1,456,591**

Table 8: Eastern Oregon CCO flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$0	$25,000	$0	$0
Child and adolescent development & family resources	$31,722	$291,325	$40,795	$217,457
Communication access	$1,109	$29,111	$3,235	$2,892
COVID-19	$950	$0	$0	$0
Economic stability	$0	$99,227	$0	$18,440
Food access	$0	$254,695	$0	$0
Health information technology	$116,275	$558,847	$475,295	$476,974
Health promotion	$54,650	$122,526	$44,196	$235,052
Health/condition management	$187,020	$76,901	$76,944	$55,401
Housing	$41,677	$158,149	$131,817	$35,628
Housing improvements	$70,320	$70,566	$98,145	$52,484
Other non-covered services	$0	$0	$0	
Physical activity	$16,983	$43,317	$63,991	$102,973
Transportation	$965	$16,610	$40,083	$361
Wildfires	$0	$0	$0	$0
Total	**$521,671**	**$1,746,274**	**$974,501**	**$1,197,662**

Table 9: Health Share of Oregon flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$4,561,796	$1,674,134	$9,094,837	$3,223,155
Child and adolescent development & family resources	$685,883	$868,971	$2,183,449	$2,915,322
Communication access	$356,971	$259,084	$301,042	$691,284
COVID-19	$27,086	$0	$104,026	$0
Economic stability	$3,391,598	$8,058,091	$4,325,238	$2,572,171
Food access	$319,020	$303,599	$1,318,034	$1,563,077
Health information technology	$10,664,502	$6,162,934	$4,529,068	$2,480,893
Health promotion	$1,800,739	$208,844	$712,180	$395,100
Health/condition management	$107,864	$259,355	$958,408	$1,963,262
Housing	$2,860,124	$8,523,045	$12,952,824	$2,284,204
Housing improvements	$697,847	$814,973	$769,558	$490,085
Other non-covered services	$2,841	$7,485	$525	$0
Physical activity	$40,561	$260,218	$75,309	$27,066
Transportation	$66,331	$68,333	$636,635	$564,069
Wildfires	$0	$0	$0	$0
Total	**$25,583,162**	**$27,469,066**	**$37,961,133**	**$19,169,687**

Table 10: InterCommunity Health Network flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$385,600	$25,000	$267,245	$67,468
Child and adolescent development & family resources	$92,227	$200,332	$378,234	$509,370
Communication access	$0	$0	$12,000	$0
COVID-19	$0	$1,810	$0	$0

Category	2022	2023	2024	2025
Economic stability	$254,141	$839,035	$593,083	$109,000
Food access	$4,804	$35,000	$269,009	$370,618
Health information technology	$1,056,461	$1,384,552	$0	$883,090
Health promotion	$197,730	$324,721	$56,511	$902,315
Health/condition management	$183,297	$120,035	$398	$127,000
Housing	$52,181	$687,045	$997,435	$294,305
Housing improvements	$52,000	$176,815	$285,462	$1,132
Other non-covered services	$0	$162,825	$0	$0
Physical activity	$210,060	$30,748	$28,122	$26,865
Transportation	$8,174	$6,857	$20,044	$78,414
Wildfires	$0	$0	$0	$0
Total	**$2,496,673**	**$3,994,776**	**$2,907,543**	**$3,369,578**

Table 11: Jackson Care Connect flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$52,102	$193,102	$420,536	$178,991
Child and adolescent development & family resources	$64,540	$311,643	$105,070	$55,952
Communication access	$24,896	$62,677	$89,983	$224,614
COVID-19	$6,000	$0	$0	$0
Economic stability	$186,741	$374,108	$380,624	$404,602
Food access	$40,106	$78,584	$47,147	$379,592
Health information technology	$338,733	$7,781,125	$495,533	$400,563
Health promotion	$53,723	$375,214	$63,000	$404,284
Health/condition management	$88,609	$2,727	$246,695	$538
Housing	$1,819,287	$3,189,471	$2,706,793	$1,611,287
Housing improvements	$67,999	$92,029	$61,004	$69,197

