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Part 1: High-Level Description of Possible Significant Change

The table below provides high-level information about the possible significant change, as submitted.

Tracking #	2027-018
Q6. Provide a short name for possible change	Flexible Services Program Updates (formerly known as health-related services or HRS)
Q1. Which CCO Contract(s) will be impacted?	(a) All 3 contracts
Q2. High-level description of possible change	Revise Flexible Services program rules through CCO contract and possible OAR changes to encourage transparency and timeliness of Flexible Services decisions. Ombuds and members have expressed negative experiences with some CCOs and subcontractors. There have been similar experiences shared by providers. Member and provider expectations are for clear descriptions of what factors or qualifying conditions are used to make decisions about flexible services, and when requests are not funded, they often want to know why. That level of transparency is not currently required.
Q3. Which prioritized restatement category applies?	(b) CCO Table Considerations (c) 1115 Medicaid Waiver
Explain how change fits into "CCO Table Considerations" category	Awareness and expectations for Flexible Services have greatly increased with the implementation of HRSN.
Explain how change fits into "1115 Medicaid Waiver" category	Flexible Services are a part of the OHP 1115 Waiver.
Q4. Could entire change be deferred to later contract year?	Yes
Consequence(s) if not included in 2027 contract	Members and providers within some CCOs may continue to have negative experiences when the CCO decision making processes are not transparent and clearly communicated.
Q5. Could change be reduced to smaller components so it's phased in over multiple contract years?	Yes, but same risk as above applies.
Which component(s) could be in later contract year(s)?	The following four potential components could be phased in at any time, although negative member experiences in 2024 and 2025 suggest they should be phased in as soon as possible: A) Transparency on which factors are considered in the CCO's Flexible Services decision process. B) Transparency on reasoning behind individual requests that the CCO chooses not to fund. C) Timeliness requirements for Flexible Services decisions. D) Transparency requirements for subcontractors.
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Part 2: Information for Engagement

This should be completed by the responsible OHA unit. **Be specific yet clear and concise in your responses; use bullet points.**

Tracking #	2027-018
Short name	Flexible Services Program Updates (formerly known as health-related services or HRS)

1. What is the specific issue that will be addressed by this change?

This should explain the current state and why it's an issue to be addressed.

Beginning in 2024 with the launch of HRSN services there was a dramatic increase in Flexible Service requests by members, and on behalf of members by providers or community partners. Along with those increased requests, and especially as HRSN housing services were launched, the Ombuds team began to share data on large increases in negative member experiences with CCOs' Flexible Service processes. These experiences included long timelines for a CCO response and decision (sometimes as long as 6months), refusal letters that did not clearly explain why a request was refused, unclear documentation requirements and unclear reasoning for required documentation, and unclear decision-making processes (the same request from two different members with the same circumstances resulting in different or inequitable outcomes). Similar experiences were shared by providers and community partners advocating for members.

2. What is the preliminary suggestion for how to address the issue?

This should align with the high-level description submitted for the change. Refer to Part 1: High-Level Description of Possible Significant Change. The final proposed change may differ from the preliminary suggestion as a result of OHA and CCO engagement.

Currently, CCOs are required to have Flexible Services policies and procedures (P&Ps) in place that meet OHA requirements, although the P&Ps are no longer an annual deliverable to OHA as of 2026. The OHA Flexible Services P&P requirements do not include communicating the following to members, providers and other community partners, but Ombuds and partners have recommended requiring things like:

- Clear and specific list or description of factors that are considered in the decision process to approve or refuse a request.
- Clearly understandable and specific reasons for refusing a request.
- Clear timelines for decisions to approve or refuse a request.

3. What knowledge and/or skills should CCOs consider when deciding which staff to work with OHA on this issue?

Experience in managing or implementing Flexible Services within the CCO; experience working with members, providers and/or community partners on Flexible Service requests

4. Is there an existing meeting where OHA and CCOs can work – or are already working – on this issue? If so, identify the meeting and its schedule.

This work may require regular OHA-CCO engagement over a few weeks, possibly up to a couple months. If there is not a suitable existing forum, then OHA will hold a dedicated work session/s specifically for this purpose.

The full flexible services team meets monthly, and a subset of the team meets in between the monthly meetings, but the schedule cadence is currently being changed to accommodate team members' schedules. A dedicated work session may be needed.