



## COMMUNITY BENEFIT INITIATIVES

### Background

Health-related services (HRS) began in 2013 with the inception of Oregon's Coordinated Care Organizations (CCOs). The history of HRS and how it has evolved is further detailed in the [HRS Brief](#). HRS are defined as non-covered services under Oregon's Medicaid State Plan that are not otherwise administrative requirements and are intended to improve care delivery and overall member and community health and well-being. One of the purposes of HRS is to give CCOs a specific funding mechanism within their global budgets to address the social determinants of health (SDOH), including the health-related social needs of their members.

For CCOs to use federal Medicaid funds to pay for HRS, they must comply with state and federal criteria. For a full definition of HRS, CCOs should rely primarily on the [OHA HRS Brief](#) and Oregon Administrative Rules (OARs) [410-141-3500](#) and [410-141-3845](#). The Code of Federal Regulations ([45 CFR 158.150](#) and [45 CFR 158.151](#)) should be used for supplemental CCO guidance only.

The purpose of this guidance document is to expand upon the OHA HRS Brief, and provide examples of what are and what are not HRS community benefit initiatives. Additional guidance and technical assistance around HRS community benefit initiatives as well as other topics can be found on OHA's [HRS website](#).

### HRS community benefit initiatives in Oregon

HRS community benefit initiatives (CBI) are evidence-based, community-level interventions that focus on improving population health and health care quality. They must include, but are not necessarily limited to, Oregon Health Plan (OHP) members.

A CCO's HRS spending on CBI must promote alignment with the priorities identified in the CCO's community health improvement plan. Additionally, CCOs must ensure a role for the community advisory councils and tribes in how HRS CBI spending decisions are made. CBI can be used to support organizations that also provide services that are covered by OHP, as long as that funding is not used for covered services.

Nonprofit hospitals are also required by federal law to conduct a community health needs assessment and to develop a plan for addressing those needs. In 2020, new requirements went into effect for CCOs to develop shared community health assessments and community health improvement plans with hospitals, local public health authorities and other CCOs with shared service areas. Nonprofit hospitals are also required by state and federal law to provide a community benefit in order to maintain their nonprofit status, which includes spending on categories like charity care and community-building activities,

#### Definitions

**Health-related services (HRS):** Non-covered services under Oregon's Medicaid State Plan that are not otherwise administrative requirements and are intended to improve care delivery and overall member and community health and well-being. The two types of HRS include flexible services and community benefit initiatives, as defined below

**Flexible services (FS):** Cost-effective services delivered to an individual OHP member to supplement covered benefits and improve their health and well-being.

**Community benefit initiatives (CBI):** Community-level interventions that include — but are not limited to — OHP members and are focused on improving population health and health care quality.

among others. In Oregon, those community benefit spending categories were expanded in 2019 (House Bill 3076) to more intentionally include programs that address the social determinants of health and for OHA to set a minimum community benefit spending floor for hospitals. There is a clear opportunity for CCOs and nonprofit hospitals to collaborate on shared community health improvement plan priorities to support collective impact and ensure the best use of community resources, including CCO CBI spending and hospital community benefit spending.

## What services qualify as HRS community benefit initiatives?

|   | Qualifies as HRS CBI?  |
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| <b>Programs that provide care coordination, navigation or case management activities not otherwise covered under State Plan benefits, including traditional health workers</b>  |  |
| <ul style="list-style-type: none"> <li>Funding a community-based organization to hire a community health worker to provide low-income families in affordable housing communities with non-covered services, such as on-site supports and connections to social and health care resources</li> </ul>   | Yes  |
| <ul style="list-style-type: none"> <li>Funding for the services of a community health worker in a community-based organization to provide low-income CCO members in affordable housing communities with non-covered services, such as on-site supports and connections to social and health care resources</li> </ul>   | No: While this qualifies as HRS, it is a flexible service because it is at the member level  |
| <b>Education for health improvement or education supports, including those related to social determinants of health and equity</b>  |  |
| <ul style="list-style-type: none"> <li>Implementing a parenting and early childhood campaign with messages grounded in early brain development research</li> </ul>  | Yes  |
| <ul style="list-style-type: none"> <li>Funding parenting education and health care partnership to help children enter kindergarten with social and emotional mastery and be ready to learn</li> </ul>   | Yes  |
| <b>Housing services and supports, including those related to social determinants of health and equity</b>   |  |
| <ul style="list-style-type: none"> <li>Investing in a case manager staff position in a community-based organization who helps families (OHP and other community members) acquire housing, including housing application assistance, ensuring the unit is safe and ready for move-in, and first and last month's rent and other moving costs. For reporting purposes, the funds should be described in terms of the service being provided, not in terms of staffing costs.</li> </ul> | Yes  |
| <b>Construction projects</b>  |  |
| <ul style="list-style-type: none"> <li>Building a new facility to increase access to covered services</li> </ul>  | No: This is an administrative expense, not HRS   |
| <b>Other non-covered clinical services and improvements</b>   |  |
| <ul style="list-style-type: none"> <li>Funding training for teachers and child-specific community-based organizations on the physical, social, cognitive and language benefits of yoga for children</li> </ul>  | Yes  |
| <ul style="list-style-type: none"> <li>Funding an unlicensed yoga instructor to offer yoga classes in a local community center. The instructor is not under clinical supervision and the class is free to anyone, with CCO members receiving priority.</li> </ul>   | Yes  |
| <ul style="list-style-type: none"> <li>Funding yoga classes for individual members with back pain at a yoga studio that doesn't operate under clinical supervision, has no National Provider Identification (NPI), doesn't provide or deal with diagnosis codes and is not enrolled as a Medicaid provider</li> </ul>   | No: While this qualifies as HRS, it is a flexible service because it is at the member level. |
| <ul style="list-style-type: none"> <li>Funding Early Hearing Detection and Intervention program efforts tasked to track and monitor the hearing status of newborns in Oregon so children born</li> </ul>  | Yes  |

