

CCO Guidance: Housing and Medicaid Spending Programs

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Document purpose

This document provides guidance and examples for coordinated care organizations (CCOs) in using two Medicaid spending flexibilities, flexible services and Supporting Health for All through REinvestment (SHARE), to address their communities’ housing needs.

Background

Housing is a well-established social determinant of health and equity (SDOH-E). Some policies and programs have led to disparities in housing that contribute to health inequities. The ability to live in safe, secure and stable housing affects the health of individuals and communities. There are many approaches to improving access, affordability and quality of housing to address the different needs in each community.

The Oregon Health Authority (OHA) works with CCOs to address SDOH, health inequities and the social needs of CCO members and their broader communities through flexibilities in the state’s Medicaid program. Flexible services and SHARE offer unique approaches to supporting members’ and communities’ housing needs.

Housing approaches

Meeting today's housing needs requires investment in various approaches to support a comprehensive housing system. Ensuring that housing is safe and accessible is essential for all approaches. Key approaches to addressing housing needs include:

- Housing services and supports
- Emergency shelters
- Transitional housing
- Permanent supportive housing
- Affordable housing

These approaches exist along a continuum.



Housing services and supports

Housing services and supports help people find, secure and maintain safe, accessible and affordable housing that meets their needs. Services and supports cover a wide range of efforts to support people who are experiencing homelessness, help get people into stable housing and support them throughout their housing journey.

Examples of housing services and supports include providing hygiene and personal care supplies for people experiencing homelessness; improving existing housing to address environmental health and safety risks and/or accessibility; identifying housing options through housing system navigation or establishing housing connections and referrals; providing behavioral health support so individuals are

better able to attain or maintain housing; providing assistance with rental or housing applications; and offering educational classes related to independent living or home ownership.

Emergency shelters

Emergency shelters offer temporary overnight and/or daytime shelter for individuals who are experiencing houselessness.

Examples of emergency shelters include low-barrier shelters; shelters for youth; hotel stays or vouchers; and warming and cooling shelters.

Transitional housing

Transitional housing is temporary housing for people in transition between houselessness and permanent housing. Transitional housing is often limited to a stay of about three months to sometimes as long as 24 months. It is intended to bridge the gap between houselessness and more stable housing. Transitional housing may include housing services and supports to ensure smooth transitions.

Examples of transitional housing include free or low-cost residential shelters; medical respite for individuals recovering from a hospitalization or illness; short-term housing for individuals in recovery; and rental assistance for individuals in transitional housing units.

Medical respite is a type of transitional housing that includes services and supports for individuals who are experiencing houselessness and are recovering from a hospitalization or illness. Medical respite offers acute and post-acute health care and may be located at a freestanding facility, shelter, nursing home or other transitional housing facility.

Permanent supportive housing

Permanent supportive housing offers indefinite housing support for individuals or families with disabilities who have typically experienced long-term homelessness.

Permanent supportive housing can take various forms and may include ongoing housing assistance (for example, rental assistance) and supportive services (for example, medical case management or independent living aids).

Examples of permanent supportive housing include supported housing units or facilities, rental assistance or subsidies. Permanent supportive housing typically includes services and supports that are individualized and voluntary, which can be provided onsite in the home. Most permanent supportive housing programs have a “housing first” orientation and are geared to helping families remain stably housed.

Oregon Housing and Community Services manages a permanent supportive housing program aiming to expand the state’s supply of affordable housing. This approach focuses on three components of permanent supportive housing: affordable housing units, rental subsidies and support services. [Learn more on their webpage.](#)

Affordable housing

Affordable housing typically costs no more than 30 percent of the tenants’ gross household income, including rent and utilities. Affordable housing is sometimes government regulated and can be owned by a nonprofit or for-profit organization with oversight to ensure people with lower incomes can live in the affordable homes.

Some affordable housing options may need improvements for environmental health, safety and/or accessibility. These may include things like asthma trigger removal, lead-based paint hazard remediation, legal supports for landlord required mold remediation, waste removal from hoarding, or installation of ramps, grab bars or lighting upgrades. Creating new affordable housing options may require real estate developers to obtain capital resources for new construction or for tenants to access rental assistance to supplement their rent payments.

Capital investments are typically funds used to acquire, build or improve physical infrastructure, often that are either high cost or expected to last for a long time (for example, home renovations or constructing new facilities). Capital investments can be used to support nearly all housing efforts and can be made through SHARE. Flexible services may not be used for capital investments.

Example models and approaches

Across the country, nonprofit organizations, businesses, health care systems and governments are developing new models, approaches and investments to address housing needs. One important step for CCOs when creating a housing investment strategy is to identify partners and approaches in their region. To implement a successful housing strategy, CCOs may partner with health care systems, nonprofit or community-based organizations, social service organizations, housing developers and more. Approaches range across the spectrum of housing solutions to address needs at the individual, community and system levels.