Category	2022	2023	2024	2025
Other non-covered services	$0	$10,000	$0	$0
Physical activity	$330,044	$3,762	$364,994	$337,580
Transportation	$77,287	$156,209	$363,133	$409,369
Wildfires	$0	$15,000	$0	$0
Total	**$3,150,069**	**$12,645,651**	**$5,344,514**	**$4,476,569**

Table 12: PacificSource – Central Oregon flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$264,822	$1,638,008	$3,136,150	$1,923,390
Child and adolescent development & family resources	$254,419	$1,620,417	$1,366,376	$461,781
Communication access	$1,131	$3,763	$43,587	$715
COVID-19	$0	$0	$0	$0
Economic stability	$367,150	$1,662,334	$1,217,434	$304,949
Food access	$186,000	$1,458,076	$1,432,014	$764,854
Health information technology	$1,232,479	$1,243,782	$2,051,612	$226,925
Health promotion	$274,322	$730,356	$1,751,712	$1,203,694
Health/condition management	$91,292	$18,722	$178,980	$62,075
Housing	$393,039	$1,861,190	$1,689,927	$559,928
Housing improvements	$104,742	$460,093	$349,236	$509,857
Other non-covered services	$0	$49,825	$6,399	$1,191
Physical activity	$83,940	$306,141	$1,004,111	$104,876
Transportation	$64,731	$6,027	$5,796	$34,761
Wildfires	$0	$0	$0	$0
Total	**$3,318,068**	**$11,058,735**	**$14,233,335**	**$6,158,995**

Table 13: PacificSource – Columbia Gorge flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$846	$10,569	$646	$698
Child and adolescent development & family resources	$1,310	$4,351	$42,734	$47,104
Communication access	$484	$16,877	$7,504	$206
COVID-19	$0	$0	$0	$0
Economic stability	$337,064	$823,294	$922,349	$892,637
Food access	$59,062	$26,022	$34,878	$45,606
Health information technology	$313,318	$388,372	$292,635	$85,261
Health promotion	$55,122	$81,841	$173,388	$119,414
Health/condition management	$2,418	$4,339	$522	$750
Housing	$156,144	$108,936	$85,215	$138,554
Housing improvements	$10,432	$155,265	$151,070	$31,197
Other non-covered services	$900	$10,622	$0	$0
Physical activity	$109,478	$114,324	$129,235	$157,879
Transportation	$5,853	$7,332	$5,038	$7,214
Wildfires	$0	$0	$0	$0
Total	**$1,052,431**	**$1,752,143**	**$1,845,213**	**$1,526,519**

Table 14: PacificSource – Lane flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$290,158	$260,592	$1,997,776	$19,389
Child and adolescent development & family resources	$385,565	$1,687,321	$5,122,325	$644,967
Communication access	$713	$2,644	$2,480	$3,696
COVID-19	$0	$0	$0	$0
Economic stability	$75,180	$320,284	$1,797,140	$2,691

Category	2022	2023	2024	2025
Food access	$115,492	$2,509,820	$3,020,577	$49,405
Health information technology	$616,306	$716,841	$293,719	$272,164
Health promotion	$143,000	$598,602	$1,170,293	$796
Health/condition management	$15,501	$88,373	$13,786	$1,380
Housing	$290,363	$2,314,887	$4,027,576	$732,477
Housing improvements	$101,560	$121,607	$190,925	$50,645
Other non-covered services	$412	$1,500	$5,080	$5,185
Physical activity	$17,690	$50,847	$594,682	$60,483
Transportation	$2,904	$347,994	$185,527	$3,773
Wildfires	$15,000	$0	$0	$0
Total	**$2,069,843**	**$9,021,311**	**$18,421,888**	**$1,847,049**

Table 15: PacificSource – Marion/Polk flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$272,537	$133,597	$489,126	$323,472
Child and adolescent development & family resources	$631,136	$588,810	$819,237	$470,103
Communication access	$3,155	$2,128	$202,118	$2,147
COVID-19	$0	$0	$0	$0
Economic stability	$429,789	$490,643	$1,623,168	$758,640
Food access	$430	$23,050	$217,500	$205,718
Health information technology	$2,541,874	$769,794	$456,767	$458,423
Health promotion	$52,217	$108,000	$131,345	$17,000
Health/condition management	$150,887	$40,377	$15,740	$1,916
Housing	$691,740	$530,944	$894,046	$705,264
Housing improvements	$78,596	$81,325	$85,438	$152,079

