



Yamhill Community Care

MM-009 Health-Related Services | Version 1.9

Policy

Public

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Approved By: Margaret Riggs-Klein

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0.0 Header

POLICY NUMBER: MM-009	TITLE: Health-Related Services
DEPARTMENT: Care Management	APPROVED BY: Nursing Director
EFFECTIVE DATE: 12/03/2014	LAST REVISION DATE: 09.30.2025
APPLIES TO: Yamhill Community Care (YCCO), Providers, and Subcontractors	

1.0 Definitions

Word or Acronym	Definition
Basic Service Capitation funds	Funds received from OHA to provide Medicaid covered services.
Birth Doula/Doula	Birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth, and post-partum experience.
Care Plan	A document outlining the current plan of care that outlines Member goals and tasks to achieve identified goals, developed in collaboration with the Member and/or the Member's representative.
Care Team	The physical health, dental health and/or behavioral health providers, including the Care Managers, actively working with a Member in meeting the Member's identified needs.
Community Benefit Initiative (CBI)	Community-level interventions that include but are not necessarily limited to Members and are focused on improving population health and health care quality.
Community Health Improvement Plan (CHIP)	The CHIP serves as a strategic plan for developing a population health and health care system plan to serve the Communities within the YCCO service area. The YCCO Community Advisory Committee is responsible for adopting the CHIP.
Community Health Worker (CHW)	Individual who has expertise or experience in public health; works in urban or rural community in association with a local health care system; to the extent practicable, shares ethnicity, language, socioeconomic status and life experience with the residents of the community served; assists Members to improve the Member's health and increases the capacity of the community to meet the health care needs of its residents and achieve wellness; provides health education and information that is culturally appropriate to the Members being served; assists Members receive the care the Member needs; may give peer counseling and guidance on health behaviors and may provide direct services such as blood pressure screening.

Family Support Specialist (FSS)	Individual who meets qualification criteria adopted under ORS 414.665 and may be either a Peer Support Specialist or Peer Wellness Specialist who, based on similar life experiences, provides support services to, and has experience parenting a child who is a current or former consumer of mental health or addiction treatment or is facing or has faced difficulties in accessing education, health, and wellness services due to mental health or behavioral health barriers.
Flexible Services	Cost-effective services and/or supports offered to an individual Member to supplement covered benefits when criteria for approval have been met.
Global Budget	The YCCO budget that supplies all physical health, behavioral health, dental health, and Non-Emergent Medical Transportation (NEMT) services to covered Members.
Health-Related Services	HRS funds are defined as a supplement to covered health care services under the Oregon Health Plan and are intended to improve health quality, care delivery and overall Member and community health and well-being. Health-Related services include flexible services and community benefit initiatives.
Member	An individual eligible for OHP and enrolled with Yamhill Community Care as the Member's Coordinated Care Organization for covered services.
Peer Provided Services	Services from individuals who use lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote wellness.
Peer Support Specialist (PSS)	Individual providing services to another individual who shares a similar life experience with the Peer Support Specialist (addiction, mental health condition, family member of an individual with a mental health condition). A Peer Support Specialist shall be: self-identified currently or formerly receiving addiction or mental health services; self-identified individual in recovery from an addiction disorder who meets the abstinence requirements for recovering staff in alcohol or drug treatment programs; self-identified individual in recovery from problem gambling.
Peer Wellness Specialist (PWS)	Individual who meets qualification criteria adopted by the Oregon Health Authority under ORS 414.665 and who is responsible for assessing mental health and substance use disorder service and support needs of a Member of YCCO through community outreach, assisting Members with access to available services and resources, addressing barriers to services and providing education and information about available resources for individuals with mental health or substance use disorders in order to reduce stigma and discrimination toward consumers of mental health and substance use disorder services and to assist the Member in creating and maintaining recovery, health and wellness.

