

In Lieu Of Services (ILOS)

Program Overview

May 2024



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Document purpose

The Oregon Health Authority (OHA) works with coordinated care organizations (CCOs) to address social determinants of health and equity (SDOH-E), health inequities and the social needs of CCO members and their broader communities through several programs, including in lieu of services (ILOS).

This document is intended as a resource for CCO staff, community partners and other invested parties to learn the program basics of ILOS. It defines ILOS, describes its requirements and benefits, explains the process for developing potential new ILOS in Oregon, details Oregon’s approved ILOS and provides a brief overview of ILOS in other states.

Accessibility

You can get this document in other languages, large print, braille or a format you prefer. Contact the OHA ILOS team at ILOS.info@odhsoha.oregon.gov.

Summary of changes in the May 2024 version

- Combined formerly separate guidance documents “In Lieu of Services Brief” with the “Oregon In Lieu of Services List” into one ILOS Program Overview.
- Updated organization and formatting of the document to improve navigation and readability.
- Updated programmatic details of ILOS to align with federal guidance.
- Added explanation of ILOS “V4” modifier and OHA-recommended codes.
- Included background information for Oregon’s currently approved ILOS.
- Updated the “ILOS in other states” section.

Executive summary

In lieu of services (ILOS) are medically appropriate and cost-effective substitutes for covered benefits under Oregon’s Medicaid state plan, Oregon Health Plan (OHP). ILOS must meet Centers for Medicare & Medicaid Services (CMS) requirements outlined in [42 CFR 438.3\(e\)\(2\)](#) and [SMD #: 23-001](#).

Oregon’s CCOs can 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 benefits in the future. ILOS can be used to strengthen access to care, address unmet health-related social needs (HRSN) and reduce health disparities. Across the U.S., several states are using ILOS to address HRSN and offer preventive care, substance use disorder and behavioral health treatment and chronic disease management.

Oregon can propose specific ILOS to CMS for approval on an annual basis. CCOs, community partners and other invested parties are invited to collaborate in developing potential new ILOS. Approved ILOS are included in CCO contracts with OHA and become available for CCOs to offer to members. There are currently nine approved ILOS available for CCO implementation.

CCOs are not required to offer ILOS to members, and members are never required to receive an ILOS. CCOs can begin offering any approved ILOS at any

point in a contract year, after the CCO completes requirements outlined in [CCO contracts](#).

Definition

In lieu of services (ILOS) are medically appropriate and cost-effective substitutes for covered benefits under Oregon’s Medicaid State Plan, the Oregon Health Plan (OHP).

ILOS can be used to strengthen access to care, most commonly by offering services in **different places**, such as non-clinical, community-based settings or by **different providers**, such as culturally specific providers.

ILOS can also be used to reduce health disparities and address unmet health-related social needs. Oregon’s CCOs can use ILOS to provide CCO members with immediate or longer-term substitutes to OHP-covered benefits, or when the ILOS is expected to reduce or remove a member’s need for OHP-covered benefits in the future. CCOs are not required to offer ILOS, and members are never required to use ILOS. Federal requirements for ILOS are outlined in [42 CFR 438.3\(e\)\(2\)](#) and [SMD #: 23-001](#).

Requirements

ILOS must meet federal requirements outlined in [42 CFR 438.3\(e\)\(2\)](#). Some of the key requirements include:

- The state must determine the ILOS is a medically appropriate and cost-effective substitute for the covered benefit;
- Approved ILOS must be included in CCO contracts with OHA;
- CCOs cannot be required to offer ILOS;
- Members cannot be required to use ILOS; and
- The use and actual cost of ILOS are considered in developing the component of the CCO’s capitation rates that represents the covered services.

Further requirements for ILOS are outlined in [CCO contracts](#) with OHA and federal guidance [SMD #: 23-001](#) released in January 2023.

Benefits

Offering ILOS can provide benefits for both CCOs and their members. For CCOs, ILOS provides a pathway requested by CCOs to offer services in innovative, community-centered ways. It provides CCOs the opportunity to strengthen access to care, reduce health disparities and reduce healthcare costs across their member population.

For members, ILOS can be an opportunity to receive transitional or complementary support to address medical and social needs. ILOS can also ease difficulties or stress in accessing care, by receiving services in accessible places or provided by culturally responsive providers.

Development

Design process

Oregon can propose specific ILOS to CMS for approval on an annual basis. CCOs, community partners and other invested parties are invited to collaborate in developing Oregon's new ILOS through a process called ILOS design season.

