2022 SHARE Initiative Detailed Spending Report
CCO: Columbia Pacific Coordinated Care Organization

Instructions: Describe all SHARE funds your CCO spent January 1–December 31, 2021. Submit your completed table to CCO.MCODeliverableReports@dhsoha.state.or.us by June 30, 2022.
Questions? Please contact Transformation.Center@dhsoha.state.or.us

Paid to [SDOH-E partner name or "CCO internal"]	Project, program or initiative associated with payment	Brief description of services or infrastructure to address SDOH-E *See spending exclusions below	Total amount committed	Amount paid through December 31, 2021	Note braided/supplementary funding from other sources, if applicable	Confirm spending has NOT (and will not) be counted as health-related services
Community Action Team	The Heatlhy Homes Program	Preserving Housing Stock	$100,000	-	Not applicable	☑
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***Note** - SHARE Initiative dollars must be segregated for SHARE Initiative spending only. SHARE dollars **may not** be spent on:

- Medicaid-covered services (a CCO may not count expenses that are factored into its global budget);
- Expenses that have been reported separately, such as health-related services (a CCO may not double-count spending);
- General administrative costs that are not directly related to a SDOH-E and/or health disparities related initiative;
- General administrative costs that are otherwise necessary for the regular business operations of the CCO and compliance with federal/state requirements (for example, providing interpreters), including any staffing required by contract (for example, traditional health worker liaison);
- Sponsorships/advertising;
- Equipment or services to address an identified medical need (for example, corrective lenses, specialized clothing);
- Member incentives (for example, gift cards for accessing preventive services);
- Costs for SDOH-E related research where findings are only used internally, only by another private entity, or are proprietary;
- Educational or promotional items or goods for the purpose of general distribution through a health fair or other event not targeted at populations experiencing health disparities;
- Political campaign contributions; or
- Advocacy specific to CCO operations and financing (as opposed to advocacy for policy that advances SDOH-E objectives).