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| with hearing loss are identified early and receive early intervention services for healthy language and communication development  |     |
| <ul style="list-style-type: none"> <li>Investing in community resource and referral technology integration with providers' electronic health records</li> </ul>  | Yes |
| <b>Other non-covered social and community health services and supports</b>   |     |
| <ul style="list-style-type: none"> <li>Partnering with school districts and existing agencies already working in communities to create geographical Wellness HUBs for schools. Wellness HUBs provide wholistic health care services including education, physical (primary/urgent care), oral (dental screenings and sealants) and mental (counseling and preventative services).</li> </ul> | Yes |
| <ul style="list-style-type: none"> <li>Funding harm reduction and syringe service programs that provide practical support to decrease negative consequences of drug use and celebrate any positive change</li> </ul>   | Yes |
| <ul style="list-style-type: none"> <li>Urban tree canopy improvements and other green infrastructure investments in low-income neighborhoods</li> </ul>  | Yes |
| <ul style="list-style-type: none"> <li>Upgrading public facilities (such as a school, fire station or hospital) to serve as clean air spaces, with a ventilation system to significantly reduce, or even eliminate, the intake of outdoor air which may be compromised due to wildfire smoke or other pollutants</li> </ul>  | Yes |
| <ul style="list-style-type: none"> <li>Investing in a medical legal partnership program staff member to connect patients at local clinics with legal services to address housing, immigration and other legal concerns that impact their health. For reporting purposes, the funds should be described in terms of the service being provided, not in terms of staffing costs.</li> </ul>    | Yes |
| <b>Transportation services and supports, including those related to social determinants of health and equity, not otherwise covered under the State Plan</b>   |     |
| <ul style="list-style-type: none"> <li>Funding active transportation infrastructure improvements (for example, safe routes to school or expanding safe bicycle lane infrastructure) and public transit improvements</li> </ul>   | Yes |

## Innovative CCO examples of HRS community benefit initiatives

The following examples describe community-wide projects that have impacted Oregonians and include, but do not need to be limited to, OHP members and therefore count as community benefit initiatives.

Note that CCOs may use HRS community benefit initiative spending to fund nonprofit organizations working to improve health care quality for individuals or the community. When doing so, CCOs must include in the Exhibit L report a description of the services provided and the target population.

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### Everybody Brush!<sup>i</sup>

**Population served:** Families of Medicaid-insured children <21 years of age

Everybody Brush is a community-based dental care program designed to address excess tooth decay among low-income children. This mobile health intervention delivers non-billable oral health services in community settings. By meeting community members where they are, this program reduces barriers to oral health care and emergency department dental visits and improves clinical outcomes.

- ✓ Oral supplies delivered to participant homes.
  - ✓ Voice and printed messages delivered to participants.
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## Quit Tobacco in Pregnancy<sup>ii</sup>

**Population served:** Pregnant women who want to quit smoking

Quit Tobacco in Pregnancy (QtiP) provides incentives to pregnant women to help them quit smoking. The program offers cessation incentives at three points during pregnancy and three points postpartum. In addition, women receive incentives for enrolling and participating in cessation activities. The program is implemented through WIC. The cost of the incentives are not covered by any other federal program and the program is not a part of Medicaid-covered services.