Category	2022	2023	2024	2025
Other non-covered services	$1,012	$0	$0	$594
Physical activity	$356,426	$54,094	$285,493	$196,217
Transportation	$2,759	$8,944	$3,934	$85,917
Wildfires	$0	$0	$0	$0
Total	**$5,212,559**	**$2,831,706**	**$5,223,911**	**$3,377,489**

Table 16: Trillium Community Health Plan – Lane flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$64,501	$505,067	$136,782	$137,857
Child and adolescent development & family resources	$0	$2,062,223	$313,966	$319,194
Communication access	$0	$11,306	$6,160	$2,969
COVID-19	$0	$0	$0	$0
Economic stability	$77,756	$1,153,679	$70,944	$76,646
Food access	$7,250	$2,451,073	$1,348	$0
Health information technology	$115,891	$273,500	$67,151	$61,324
Health promotion	$584,427	$646,738	$292,828	$250,046
Health/condition management	$128,613	$10,728	$8,248	$1,149
Housing	$294,931	$2,884,128	$1,377,412	$435,995
Housing improvements	$33,506	$37,517	$19,673	$24,369
Other non-covered services	$0	$0	$0	$0
Physical activity	$0	$17,911	$16,484	$10,413
Transportation	$5,700	$32,720	$16,917	$713
Wildfires	$0	$0	$0	$0
Total	**$1,312,575**	**$10,086,591**	**$2,327,914**	**$1,320,676**

Table 17: Trillium Community Health Plan – Tri-County flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$5,629	$1,271,602	$500,000	$2,600
Child and adolescent development & family resources	$0	$491,205	$474	$863
Communication access	$362	$7,456	$3,369	$5,937
COVID-19	$0	$0	$0	$0
Economic stability	$165,928	$1,643,753	$51,195	$1,579
Food access	$660	$4,315,127	$9,389	$327,909
Health information technology	$46,833	$189,192	$282,073	$280,640
Health promotion	$28,950	$1,738,977	$897,833	$180,530
Health/condition management	$22,610	$230,400	$851	$1,887
Housing	$56,459	$5,625,690	$688,946	$242,598
Housing improvements	$1,486	$120,719	$14,175	$18,655
Other non-covered services	$0	$0	$0	$0
Physical activity	$1,478	$4,428	$4,027	$6,624
Transportation	$0	$14,069	$5,756	$300,713
Wildfires	$0	$0	$0	$0
Total	**$330,396**	**$15,652,618**	**$2,458,087**	**$1,370,536**

Table 18: Umpqua Health Alliance flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$262,212	$366,732	$98,772	$47,827
Child and adolescent development & family resources	$74,260	$117,175	$84,209	$344,563
Communication access	$37,267	$37,202	$6,142	$574
COVID-19	$0	$0	$0	$0

Category	2022	2023	2024	2025
Economic stability	$52,913	$9,650	$77,463	$60,924
Food access	$478,550	$406,257	$270,457	$265,865
Health information technology	$1,931,248	$2,111,982	$1,778,884	$2,312,160
Health promotion	$244,549	$131,500	$267,072	$307,791
Health/condition management	$4,353	$4,517	$251,948	$1,812
Housing	$570,056	$652,722	$450,285	$157,365
Housing improvements	$171,256	$53,623	$21,032	$19,407
Other non-covered services	$15,757	$0	$7,419	$0
Physical activity	$72,388	$337,380	$720,768	$1,329,969
Transportation	$58,118	$127,739	$426,103	$549,355
Wildfires	$0	$0	$0	$0
Total	**$3,962,417**	**$4,356,477**	**$4,460,554**	**$5,397,611**

Table 19: Yamhill Community Care flexible services spending by category and year

Category	2022	2023	2024	2025
Behavioral health	$612,364	$608,925	$467,613	$575,127
Child and adolescent development & family resources	$689,374	$708,853	$1,150,426	$1,177,799
Communication access	$27,466	$135,872	$136,659	$124
COVID-19	$0	$0	$0	$0
Economic stability	$348,567	$1,928	$239,723	$13,585
Food access	$43,494	$402	$58,060	$138,749
Health information technology	$193,200	$168,200	$192,430	$220,890
Health promotion	$321,163	$167,175	$202,511	$179,960
Health/condition management	$23,342	$5,401	$9,068	$1,941
Housing	$304,707	$90,297	$77,968	$61,390