The ILOS design process typically begins in the fall with meetings to generate ideas and specifics and ends when final proposals are submitted to CMS, usually the following spring. If approved, a new ILOS becomes available for CCOs to offer the following January. For example, ILOS ideas generated in fall 2022 were

What are the benefits of ILOS?

- Provides flexibility to offer services in community-centered ways or in non-clinical settings
- Helps address many of the unmet physical, behavioral, developmental, long-term care and other social determinants of health of members ([SMD#:23-001](#))
- Connects to [CCO 2.0](#) and key transformation objectives by:
 - ✓ Improving access to services in a more culturally responsive manner
 - ✓ Enhancing access to care and care coordination for people who are medically underserved
 - ✓ Reducing hospital care, nursing facility care and emergency department use

submitted to CMS in spring 2023, and the approved ILOS became available for use in January 2024.

Meetings to design new ILOS are held online; dates, times and details about joining the meetings are posted to the [OHA ILOS webpage](#). CCOs, community partners and other invested parties are welcome to attend.

Idea generation

Ahead of joining ILOS design meetings that typically occur in the fall, CCOs, community partners and other invested parties can consider the following questions to identify potential ILOS:

- What OHP services could be made more accessible if offered in a non-clinical, community-based setting?
- What OHP services could be made more accessible if offered in a more culturally specific manner or setting?
- What health-related services are already being provided to members in the community?
- To CCOs: What chronic diseases or other health issues are prevalent in your service area? What services could be offered to members earlier to keep members healthy and reduce the need for more services in the future?

Approved Oregon ILOS

Approved ILOS are reviewed and vetted by OHA and CMS and included in CCO contracts with OHA. Approved ILOS are the only ILOS available for CCOs to offer to members; CCOs cannot offer ILOS outside of this list. CCOs implementing ILOS can choose which individual ILOS from this list. CCOs are encouraged to work with their clinical and community partners to determine which ILOS would be appropriate and useful for their members. Members, community and clinical partners can reference their local CCO's member handbook to learn if they offer ILOS and which ones they offer.

See Oregon's currently approved ILOS listed and detailed below, including service descriptions, provider types and background information:

- [Chronic disease self-management education programs](#)
- [Community Health Worker services](#)
- [Infant mental health pre- and post-testing services](#)
- [Lactation consultations](#)
- [National Diabetes Prevention Program](#)
- [Online diabetes self-management programs](#)
- [Peer and Qualified Mental Health Associate services](#)
- [Sexually transmitted infection \(STI\), including human immunodeficiency virus \(HIV\), testing and treatment services](#)
- [Traditional Health Worker \(THW\) services for HIV and STI disease management](#)

Chronic disease self-management education programs- alternative setting*

State plan service(s) in lieu of: Patient self-management and education

Procedure code(s)*: 98961-2, S9445-6, S9451

Modifier(s)*: V4

Clinically oriented population(s): Members at risk of developing type 2 diabetes; members with diagnosis of type 1 or type 2 diabetes; members under the age of 65 with an identified fall risk; members aged 65 and older (for fall prevention programs); members with arthritis.

Service description: Self-management programming to help a member gain the knowledge and skills needed to modify their behavior and successfully self-manage their disease and its related conditions. Programs supported by OHA for this ILOS include the following covered programs offered in community settings: Diabetes Prevention Programs (non-CDC recognized, or CDC- recognized), Diabetes Self-Management Program, Programa de Manejo Personal de la Diabetes, Diabetes Self-Management Education and Support, Walk with Ease Program, Stepping On: Falls Prevention Program, Tai Ji Quan: Moving for Better

Balance, Matter of Balance, Otago Exercise Program, and other cultural, linguistic, or physically accessible adaptations of these programs.

Background: Chronic disease self-management education programs in alternative settings was proposed as an ILOS in 2022 and added to 2023 CCO contracts. By expanding the service locations eligible for Medicaid reimbursement, this ILOS aims to strengthen access to linguistically and culturally responsive care, support members' knowledge and ability to successfully self-manage and improve members' health outcomes.

*Several of these programs are covered services for eligible members in clinical and community settings. See [billing guidance for covered fall prevention programs](#) through traditional Medicaid billing. CCOs are unlikely to need ILOS for these programs. This ILOS remains in current CCO contracts in case a use for the ILOS is identified.