Project Turnkey

Project Turnkey is an Oregon-based initiative to provide immediate shelter to people experiencing homelessness. This approach expands the number of affordable homes, including the purchase, renovation and operation of hotels into housing.

SHARE funding has been used for **five** Project Turnkey initiatives.

Project Turnkey developments were informed by individual community needs, and each operation is owned and operated by local government entities, nonprofit community partners or Tribes. While Project Turnkey itself was a distinct effort in Oregon, the model of renovating existing structures to fill gaps in affordable housing and emergency shelters is replicable.

[Learn more about Project Turnkey from the Oregon Community Foundation.](#)

Frequent Users Systems Engagement (FUSE)

FUSE is a supportive housing model that addresses the needs of people who are frequently involved in the health and crisis response systems and/or the carceral system. FUSE is a systems-level intervention that identifies individuals and families who need a supportive housing intervention.

This model improves coordination among essential services and provides supportive housing to address people's needs before they become emergency situations. This model helps bring affordable housing and supportive services to frequent users of multiple systems, which saves public costs.

SHARE funding has been used to support FUSE models in **four** communities

[Learn more about FUSE from the Corporation for Supportive Housing.](#)

Housing First

Housing First is an approach to providing housing without pre-conditions, such as sobriety. A Housing First approach can be applied to any housing solution. The approach recognizes that an individual must first have safe, secure housing before other interventions (for example, substance use disorder treatment or behavioral health care) can be successful. In this approach, housing is the foundation for all other services and supports.

[Learn more about Housing First from the Department of Housing and Urban Development.](#)

Continuum of Care (CoC)

The [CoC program](#) is led by the U.S. Department of Housing and Urban Development (HUD) and implemented through local CoCs. CoCs “promote community-wide planning and strategic use of resources to address homelessness; improve coordination and integration with mainstream resources and other programs

targeted to people experiencing homelessness; improve data collection and performance measurement; and allow each community to tailor its programs.” (HUD Exchange)

CoCs are responsible for establishing **coordinated entry**, or a consistent approach to identifying, assessing and placing individuals who are experiencing homelessness into housing that meets their needs. Coordinated entry takes a housing first approach to getting people housed and seeks to streamline systems across the community.

CCOs can participate in CoCs in their community, bringing an important perspective to decision making and providing information.

All communities in Oregon have a CoC working to coordinate and bring together housing partners. They promote, coordinate and create a spectrum of housing solutions and models to address housing instability in their local community.

[Learn more about CoCs in Oregon from Oregon Housing and Community Services.](#)

Accountable Health Communities

The Accountable Health Communities Model tested “whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries through screening, referral and community navigation services will impact health care costs and reduce health care utilization.” ([CMS.gov](#))

Screening for Accountable Health Communities included identifying housing and housing-related needs. The five-year trial period closed in 2022, though the community partnerships continue, and the model has impacted the approach to other Medicaid flexibilities like flexible services and SHARE.

[Learn more about Accountable Health Communities from the Centers for Medicare and Medicaid Services.](#)

Community land trust

A community land trust is a nonprofit organization that owns and stewards land with affordable housing, where the homeowners or residents often participate in the nonprofit stewardship efforts. Housing built on the land is sold or rented at affordable rates while community ownership of the land is maintained for the lasting benefit of the community.

The trust model allows a community-based organization to take advantage of one-time investments in affordable housing, including capital investments in the facilities, and pass affordability on to residents in perpetuity.

Eastern Oregon CCO used SHARE funds to invest in a multi-county, affordable housing **community land trust** with homeownership training.

[Learn more about community land trusts from the National League of Cities.](#)

Medicaid flexibilities to support housing needs

Two key Medicaid spending flexibilities offer unique ways for CCOs to support their members' and communities' housing needs and address SDOH-E.

Flexible services

Flexible services complement covered benefits under the Oregon Health Plan (OHP). See [examples of approved flexible services spending](#). The two types of flexible services are member-level and community-level flexible services as defined below.

- **Member-level flexible services:** Cost-effective, member-level services that complement covered benefits. These can include personal items not covered by OHP that members need to stay healthy or become healthier. Examples include short-term rental assistance, air conditioners or heaters or legal assistance to maintain housing.
- **Community-level flexible services:** Community-level programs or services focused on improving community health. These can include things like grants to

local organizations to offer connections to social services at a local emergency shelter.

[Learn more about flexible services.](#)

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. Spending must fall into one of five areas: economic stability, neighborhood and built environment, education, social and community health, and health care access and quality. A part of SHARE spending must be on housing-related services and supports.

