Health Policy & Analytics Division

Transformation Center



Flexible Services, SHARE and ILOS Program Comparison

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Document purpose

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

- Flexible services
- Supporting Health for All through REinvestment (SHARE)
- In lieu of services (ILOS)
- Health-related social needs (HRSN)

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

This document is a resource for CCO staff for three established programs: Flexible services, SHARE and ILOS. It includes a comparison of these programs, including timelines and examples, and links to guidance documents.

In 2024, under the 1115 Medicaid waiver, Oregon introduced health-related social needs (HRSN) as a new covered benefit to address members' social needs. This document does not provide guidance for HRSN but does reference guidance below.

Overview of programs

Flexible services

Flexible services complement OHP covered benefits and fall into two categories:

• Member-level flexible services: Cost-effective services offered to an individual CCO member to complement covered services. These are sometimes called flex services or flex funds and can include supports and items not covered by OHP that a member needs to stay healthy or become healthier. For example, toothbrushes or athletic shoes; cell phones; education to help members navigate health or social situations like getting a job or managing a chronic condition; or certain housing or food supports. See more examples of approved flexible services spending.

• **Community-level flexible services**: Community-level programs or services to improve community health. For example, grants to community organizations that provide culturally specific foods to community members who don't have access to enough food.

For more details see the <u>flexible services webpage</u>.

Supporting Health for All through REinvestment (SHARE)

SHARE is an Oregon requirement for CCOs to spend some of their financial reserves or profits to improve health inequities and SDOH-E. Each year, CCOs use a formula to know how much they must reinvest. SHARE spending must support one of five areas: economic stability, neighborhood and built environment, education, social and community health, or health care access and quality. CCOs must include spending on housing-related services and supports.

Past investments have supported the construction and renovation of housing units and community centers, access to childcare and steady employment, healthy foods and reliable transportation, quality education and workforce education and training.

For more details see the **SHARE** webpage.

In lieu of services (ILOS)

ILOS are medically appropriate and cost-effective substitutes to OHP covered benefits. CCOs can choose to offer ILOS to their members as an immediate or longer-term substitute, or when the ILOS is expected to reduce or prevent a member's need for OHP-covered benefits. ILOS can be used to strengthen access to care, most commonly by offering services in alternative settings, such as non-clinical, community-based settings, and/or by different types of providers.

CCOs can choose to offer any of the ILOS listed in their contracts with OHA. The list includes services like online diabetes self-management classes and community health worker services provided in non-medical settings.

For more details see the <u>ILOS webpage</u>.

Health-related social needs (HRSN) covered benefits

Some health-related social needs related to housing, food and outreach and engagement supports are covered OHP benefits for certain eligible members. These are short-term, non-medical services to help until people are connected to stable resources. HRSN covered services includes help paying for rent or utilities, medically tailored meals and air filtration devices.

Because HRSN are covered benefits, if an OHP member is eligible, HRSN must be used before other funding mechanisms like flexible services or SHARE. CCOs can use flexible services, SHARE and ILOS to provide social needs services to ineligible members. Learn more on the HRSN webpage.

Program basics

What does it do?

- Flexible services: Complements OHP-covered services to improve member and community health.
- **SHARE**: Helps address inequities and social needs by investing in communities.
- **ILOS**: Provides pre-approved substitutes for covered benefits.

What types of things can it pay for?

- **Flexible services**: Personal items like ear thermometers; housing improvements like air conditioners; communication items like mobile devices to connect with health care providers and potential employers; community substance use support and prevention, like community awareness and education to increase naloxone use.
- **SHARE**: Community-based initiatives that address SDOH-E. For example, job skills training to advance economic stability; early childhood programs to expand access to education; quality affordable housing in the neighborhood and built environment; expanding a community center to promotes social and community health; or recruiting and training diverse health professionals to strengthen health care access and quality.
- **ILOS**: Services provided by alternative providers or in alternative settings compared to covered services, like community health worker services or lactation consultations in the community or member's home or online diabetes self-management programs.

How does it work?

Flexible services: Member-level flexible services can be bought directly by the CCO
and provided to the CCO member, or the CCO can pay a partner organization to provide
the services and goods to support a member's health. Community-level flexible
services can pay partner organizations to provide community-level programs that

support health and wellbeing. They can also include certain health information technology investments.

- **SHARE**: SHARE funds can be offered to community partners in the CCO's community. Funding decisions must involve the CCO's community advisory council (CAC).
- **ILOS**: ILOS is administered by service providers at partner organizations (for example, clinics, community-based organizations) through contracts with the CCO.

Who does it benefit?

- **Flexible services**: CCO members or communities in a CCO's service area, including non-CCO members.
- SHARE: Communities in a CCO's service area.
- ILOS: CCO members.

What are the minimum requirements?