Community Health Worker (CHW) services- alternative setting

State plan service(s) in lieu of: Office or other outpatient visit, preventive medicine counseling or risk factor reduction (or both), skills training and development, comprehensive community support services

Procedure code(s)*: 99211, 99401-99404, H2014, H2016

Modifier(s)*: V4

Clinically oriented population(s): Members with (i) chronic conditions, (ii) behavioral health conditions, or (iii) health-related social needs (such as houselessness), or (iv) all or any combination of the foregoing, that exacerbate or prevent effective treatments.

Service description: Evaluation and management of a member by a certified Community Health Worker in community settings, such as housing or social service agencies that provide culturally and linguistically appropriate services. Services include providing preventive medicine counseling or risk factor reduction (or both), skills training and development, and comprehensive community support services. Services provided will: (i) support the member to navigate the healthcare system, (ii) facilitate member attendance at medical and

other appointments, (iii) contribute to the Member’s care team and planning, (iv) explain health and healthcare information and (v) help the member understand their own needs and locate services.

CHWs providing this ILOS:

1. May work and bill under the supervision of a licensed health care professional, including physicians, certified nurse practitioners, physician assistants, dentists, Dental hygienists with an Expanded Practice Permit, Ph.D. Psychologists, PsyD Psychologists, Speech Language Pathologists, LCSW Social Workers and Licensed Professional Counselors, OR
2. May bill under an organization or billing hub using a forthcoming enrolled OHP provider type, and work under the supervision of a supervisor who: (a) upholds the Traditional Health Worker (THW) Standards of Professional Conduct, as defined in [OAR 950-060-0080](#), and (b) aligns with the recommended qualities, skills, knowledge and standards of excellent practice of a THW supervisor, as outlined in the current THW Commission [guidance document](#). CCOs will attest to these minimum supervisory requirements via an attestation process.

Background: CHW services in alternative settings was proposed as an ILOS in 2022 and added to 2023 CCO contracts. By expanding the settings where CHWs can provide Medicaid-reimbursable services, this ILOS aims to strengthen members’ access to care and address members’ health-related social needs.

Certified CHWs providing this ILOS must be supervised by either a qualified health care professional or a certified CHW with additional qualifications, as noted above. The CHW supervisor option aims to enable CHW services to be billed and paid for in locations that may not traditionally employ licensed independent practitioners. The CHW supervisor option is not a requirement and not applicable to CHW services outside of this ILOS. Further guidance on this option is forthcoming from the OHA Traditional Health Worker Program and Traditional Health Worker Commission.

Infant mental health pre- and post-testing services

State plan service(s) in lieu of: Psychological testing

Procedure code(s)*: T1023

Modifier(s)*: HA, V4

Clinically oriented population(s): Members ages 0-5 years old experiencing developmental delays, or having difficulty bonding with caregivers, who may benefit from specialized programs.

Service description: Tests, inventories, questionnaires, structured interviews, structured observations and systematic assessments that are administered to help assess the member and caregiver's relationship and to help aid in the development of the treatment plan.

Background: Infant mental health pre- and post-testing services in alternative settings was proposed as an ILOS in 2022 due to its precedence as an ILOS in other states. This ILOS was added to 2023 CCO contracts and aims to support early assessment and intervention, strengthen member and family relationships and improve health outcomes.

Lactation consultations- alternative setting

State plan service(s) in lieu of: Lactation consultations in office or other outpatient settings

Procedure code(s)*: 99202, 99212, 99401-99404

Modifier(s)*: V4

Clinically oriented population(s): Postpartum members and their infants at higher risk of failure to breast or chest feed; members who had a Cesarean delivery; members who used substances during pregnancy; members who are a first time parent; members recommended for lactation consultations by birth attendant or care team, pediatrician, Women, Infants, and Children staff, Family Connects home visitor or other maternity case management program.

Service description: Preventive medicine and risk reduction counseling provided in a community setting by a registered nurse or a certified Traditional

Health Worker with training in lactation (such as a certified lactation education counselor or certified breastfeeding specialist training).

Background: Lactation consultations in alternative settings was proposed as an ILOS in 2022 and added to CCO contracts in 2023. This ILOS aims to strengthen access to lactation services and culturally responsive lactation services by expanding lactation provider types and settings eligible for Medicaid reimbursement. This ILOS may provide members with preventive lactation support, potentially reducing or removing members' need for more severe services in the future, or intermediary lactation support while waiting to see an International Board Certified Lactation Consultant.