Each year, CCOs use a formula to know how much they must reinvest into their community through the program. Past SHARE grants have supported things like the construction or renovation of housing units or community centers or helping members connect to other social services within the context of their housing needs.

[Learn more about SHARE.](#)

For a comparison of these programs — and in lieu of services (ILOS), which is not covered in this document — see the [Flexible Services, SHARE and ILOS Comparison](#).

Other housing program opportunities

Flexible services and SHARE are just two of the many routes available to CCOs to support housing access, quality and affordability in Oregon. Some of the other programs include:

- Health-related social needs (HRSN) covered services
- Behavioral health investment programs

Health-related social needs (HRSN) covered services

HRSN housing supports are a covered benefit for some OHP members who meet benefit-specific eligibility criteria. These covered services are short-term, non-

medical services to help until members are connected with stable resources. HRSN covered services may be able to help pay for things like rent, utilities, home modifications and tenancy support services. Because HRSN housing supports are covered services, if an OHP member is eligible, HRSN should be used before other funding mechanisms like flexible services or SHARE. [Learn more about HRSN covered services.](#)

Behavioral health investment programs

OHA's Behavioral Health Division offers a variety of housing investment opportunities and housing-related services and supports through their behavioral health investment programs. These programs support targeted investments in housing to expand supportive housing, offer rental assistance, provide other housing services and supports and more. [Learn more about the Behavioral Health Division's investment programs.](#)

CCO examples of housing investments

With OHA's focus on addressing SDOH-E, CCOs are crucial partners for housing in their communities. CCOs across the state are taking innovative approaches to addressing the housing needs of their members and communities.

CCOs have invested over \$104 million in housing and housing-related services and supports over the past seven years through SHARE and flexible services (2018–2024). Some examples of efforts funded through SHARE and flexible services are below.

- For more examples of flexible services housing investments, see [examples of accepted flexible services](#).
- For more examples of SHARE housing investments, see “CCO reports and summaries” on the [SHARE webpage](#).

SHARE housing investment examples

- **Renovation of a former hotel into new permanent supportive housing**, including fully accessible units, and improving current permanent supportive housing.
 - Activities funded: Building improvements, uncollectable rent and staffing
- **Building upgrades to expand services and accessibility of medical respite program.**
 - Activities funded: Building renovations
- **Housing case management and wraparound services** provided at daytime warming and cooling shelter. Additional services and supports to help individuals secure housing.
 - Activities funded: Case manager(s) time, security deposits, limited-time rent assistance, hotel vouchers
- **Central Oregon FUSE program operations**, including services and supports to help individuals access housing and ongoing costs at a permanent supportive housing facility.
 - Activities funded: Staff, operations
- **Operating expenses for an emergency daytime shelter** that includes navigational and non-covered services to individuals.
 - Activities funded: Operating expenses, navigation services
- **Remodel and development of a 50-unit hotel into combination transitional housing**, including housing with wrap-around services for community members with substance use disorder transitioning from other facilities and temporary housing for members.
 - Activities funded: Building renovations
- **Resident management software and restorative justice training** for staff at affordable housing complex to increase organizational capacity and staff knowledge.
 - Activities funded: Software purchase and staff training

Member-level flexible services investment examples

The activities funded below are for members not eligible for HRSN covered services.

- **Accessibility improvements** like buying and installing ramps, wider doorways, grab bars or handrails.
- **Utility (water, gas, electric) bill assistance**
- **Rental payment assistance** for low-income households to maintain housing.
- **In-home air filtration devices and filters** to ensure clean air when air quality is poor or during wildfire season.
- **Home insulation and air sealing** to improve temperature control along with in-home air conditioner installation to reduce heat-related illnesses for older or medically sensitive members.
- **Upgrade or installation of more energy efficient heating and cooling systems** to improve temperature control during extreme weather events.
- **Home health and safety-related assessments and improvements** to identify, evaluate and address environmental health and safety risks.
- **Home mold and mildew abatement** to improve indoor air quality and reduce respiratory health issues, or legal support for members in rental units when landlord refuses to abate the mold.
- **Home asthma and allergen trigger removal** to improve respiratory health.
- **Integrated home pest management** to improve member health.
- **Professional home cleaning or waste removal from hoarding** to improve the living environment, remove potential allergens, allow full use of space and reduce risk of fall or injury.

Community-level flexible services investment example

Identify and control lead-based paint hazards in eligible, privately owned rental or owner-occupied homes. Project prioritized for low-income families and families with young children who have elevated blood lead levels

Braided funding housing investment example

Multi-year partnership to create new temporary housing and medical sheltering units, including facility upgrades and expanding and maintaining services and supports.

- SHARE-funded activities: Capital for housing development, expansion
- Community-level flexible service investments: Supports and services (food, showers, laundry, connections to social services)
- Member-level flexible service investments: Temporary housing for medical sheltering

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