Category	2022	2023	2024	2025
Housing improvements	$41,071	$26,150	$0	$22,224
Other non-covered services	$0	$0	$0	$0
Physical activity	$612	$0	$0	$81,296
Transportation	$214,546	$212,676	$194,920	$159,875
Wildfires	$0	$0	$0	$0
Total	**$2,819,906**	**$2,125,879**	**$2,729,379**	**$2,632,961**

Appendix E: Spending category definitions and examples

Behavioral health

- **Childhood trauma supports:** Non-covered childhood trauma supports (for example, Talking to Kids about Tough Stuff: Serious Illness, Death and Grief), children's education/supports for survivors of unexpected loss to suicide; trauma-informed mentorship for children who have experienced childhood trauma/abuse
- **Counseling:** Non-covered counseling services, including 1:1 mentoring and reintegration counseling
- **Groups:** Group mental health supports, including caregiver/parent support groups, LGBTQ+ support groups, community healing circles, dual diagnosis support groups
- **Harm reduction programs:** Non-covered harm reduction programming, including needle exchange programs
- **Mental health therapies and programs:** Mental health phone apps (for example, Headspace, Happier, Calm), workbooks, meditation courses, alternative therapy programs (for example, equine, art, music), non-covered Clubhouse Model services; media and communications to normalize and de-stigmatize accessing mental health therapies (includes how to access mental health therapies)
- **Recovery support:** Non-covered recovery supports, including contingency management incentives, sober living and substance use disorder peer support
- **Substance use and addiction education and prevention:** Education around substance use and addiction, including tobacco and vaping cessation campaigns, drug/alcohol-free programs and events to provide alternatives to substance use; trainings for teachers to identify early signs of substance use/substance use disorder; school curriculums and presentations on pain and substance use; media and communications to normalize and destigmatize conversations about addiction
- **Suicide prevention:** Suicide prevention campaigns, lifelines
- **Therapy support items**: Non-covered items related to managing behavioral health conditions or supporting behavioral health services: weighted blankets for anxiety, light therapy lights, therapeutic supports (for example, art supplies, board games, instruments), emotional

support animal supports/supplies (for example, paperwork, pet deposit), sensory items

Child/adolescent and family resources

- **Infant and early childcare supplies:** Cribs, car seats, diapers, strollers and other care supplies for infancy through preschool age
- **Early childhood education:** Education programs/services before kindergarten/school for kids under age 5, preschool and childcare costs, early learning hubs
- **Foster care supports:** Resource parent recruitment and education, supports/services to children in foster care
- **K-12 education and educational supports:** Education and educational supports for children in grades K-12 (above age 5) including youth leadership classes, student success programs, college prep for high-school students, mentoring for youth educational attainment/success, kids' camps when school is out of session, youth resource rooms and learning hubs, after-school programs
- **Parenting education:** Parenting classes, including non-covered postpartum doula services and lactation services
- **Prenatal care and education:** Pregnancy-related education, non-covered prenatal and birth doula services, non-covered prenatal supports
- **Relief nurseries:** Relief nurseries that prevent the cycle of child abuse and neglect through early intervention/supports/services
- **School supplies:** School supplies, including basic needs for youth to successfully engage in school
- **Social emotional health education:** Programs for children's social skills development and social-emotional learning; mentoring/education for children on social-emotional health, understanding feelings; supplies and items to support social-emotional health learning

Communication access

- **Advice lines, translation services:** Advice and nurse lines, interpretation services for noncovered services and supports, warm lines
- **Computers, mobile phones, minutes:** Mobile devices, minutes, laptops, tablets, equipment or funds for communicating with friends, family, traditional health workers and care team, health care providers

- **Internet:** Internet access to communicate with health care providers and social support networks, teachers, employers or potential employers, etc.