Providers of this ILOS (Registered Nurses or certified Traditional Health Workers) must have training in lactation and be certified by an accredited body, such as a Certified Lactation Education Counselor or Certified Breastfeeding Specialist. CCOs implementing this ILOS must determine appropriate and compliant provider credentials; CCOs may require additional provider requirements.

National Diabetes Prevention Program (DPP)- alternative setting**

State plan service(s) in lieu of: National DPP services

Procedure code(s)*: 0403T, 0488T

Modifier(s)*: GT or 95 for telehealth delivery, V4

Clinically oriented population(s): Members 18 years of age or older who have a body mass index of 25 or higher (23 or higher if Asian American), not previously diagnosed with type 1 or type 2 diabetes and not pregnant.

Service description: Provision of the National Diabetes Prevention Program (National DPP) by a Centers for Disease Control and Prevention (CDC) recognized program delivery organization.

Background: National DPP in alternative settings was proposed as an ILOS in 2022 and added to 2023 CCO contracts. National DPP was originally added as an ILOS to facilitate the National DPP in community-based settings.

****National DPP is a covered OHP benefit in clinical and community settings for eligible members and can be billed through traditional Medicaid claims. Currently, CCOs are unlikely to have a use for this ILOS. This ILOS remains in CCO contracts in case a use for the ILOS is identified.** CCOs can learn more about National DPP and access billing technical assistance on the [OHA National DPP webpage](#).

Online diabetes self-management programs

State plan service(s) in lieu of: Diabetes outpatient self-management training services

Procedure code(s)*: G0108, G0109, S9140, S9141, S9455, S9460, S9465, 97802, 97803, 97804, 99078, S9470

Modifier(s)*: V4

Clinically oriented population(s): Members with diagnosis of type 1 or type 2 diabetes.

Service description: Online training, support and guidance provided by a health coach in synchronous or asynchronous individual or group sessions aimed at assisting a member in controlling their daily blood glucose levels, managing their diabetes and engaging in preventive health habits.

Background: Online diabetes self-management programs was proposed as an ILOS in 2022, added to 2023 CCO contracts for members aged 18 and up and expanded in 2024 contracts to include all ages. By making online offerings eligible for Medicaid reimbursement, this ILOS aims to improve access to diabetes self-management services, especially for members facing access barriers to in-person programming, like lack of access to childcare or transport.

Peer and Qualified Mental Health Associate services- alternative setting

State plan service(s) in lieu of: Psychosocial rehabilitation services

Procedure code(s)*: H0038, H2014, H2016, T1016

Modifier(s)*: GQ (Group), V4

Clinically oriented population(s): Members with behavioral health conditions and/or health-related social needs (such as houselessness) that exacerbate or prevent effective treatment of behavioral health conditions.

Service description: Outreach and engagement services provided by a certified Peer Support Specialist, Peer Wellness Specialist or Qualified Mental Health Associate to engage a member in their care and provide ongoing support for enhancing wellness management, coping skills, independent living skills and assistance with recovery. Services may be offered either prior to or after assessment and diagnosis, in clinical or community settings, in individual or group sessions, and may include drop-in services, care transition services, culturally specific services and services focused on specific OHP populations.

Peers providing this ILOS:

1. May work and bill under the supervision of a licensed health care professional, including physicians, certified nurse practitioners, physician assistants, dentists, Dental hygienists with an Expanded Practice Permit, Ph.D. Psychologists, PsyD Psychologists, Speech Language Pathologists, LCSW Social Workers and Licensed Professional Counselors, OR
2. May bill under an organization or billing hub using a forthcoming enrolled OHP provider type, and work under a Peer-Delivered Services Supervisor, who is a qualified program staff with at least one year of experience as a Peer Support Specialist (PSS) or Peer Wellness Specialist (PWS) in behavioral health services, who is responsible for evaluating and guiding PSS and PWS program staff in the delivery of peer-delivered services and supports, as defined in [OAR 309-018-0105](#), clause 106.

Background: Peer and Qualified Mental Health Associate services in alternative settings was proposed as an ILOS in 2022 and added to 2023 CCO contracts to provide a bridge of care for members facing long wait times to see mental and behavioral health providers in clinical settings. This ILOS allows early engagement with members pre- or post- assessment and diagnosis, providing essential, transitional support in community settings. In some cases, this ILOS may also support the reduction or prevention of members' future needs for more severe behavioral health treatment or other costly state plan services.