- Flexible services: Must meet requirements for:
 - o Activities that improve health care quality (as defined by 45 CFR 158.150); or
 - Expenditures related to health information technology and meaningful use requirements to improve health care quality (as defined in 45 CFR 158.151).
- **SHARE**: Required SHARE spending amount is determined annually based on net income or reserves (see OAR 141-414-3735).
 - o Must align with the CCO's current community health improvement plan.
 - o Includes a decision-making role for the CCO's <u>community advisory council</u>.
 - Spending must address one of the five domains of SDOH-E (economic stability, education, neighborhood and build environment, social and community health, and health care access and quality) and a portion must address the statewide priority, currently housing.
- **ILOS**: Must be from the approved list of ILOS included in CCO contracts.
 - o Must be a medically appropriate and cost-effective substitute for the CCO member.

 CCOs must meet implementation requirements outlined in contracts before offering an ILOS, (include ILOS in member handbook, have policies and procedures for ILOS provider referrals, etc.).

What can't it pay for (exclusions)?

This may not be an exhaustive list of exclusions. For more details, see the "Resources" section.

- **Flexible services**: Medicaid covered services cannot be considered flexible services. The following are excluded by the OHA definition of flexible services, and <u>45 CFR 158.150 (c)</u> and 45 CFR <u>158.151</u>.
 - Covered benefits
 - o Activities designed primarily to control or contain costs;
 - Activities that otherwise meet the definitions for quality improvement activities but were paid for with grant money or other funding separate from revenue received through a CCO's contract;
 - o Activities that can be billed or allocated by a provider for care delivery;
 - Activities to establish or maintain a claims adjudication system, including costs directly related to upgrades in health information technology that are designed to improve claims payment capabilities or meet regulatory requirements for processing claims, including maintenance of ICD-10 code sets;
 - That portion of the activities of health care professional hotlines that does not meet the definition of activities that improve health quality;
 - o All retrospective and concurrent utilization review;
 - o Fraud prevention;
 - 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;
 - Provider credentialing;
 - Marketing expenses;
 - Costs associated with calculating and administering member or employee incentives;
 - That portion of prospective utilization that does not meet the definition of activities that improve health quality;

- CCO administrative activities required to support the delivery of covered benefits;
- CCO contractual requirements, like care coordination for covered benefits;
- o Provider workforce or certification training;
- Construction of new buildings and other capital investments;
- Advocacy that is not directly tied to improving member or community health or quality of health care;
- Advertising or sponsorships;
- Marketing and promotional materials of CCO services or products;

SHARE:

- Covered benefits, including HRSN and Substance Use Disorder waivers
- Flexible services or ILOS expenses
- Administrative costs necessary for the regular business operations of the CCO, required under contract, or required for compliance with state or federal requirements
- Advocacy specific to CCO operations and financing
- CCO marketing
- Political campaign contributions

ILOS:

- Covered benefits
- Services not pre-approved by the state and CMS
- Services not a medically appropriate and cost-effective substitute for covered services for the member

Program deliverables and deadlines

Flexible services

- **April 30 (audited version due June 30)**: <u>Exhibit L</u> (L6.21 and L6.22) with flexible services spending details for prior calendar year
- August 31: Quarter 2 Exhibit L due with optional flexible services spending details for current calendar year
 - Resource: <u>Exhibit L Financial Reporting Template and Flexible Services</u>
 <u>Expenditures</u>

- Annually: Have flexible services policies and procedures (P&P) in place that meet CCO contract and OAR requirements. OHA can request the P&Ps for review.
 - Resource: Flexible services evaluation criteria available on the <u>flexible services</u>
 webpage
- Annually: CCOs must include flexible services information for CCO members in the CCO member handbook, including links to the CCO's own flexible services policies and procedures.

SHARE

- April 30 (audited version due June 30): <u>Exhibit L</u> (L6.7 and 6.71) with designation and spend-down report
- June 30: Public posting of prior year SHARE investments
- December 31: Attestation of decision-making process and brief description of planned investments

ILOS

- Rolling basis: Encounter data
- **April 30 (audited version due June 30)**: Exhibit L (Report L6.15; Reports L18 and L18.1) with ILOS spending details for prior calendar year
 - Resource: <u>ILOS billing guide</u>
- September 1-November 1: Include approved ILOS in CCO member handbook
 - o Resource: Member Handbook Submission and Review Guidelines
 - o Resource: <u>Model Member Handbook</u> (template)
 - o Create policies and procedures for ILOS provider referral

Examples

Note: All flexible services examples below would also be eligible for SHARE. Spending may not be double counted as both flexible services and SHARE.

