

REQUEST FOR FLEX FUNDS



Today's Date: _____

Flex Fund Category:

- Care coordination, navigation, or case management activities not otherwise covered under State Plan benefits including Traditional Health Workers;
- Education for health improvement or education supports, including those related to SDOH-E;
- Food services and supports, including those related to SDOH-E;
- Housing services and supports, including those related to SDOH-E;
- Items for living environment, not otherwise covered under 1915 Home and Community Based Services, to support a particular health condition;
- Transportation services and supports, including those related to SDOH-E; not otherwise covered by the State Plan;
- Trauma informed services and supports across sectors, including those related to SDOH-E
- Other non-covered health care system services and improvements
- Other non-covered social and community health services and supports.
- Other non-covered medical services

<p>To be completed by requesting party</p> <p>Patient Name: _____</p> <p>Date of Birth: _____</p> <p>Medicaid ID Number: _____</p> <p>Requester Name: _____</p> <p>Amount Requested: _____</p> <p>Contact information of person referring: _____</p> <p>Patient clinical notes/chart notes must be attached for request to be considered.</p>

What will the funds cover?

How will these funds impact the client?

What other resources have you researched or attempted to use?

FOR YCCO STAFF USE ONLY

Do you anticipate this as a one-time fund or recurring? It is a yearly fee? One Time
Recurring

Has the client received flex funds before?

YCCO Employee Signature: _____ Date: _____
YCCO Manager Signature: _____ Date: _____

Member Signature: _____ Date: _____

Please fax completed forms to 503-857-0767

For Official Use Only:

- Request for Funds Accepted Request for Funds Denied



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POLICY:

Yamhill Community Care Organization (YCCO) delegates all or part of this function or process. Through the oversight, YCCO will ensure compliance with all applicable federal, state, contractual rules and regulations and requirements.

The goal of Health-Related Services (HRS) is to offer a cost-effective financial support that promote the efficient use of resources and addresses members' social determinants to improve health outcomes, alleviate health disparities and improve overall community well-being. HRS include Flexible Services and Community Benefit Initiatives. To be considered an HRS, the service must meet the requirements as defined in 45 CFR 158.150 or 45 CFR 158.151.

HRS include activities that improve health care quality and should be primarily designed to meet at least one of the following criteria:

- Intended to improve health outcomes compared to a baseline and reduce health disparities of OHP members.
- Prevent avoidable hospital readmissions through a comprehensive program for hospital discharge.
- Improve patient safety, reduce medical errors and lower infection and mortality rates.
- Implement, promote and increase wellness and health activities.
- Support expenditures related to health information technology and meaningful use requirements necessary to accomplish the activities laid out above.

HRS are funded from the Yamhill Community Care Organization (YCCO) Global Budget. There are no additional funds allocated to HRS by the Oregon Health Authority (OHA). Since they are included in the basic service capitated OHP funds, they are subject to all applicable rules and regulations for Medicaid expenditures. OHP funded HRS may only be provided to YCCO members (not to other clinic patients) except where it is a group education or treatment, and a majority of the group participants are YCCO members.

HRS have been defined as Non-State Plan services intended to improve care delivery of traditional benefits, non-State Plan services intended to improve care delivery, enrollee health and lower costs. HRS are a key lever for health system transformation; they are defined as:

- a. Not covered benefits under Oregon's State Plan (OHP)
- b. Lacking billing or encounter codes
- c. Consistent with the member's treatment plan as developed by the member, the member's primary care team, and documented in the member's medical record
- d. Likely to be cost-effective alternatives to covered benefits and likely to generate savings
- e. Likely to improve health outcomes, prevent or delay health deterioration.

For Official Use Only:

- Request for Funds Accepted Request for Funds Denied