Certified peers providing this ILOS must be supervised by either a qualified health care professional or a certified peer with additional qualifications, as noted above. The peer supervisor option aims to enable peer services to be billed and paid for in locations that may not traditionally employ licensed independent practitioners. The peer supervisor option is not a requirement and not applicable to peer services outside of this ILOS. Further guidance on this supervision option is forthcoming from the OHA Traditional Health Worker Program and Traditional Health Worker Commission.

Sexually transmitted infection (STI), including human immunodeficiency virus (HIV), testing and treatment services- alternative setting

State plan service(s) in lieu of: Office or other outpatient visit

Procedure code(s)*: 36415, 96156-96171, 99202-99205, 99211-99215, 99401-99404, G0445

Modifier(s)*: 95 for telehealth, V4

Clinically oriented population(s): Members seeking testing and/or treatment for STIs, including HIV, syphilis, gonorrhea, chlamydia and other infections.

Service description: Office or other outpatient visit for evaluation and management of a member who may be a new or established patient. Preventive medicine counseling or risk factor reduction interventions provided to a member. High intensity behavioral counseling to prevent sexually transmitted infection,

which may: (i) be provided individually and face-to-face and (ii) include education, skills training, and guidance on how to change sexual behavior, and (iii) be performed semi-annually, 30 minutes. The testing and treatment may involve venipuncture. Services to be provided by a registered nurse, physician's assistant, nurse practitioner or physician in community settings, such as Local Public Health Authority clinics, community-based agency clinics, testing events or any combination thereof.

Background: STI, including HIV, testing and treatment services in alternative settings was proposed as an ILOS in 2023 and added to 2024 CCO contracts. By expanding the settings eligible for Medicaid reimbursement to include community-based settings, this ILOS aims to strengthen access to care, especially for members who feel uncomfortable or delay seeking testing and treatment in clinical settings, or members who cannot access testing and treatment in clinical settings due to lack of transportation or childcare. Accessing these services can improve members' health outcomes and supports members' knowledge and ability to prevent and reduce the risk of infection or reinfection.

Traditional Health Worker (THW) services for human immunodeficiency virus (HIV) and sexually transmitted infection (STI) disease management – alternative setting

State plan service(s) in lieu of: Office or other outpatient visit, preventive medicine counseling and/or risk factor reduction, skills training and development, comprehensive community support services

Procedure code(s)*: 98960-98962, H2014, H2016

Modifier(s)*: 95 for telehealth, V4

Clinically oriented population(s): Members at risk for or diagnosed with HIV or other STI.

Service description: Evaluation and management of a member in community settings, such as community HIV and STI clinics, community-based organizations, syringe service programs, mobile clinics and community-based outreach and testing. Services include providing preventive medicine and high-

intensity behavioral counseling or risk factor reduction (or both), skills training and development, and comprehensive community support services. Services provided will: (i) support members in navigating the healthcare system, (ii) facilitate member attendance at medical and other appointments, (iii) contribute to the member's care team and planning, (iv) explain health and healthcare information in a manner that the member understands, and (v) help the member understand their own needs and locate services.

Background: THW services for HIV and STI disease management in alternative settings was proposed as an ILOS in 2023 and added to 2024 CCO contracts. By expanding the settings eligible for Medicaid reimbursement, this ILOS aims to strengthen access to care, especially for members who feel uncomfortable or delay seeking care in clinical settings, or members who have difficulty accessing care in clinical settings due to lack of transportation or childcare.

*OHA has recommended procedure codes and modifiers to be used on ILOS claims and encounter data. Any procedure code and modifier that is (i) valid on the date of service and (ii) an accurate representation of the ILOS provided may be used. ILOS encounter data sent to OHA must include the ILOS-specific modifier "V4" for tracking purposes. **This guidance is only applicable to CCOs implementing ILOS for the purpose of billing and reporting ILOS; this is not applicable to traditional Medicaid billing.**

Implementation

CCOs are not required to offer ILOS to their members. Approved ILOS included in CCO contracts with OHA (and detailed above) are the only ILOS available to implement by Oregon's CCOs. CCOs planning to offer ILOS can choose to offer one or multiple ILOS(s) from the list.

Before ILOS is offered to members, CCOs must meet certain implementation requirements. If these requirements are met, CCOs can begin offering an ILOS at any point during the year. Some of these include:

- The ILOS(s) must be included in the CCO's member handbook

- Members must be notified of the ILOS(s) available
- The ILOS(s) must be accessible to all eligible members across a CCO's service area
- ILOS providers must be included in the CCO's provider directory

Other necessary steps before offering an ILOS include things like contracting with ILOS providers and setting up billing and reporting processes. CCOs should reference Exhibit B Part 2 Section 11 of the [CCO contract](#) for compliance with ILOS implementation requirements and the [ILOS Billing and Reporting Guide](#) for billing and reporting guidance.

