

Flexible Services

Information for Oregon Health Plan members

If you are an Oregon Health Plan (OHP) member who is enrolled in a coordinated care organization (CCO), you may be able to receive support for items or services that are not covered by Medicaid, but that can help you stay healthy or become healthier. These are called flexible services. They are part of a larger program called health-related services. Flexible services are not available to OHP members who are enrolled in fee-for-service or Open Card Medicaid.

If you are on OHP and are having any difficulties getting care, please reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you. Please email OHA.OmbudsOffice@dhsoha.state.or.us or call and leave a message at 877-642-0450.

Another resource for supports and services in your community is 211 Info. Call 2-1-1 or go to the [211 Info](#) website for help.

Flexible Services Frequently Asked Questions

What are flexible services?

Flexible services are items and services that can help you stay healthy or become healthier. These items or services are not usually included with your Oregon Health Plan medical benefits.

How can I request flexible services for myself or a family member?

The process for requesting flexible services is different for each CCO. To request flexible services, call your CCO's member services number or check your CCO's member handbook for more information. Member service phone numbers are on your OHP card and OHA's [CCO](#) website. Member handbooks are on your CCO's website. You may also be able to request a flexible service through your primary care provider.

How are decisions made to approve or deny flexible services?

Decisions to approve or deny flexible services requests are made on a case-by-case basis by each CCO. While a member cannot appeal a denied flexible service, they can submit a complaint. The process for submitting a complaint to your CCO is in your CCO's member handbook. You can also submit a complaint to OHP Client Services by calling 800-273-0557 or filling out the complaint form on the [OHP Member Complaints](#) website.

What are some examples of flexible services?

Below are examples of flexible services a CCO might provide. This is not a complete list of everything a CCO might provide.

- Food supports, such as grocery delivery, food vouchers, or medically tailored meals
- Short-term housing supports, such as rental deposits to support moving costs, rent support for a short period of time, or utility set-up fees
- Temporary housing or shelter while recovering from hospitalization
- Items that support healthy behaviors, such as athletic shoes or clothing
- Mobile phones or devices for accessing telehealth or health apps
- Other items that keep you healthy, such as an air conditioner or air filter

Below are examples of excluded flexible services:

- Long-term housing supports
- Services that are not cost-effective and will not improve the member's health
- Items that are covered by Medicaid for the member

Are CCOs required to provide flexible services?

All health-related services spending is optional for CCOs, so CCOs are not required to provide flexible services. However, all CCOs do routinely spend on health-related services, including flexible services, each year.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Transformation Center at transformation.center@dhsosha.state.or.us.