COVID-19

- **Basic needs, including food, housing, utilities, transportation, supplies:** Basic needs to reduce burden of COVID-19, provide supports during pandemic
- **Childcare:** Childcare for the purpose of reducing burden during COVID-19
- **Health information technology (HIT) capacity building:** HIT investments to expand telehealth due to COVID-19
- **Personal protective equipment (PPE):** COVID-19 masks, hand sanitizer, other PPE
- **Prevention and wellness campaigns:** Wellness initiatives (for example, teacher appreciation, wellness or resilience stipend due to working through COVID-19)
- **Remote learning:** Livestreaming access for remote learning due to COVID-19

Economic stability

- **Apparel:** Clothing (not tied to a condition) for daily wear; clothes for job interviews
- **Employment preparedness:** Job training courses, professional development trainings, transitional employment pilots
- **GED, tuition:** Tuition and education costs, including academic and vocational tuition, costs associated with GED preparation, internships
- **Legal and documentation support:** Government document supports and fees (for example, ID cards, driver's licenses, guardianship fees); legal advocacy services for reduced housing costs, contesting eviction notices, negotiating reduced or waived fees for health care, etc.; financial management services/legal payee for members who are not able to manage their own finances
- **Personal finance, self-sufficiency:** Finance classes/coaching, life skill building, independent living prep, consumer credit counseling, student loan counseling, home ownership education
- **Resource navigation:** Non-covered resource navigation services, including housing and other social services navigation, immigration

counseling and access, support in attending non-medical appointments, resource fairs, resource hubs, social service directories

Food access

- **Community gardens:** Community gardens, school gardens, garden programming
- **Groceries and pantry items:** Food boxes, community supported agriculture (CSA) shares, grocery gift cards, mobile farmers markets, double-up food bucks and protein bucks at farmers markets, nutritional supplements and protein shakes as pantry items; food pantry supports (for example, fridge)
- **Meal programs:** Ready-to-eat meals, meals for kids to take home after school, Meals on Wheels, meal kits (for example, Hello Fresh, Blue Apron, etc.)
- **Prescription programs:** Food prescription programs (for example, Veggie Rx)

Health promotion

- **ACEs, trauma and domestic violence:** Cross-sector training in non-health care settings (for example, workplace context such as school district trainings for teachers) on adverse childhood experiences (ACEs), trauma and domestic violence
- **Community paramedics:** Mobile/pop-up care for non-covered services, tents for community organizations providing non-covered services, cross-sector training in non-health care settings for first response trainings (for example, automated external defibrillator use), mental health first aid and CPR
- **Equity, social justice:** Cross-sector training in non-health care settings (for example, workplace context such as school district trainings for teachers) on equity, health equity, anti-racism, social justice, or related topics
- **Incentives to engage in care:** Incentives (gift card and supplies) to engage in physical, behavioral, or oral health care and to complete preventive screenings; including incentives to engage in prenatal care
- **Prevention and wellness:** Health and wellness classes for general wellness/health promotion (for example, fire safety and prevention, oral health, healthy eating and fitness, arts and music classes, environmental education, community centers offering a variety of community wellness programs); community building programs,

including culture preservation and education; programs (all ages) and senior living environments to increase community building and decrease social isolation
- **Vaccines:** Vaccine education campaigns

Health/condition management

- **Apparel:** Non-covered apparel related to managing a specific condition: compression wear, heated gloves, bedwetting underwear, etc.
- **Hygiene items:** Personal cleaning supplies, menstrual products, toothbrushes, laundry supplies
- **Mobility devices:** Non-covered canes, walkers, scooters and scooter chargers, step stools, crutches, wheelchairs and wheelchair equipment (cover, gloves), lift chairs, supplies aiding mobility
- **Condition management education:** Classes/programs for managing health conditions: pain management courses, classes for managing arthritis (Walk With Ease), medically tailored nutrition counseling, diabetes education and self-management
- **Personal items:** Non-covered items related to managing a specific condition: wheelchair power supplies, blood pressure cuffs/devices for at-home monitoring, pill organizers, scales, supplements related to a condition, eyeglasses, massage chairs, incontinence supplies, gender-affirming items