Medicaid covered benefit: Substance use disorder peer services in a clinic

- ILOS (alternative to covered benefit): Substance use recovery support provided by a
 certified recovery mentor, qualified mental health associate (QMHA), peer support
 specialist (PSS) or peer wellness specialist (PWS) in a community setting
- **Community-level flexible services** (complementary to covered benefit): Substance use recovery support and prevention education in schools
- **SHARE** (complementary to covered benefit): Renovation of substance treatment facility to improve accessibility

Medicaid covered benefit: Multi-sector intervention with a member with uncontrolled diabetes, obesity or other chronic health conditions by a certified community health worker (CHW) in a clinical setting

- ILOS (alternative to covered benefit): Multi-sector intervention with a member with uncontrolled diabetes, obesity or other chronic health conditions by a certified CHW in a community setting
- Member-level flexible services (complementary to covered benefit): Prepaid mobile
 phone cards for member to communicate with CHW; fresh fruits and vegetables to
 member with limited access and who is not eligible for the HRSN food benefit*
- **SHARE** (complementary to covered benefit): Supporting a mobile farmers market or grocery store in a food desert; investment in public transportation or park infrastructure

Medicaid covered benefit: Lactation intervention for pregnant people, new parents and their children by a clinician or certified lactation consultant in a clinic

ILOS (alternative to covered benefit): Culturally specific lactation consultation services for
pregnant people and new parents provided by a registered nurse or certified traditional
health worker with certification in lactation services in a community setting

- Member-level flexible services (complementary to covered benefit): Childbirth and chestfeeding education series for members in a community setting
- **SHARE** (complementary to covered benefit): Public information campaign to advocate for chestfeeding supports in the workplace for parents with lower incomes

Medicaid covered benefit: Inpatient psychiatric care for acute mental health crisis

- ILOS (alternative to covered benefit): Mental health support group led by a certified PSS,
 PWS or QMHA in a community setting; services delivered to OHP members prior to or
 after assessment and diagnosis
- Member- and community-level flexible services (complementary to covered benefit):
 Peer support groups for OHP members without a diagnosis and treatment plan and other community members at a community center
- **SHARE** (complementary to covered benefit): Grant to a community-based organization to support connections to community services for members in acute mental health crisis

Medicaid covered benefit: Clubhouse services

- ILOS (alternative to covered benefit): Classes to promote life skills conducted by a certified PSS, PWS or CHW in a community setting
- Member- and community-level flexible services (complementary to covered benefit):
 Transportation to a social event to practice life skills; Community center drop-in classes to promote life skills conducted by a PSS, PWS, FSS or YSS for OHP members without a diagnosis and treatment plan and other community members and provided by an agency that does not provide Medicaid services
- **SHARE** (complementary to covered benefit): Renovation of community center to include space to host drop-in classes

Medicaid covered benefit: Diabetes outpatient self-management training services

- ILOS (alternative to covered benefit): Online diabetes self-management training programs for OHP members; synchronous, asynchronous, group or individual sessions provided by certified health coaches
- **Member-level flexible services** (complementary to covered benefit): Gym membership or physical activity classes to support OHP members' diabetes management
- **SHARE** (complementary to covered benefit): Staffing and operations support for a food pantry program for members diagnosed with or at risk for diabetes

Medicaid covered benefit: Air conditioners for members at risk due to significant heat and who are eligible for health-related social needs (HRSN) home changes for health during extreme weather

- **ILOS** (alternative to covered benefit): Air conditioners for members at risk for heatrelated exacerbation of certain conditions, or who need treatment of heat-related adverse health events and who are not eligible for HRSN home changes*
- Member-level flexible services (complementary to covered benefit): Air conditioners for members not eligible for the HRSN covered service or ILOS
- SHARE (complementary to covered benefit): Installation of HVAC, air conditioning and heating in a community center to provide a safe environment during extreme weather

Resources

- Cross-program (flexible services, SHARE and ILOS)
 - o <u>Braided funding scenarios</u>
 - o Flexible services, SHARE and ILOS overview for community partners
 - Housing and Medicaid spending programs
- Financial reporting templates
 - o Exhibit L on the <u>CCO contracts forms webpage</u> (search for template by year)

^{*:} Learn more about the Medicaid 1115 waiver's health-related social needs (HRSN) benefits.

- o Medical loss ratio on the <u>CCO contracts forms webpage</u> (search by year)
- Flexible services
 - Flexible services brief
 - o <u>Examples of accepted flexible services expenditures</u>
 - Flexible services FAQ
 - o Exhibit L and flexible services reporting quidance
 - See more resources on the flexible services webpage.
- Health-related social needs (HRSN)
 - o FAQ: 1115 Medicaid Waiver for 2022–2027
 - HRSN webpage
 - o HRSN guidance for CCOs
- In lieu of services (ILOS)
 - ILOS billing and reporting guide
 - ILOS FAQ
 - o <u>ILOS program overview</u>
 - See more resources on the ILOS webpage.
- Supporting Health for All through REinvestment (SHARE)
 - SHARE quidance
 - See more resources on the <u>SHARE webpage</u>.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Transformation Center at <u>Transformation.Center@odhsoha.oregon.gov</u> or 503-487-7409, 711 TTY. We accept all relay calls.

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