Providers and members interested in providing or receiving an ILOS can look to their local CCO's member handbook to see if the CCO currently offers the service. Providers and members can request that their CCO begin offering an ILOS by directly contacting their CCO. CCOs are not required to offer ILOS but are encouraged to work with their community partners to offer ILOS that would benefit their member populations. Find the CCO serving your community and their contact information on the [OHA CCO webpage](#).

ILOS in other states

[The Kaiser Family Foundation \(KFF\) Survey of Medicaid Officials in 50 states and Washington D.C.](#) identified 33 states using the "in lieu of" authority to offer inpatient mental health or substance use disorder treatment provided in an institution for mental diseases (IMD) during a short-term stay. According to [federal guidance](#) released in early 2023, this remains one of the most commonly-offered ILOS across the United States.

ILOS in California

California's Medi-Cal Managed Care Plans (MCP) began offering ILOS, or Community Supports, in January 2022. Currently, MCPs have a [pre-approved list of 14 services](#) they are encouraged to offer, including supports to secure and maintain housing, medically tailored meals, respite services, sobering centers and more. As of September 2023, every county offered at least six community supports, and 12 counties offered all 14.

Since 2019, several states have expanded the authority beyond inpatient mental healthcare to address topics such as health-related social needs, behavioral health and preventive care. Learn more about ILOS in California, New York and Washington in the boxes to the right.

Learn more about ILOS in other states at links below:

- [Florida Sunshine Health ILOS Resource Guide](#)
- [KanCare Medicaid ILOS](#)
- [Texas Behavioral Health ILOS Annual Report](#)

ILOS in New York

New York's Medicaid Managed Care Organization (MMCO) has [offered ILOS](#) since October 2019. The state approved short-term inpatient psychiatric admission in an IMD in 2019 and in 2022 included [additional ILOS](#) to offer medically tailored meals and preventive care.

ILOS in Washington

Washington's Medicaid State Plan Apple Health offers two ILOS, including Intensive Behavioral Supportive Supervision and IMD services, for the provision up to 60 days of inpatient psychiatric treatment. In addition, Washington was approved to pair their 1115 waiver HRSN services with a [set of services offered through ILOS](#).

Glossary

Alternative setting: settings or places where the service is not already covered under OHP, for example community-based or non-clinical settings.

Coordinated care organization (CCO): a local group of health care providers. They are doctors, counselors, nurses, dentists and others who work together in your community. CCOs help make sure OHP members stay healthy. People enrolled in a CCO are called **CCO members** or **members**.

Cost-effective: ILOS must be expected to cost no more than the state plan covered benefits it is in lieu of. OHA determines an ILOS is cost-effective prior to being added to contracts and submitted to CMS.

Medically appropriate: services must be provided in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition. The service must (1) be provided in a setting appropriate to the patient's medical needs and condition; (2) meet, but not exceed, the patient's medical need; and (3) be at least as beneficial as an existing and available alternative.

Oregon Health Authority (OHA): A governmental agency in the state of Oregon that oversees most of Oregon's health-related programs, including the Oregon Health Plan (OHP) Medicaid program.

Oregon Health Plan (OHP): Oregon's Medicaid health insurance program that helps people with low income get access to health care. The services OHP pays for are called OHP benefits or covered services.

Social determinants of health and equity (SDOH-E): SDOH-E is defined by three different but connected terms:

- **Social determinants of health:** Social, economic and environmental conditions that people are born, grow, work, live and age in that affect peoples' overall health and quality of life. These are shaped by the social determinants of equity.
- **Social determinants of equity:** Systemic or structural factors that shape the distribution of the social determinants of health in communities, like the distribution of money, power and resources, institutional bias, discrimination, racism and other factors.
- **Health-related social needs or social needs:** An individual's social and economic barriers to health, such as housing instability or food insecurity.

Contact

- To learn more about ILOS, see the [OHA ILOS webpage](#).
- For CCOs with questions about implementing ILOS, please contact the OHA ILOS team at ILOS.info@odhsoha.oregon.gov.
- Providers, community organizations and members interested in providing or receiving an ILOS are encouraged to contact their CCO. Find the CCO serving your community and their contact information on the [OHA CCO webpage](#).
- To propose a new ILOS, please see the “ILOS Design Season” section of the [OHA ILOS webpage](#).