Health information technology

- **Community information exchange (CIE):** CIE to refer people to social services (Connect Oregon, Unite Us, Aunt Bertha, Find Help, etc.)
- **Electronic health records (EHRs):** EHRs (for example, EPIC, Oracle, etc.), EHR improvements to online sites for members to access their health information and referrals, EHR adoption incentives for providers
- **Hospital event notification (HEN):** HEN software that alerts CCO to member emergency department use (Collective, Collective Medical, EDIE, PreManage, etc.)
- **Provider network:** Health information exchange (HIE) and other types of software for providers that calculate metrics, perform data analytics and data aggregation, address care gaps, and support other quality improvement and population health improvement efforts
- **Telehealth:** Telehealth equipment, telemedicine software, and software platforms to enable non-covered services or enable covered services in public spaces (for example, public libraries), video

conferencing equipment, online messaging system to streamline the patient intake process, shorten telehealth visit times, increase telehealth appointment access, provide better patient education by providing electronic documents

Housing improvements:

- **Air conditioner (A/C) and air quality:** A/C units, air filtration devices, portable fans, humidifiers
- **Accessibility:** Improvements to buildings/housing for accessibility (elevator installation/repairs, grab bars, ramps, movable showerhead, portable toilet, wheelchair accessible entrances/showers, etc.)
- **Bedding:** Mattresses, bunk beds, bed frames, comforters
- **Furniture and appliances:** Refrigerators, mini fridge/freezers, couches, tables and chairs, microwaves, vacuums, washing machines, other household appliances
- **Heat, water, septic:** Improvements to large utility appliances, furnace and heat pump repair, propane/gasoline, generators
- **Home goods:** Silverware, cooking utensils and pots/pans, measuring cups, utility/grocery cart, hand towels, rugs, small fireproof safes, home security items such as a door lock or security camera for a family member's safety, batteries
- **Sanitation and living conditions:** Trash removal, pest removal, specialty/biohazard cleaning, hoarding assistance, bedbug removal, general cleaning, repairs, commercial garbage can, drywall repair

Housing

- **Affordable housing and miscellaneous:** Storage units, recreational vehicle parking, mailboxes and post office boxes, heavy equipment haul away; lumber, gravel, and other materials used to repair and maintain housing; affordable housing programming not specific to resource navigation
- **Houselessness supports and supplies:** Emergency housing/shelter, houseless supports/services, warming/cooling shelters, housing first programs, wraparound supports for people experiencing houselessness, camping supplies (tents, sleeping bags, gas stove, etc.), campground rental fees
- **Rent assistance:** Short-term rental and mortgage assistance, housing application fees, move-in fees

- **Temporary housing:** Temporary lodging for defined number of days, short-term housing (motel/hotel) during transitions from hospital or other facility
- **Utility assistance:** Short-term utility payments (except internet or Wi-Fi), including electric, gas, trash, water payments, etc.

Other non-covered services

- Non-covered orthodontic services, dental services including non-covered dentures, and optometry-related services, evaluation for non-covered conditions (for example, Ehlers-Danlos syndrome), non-covered adult caregiving, non-covered hospice caretaking, non-covered advanced care planning (for example, IRIS); non-covered gender affirming services (for example, voice-transition therapy services, electrolysis); medical tattoo removal

Physical activity

- **Apparel:** Apparel for physical activity/exercise (not tied to a condition), activewear, sports uniforms, running shoes
- **Equipment:** Weights and dumbbells, treadmills, bikes, bike helmets, life vests, pedometers/fitness trackers, sports equipment (soccer balls, basketballs, baseball bats, etc.)
- **Facilities access:** Gym memberships, pool memberships, playground equipment and park improvements, including improvements for accessibility
- **Groups:** Hiking groups, swim classes, yoga groups, martial arts classes, dance programs, tennis classes, personal and group physical fitness training

Transportation

- **Health-related social needs:** Trips to meet health-related social needs and non-covered services (for example, grocery stores, housing and other social services, other non-medical care appointments, recovery support group meetings)
- **Personal vehicle repairs, insurance, gas:** Car payments, repairs, car insurance, gas/gas cards, replacement car key, parking pass
- **Public transit:** Bus, light rail, and train tickets or passes
- **Relocation assistance:** Moving assistance, moving vans and movers

Wildfires

- **Emergency funding:** Emergency funding for wildfire recovery and survivors
- **Houseless supports, supplies**: Funding to meet needs of houseless community members due to wildfires, including resources navigation services for wildfire survivors
- **Supplementary food:** Food supports for wildfire survivors
- **Temporary housing and rent assistance:** Temporary housing and rental assistance for wildfire survivors

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