- ✓ *Over 600 pregnant tobacco users enrolled between 2015 and 2018.*
- ✓ *About 30% of participants successfully abstain from smoking during pregnancy (receive all three prenatal vouchers).*
- ✓ *While tobacco use prior to pregnancy has remained stable, tobacco use in the third trimester of pregnancy has decreased since QtiP was implemented in 2015.*

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## Community Bridges Foundation<sup>iii</sup>

**Population served:** People with special needs

Community Bridges Foundation (CBF) is a faith-based consortium of community-based organizations designed to help people bridge the gap between where they are and where they would like to be. CBF focuses on providing assistance to people with special needs through the work with their partner organizations. The mission of CBF is to help people with special needs overcome personal challenges. This assistance includes support groups, camps, volunteer service events, educational assistance, foster care support, and special community events.

- ✓ *OHP members and non-OHP members participated in the Royal Family Kids Camp, a national best-practice model for providing an annual camp experience for children and youth in the foster care system.*
- ✓ *Provided Foster Parent Nights Out for respite care, as well as year-round mentoring for the children and youth. This contributes to the ultimate social, emotional and academic success of those receiving services.*

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## REACH<sup>iv</sup>

**Population served:** People with disabilities

REACH provides productive work, rehabilitation and training for people with disabilities and helps them overcome other barriers to employment.

- ✓ *Provided funding to support workforce training to people with disabilities.*

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## PAX Good Behavior Game

**Population served:** Teachers and students in the classroom

PAX Good Behavior Game is an evidence-based, Substance Abuse and Mental Health Services Administration-endorsed framework for increasing student self-regulation, and creating nurturing environments within schools and youth programs. The social emotional and academic returns on this investment have been proved over two decades and is resulting in reclaimed instruction time, workforce rejuvenation, and student success measures in cognitive and emotional skills.

- ✓ *Provided PAX kits to supply classrooms, schools and programs with all the materials they need to match the program's fidelity model.*
- ✓ *Initial trainings provide the basic skills needed to implement the framework in schools and other youth serving settings.*
- ✓ *PAX partners encourage continuous quality improvement in the framework and gather data to demonstrate return on investment.*

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## Additional sources and evidence to support HRS

More information on health-related services (including links to related Code of Federal Requirements and Oregon Administrative Rules) can be found on the Oregon Health Authority's [HRS website](#).

In addition to other resources a CCO may identify, OHA has identified the following as acceptable sources for published studies or evidence to support a health-related service:

- **Centers for Disease Control and Prevention (CDC):**
  - [CDC Community Health Improvement Navigator](#): Expert-vetted tools and resources for health system, hospital, public health agency and other community organization staff leading community health improvement efforts.
  - [CDC Health Impact in 5 Years \(HI-5\)](#): Highlights non-clinical, community-wide approaches that have evidence reporting 1) positive health impacts, 2) results within five years, and 3) cost effectiveness or cost savings over population lifetime.
  - [CDC Social Determinants of Health](#): Resources for social determinants of health data, tools for action, programs and policy.
- [Community Preventive Services Task Force Findings](#): What works to promote healthy communities.
- [Healthy People 2030](#): Resources, organized by domain, to help learn how communities across the country are addressing the social determinants of health.
- [Leveraging the Social Determinants of Health](#): The Massachusetts Foundation's report on what works for interventions addressing social determinants of health.
- [Social Interventions Research & Evaluation Network \(SIREN\)](#): University of California, San Francisco's SIREN works to improve health and health equity by advancing high quality research on health care sector strategies to improve social conditions.
  - [SIREN Evidence & Resource Library](#): Includes both peer-reviewed and other types of resources, such as webinars and screening tools/toolkits on medical and social care integration.
- [OHA Health Evidence Review Commission](#): Multisector intervention reports on population-based health interventions or other types of interventions that happen outside of clinical settings.

## Resources

- OHA's HRS webpage: <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.aspx>
- OHA's 1115 Medicaid waiver webpage: <https://www.oregon.gov/oha/hsd/medicaid-policy/pages/waiver-renewal.aspx>
- OAR 410-141-3500: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=265499>
- OAR 410-141-3845: <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=265554>
- 45 CFR 158.150: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-158/subpart-A/section-158.150>
- 45 CFR 158.151: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-B/part-158/subpart-A/section-158.151>

## Contact

For comments and questions, please email the OHA HRS team at [health.relatedservices@oha.oregon.gov](mailto:health.relatedservices@oha.oregon.gov).

## References

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- i Everybody brush: <https://www.frontiersin.org/articles/10.3389/fpubh.2017.00264/full>
  - ii Quit tobacco in pregnancy: <https://www.communitybridgesfoundation.org/>
  - iii Reach: <http://reachkfalls.com/>

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