Personal Health Navigator	Individual who meets qualification criteria adopted by the Oregon Health Authority under ORS 414.665 and who provides information, assistance, tools, and support to enable a Member to make the best health care decisions in the Member's particular circumstances and considering the Member's needs, lifestyle, or a combination of conditions and desired outcomes.
Provider	A person who is licensed pursuant to Oregon state law to engage in the provision of health care services within the scope of their license or certification. An individual, facility, institution, corporate entity, or other organization which supplies or provides for the supply of services, goods or supplies to covered individuals pursuant to a contract, including but not limited to a provider enrollment agreement.
Service Plan	A behavioral health document outlining the current plan of care (i.e., Service Plan, Treatment Plan).
Subcontractor	An individual or entity that has a contract with YCCO that relates directly or indirectly to the performance of obligations under the YCCO contract with the State. A Participating Provider is not a Subcontractor solely by virtue of having entered into a Participating Provider agreement with YCCO.
Traditional Health Worker (THW)	<p>Umbrella term for frontline public health workers who work in a community or clinic under the direction of a licensed provider. The five (5) types of Traditional Health Workers include:</p> <ul style="list-style-type: none"> • Birth Doula • Personal Health Navigator • Peer Support Specialist • Peer Wellness Specialist • Community Health Workers
Youth Support Specialist (YSS)	Individual who meets qualification criteria adopted under ORS 414.665 and may be either a Peer Support Specialist or a Peer Wellness Specialist and who, based on a similar life experience, provides supportive services to an individual who is not older than 30 years old, and is a current or former consumer of mental health or addiction treatment, or is facing or has faced difficulties in accessing education, health, and wellness services due to mental health or behavioral health barriers.

2.0 Policy

Yamhill Community Care (YCCO), Provider, and Subcontractors comply with all applicable federal and state laws, rules and regulations and contractual requirements in the administration and management of the Health-Related Services (HRS) process. YCCO will encourage transparency and Provider and Member engagement with streamlined processes that do not create unnecessary barriers and provide for accountability.

In addition to covered services, YCCO will provide and cover the cost of HRS in accordance to set criteria per OAR 410-141-3845, 45 CFR 158.150, and 45 CFR 158.151, and the YCCO HRS Internal Reference Guide. HRS is coordinated by YCCO but may be provided in collaboration with PCPCHs or PCPs in the YCCO service area. OHP funded HRS may only be provided to YCCO Members (not to other clinic patients or non-YCCO Members) except where being used for group education or treatment and a majority of the group participants are YCCO Members.

YCCO Community-Benefit Initiative spending will promote alignment with current YCCO CHP priority areas.

Services covered by the Oregon Health Plan Services Contract may be expanded to include HRS services in compliance with YCCO policy. In addition, Members, and as appropriate, the family of the Member, must agree that the expanded HRS is an acceptable alternative.

The goals of HRS are to promote the efficient use of resources and addresses Members' Social Determinants of Health and Equity (SDoH-E) to improve health outcomes, alleviate health disparities and improve overall community well-being. HRS is provided as a supplement to covered health care services and focuses on the larger goal of improving population health and health care quality.

To qualify as HRS, a service must meet the following requirements from OAR 410-141-3845 and be consistent with 45 CFR 158.50:

1. The service must be designed to:
 - a. Improve health quality.
 - b. Increase the likelihood of desired health outcomes in a manner that is capable of being objectively measured and produce verifiable results and achievements.
 - c. Be directed toward either individuals or segments of Members or provide health improvements to the population beyond those enrolled without additional costs for the non-Members.
 - d. Be based on the following:
 - i. Evidence-based medicine
 - ii. Widely accepted best clinical practice
 - iii. Criteria issued by accreditation bodies, recognized professional medical associations, government agencies, or other national health care quality organizations.
2. The service must be primarily designed to achieve at least one of the following goals:
 - a. Improve health outcomes compared to a baseline and reduce health disparities among specified populations.
 - b. Prevent avoidable hospital readmissions through a comprehensive program for hospital discharge.
 - c. Improve Member safety, reduce medical errors, and lower infection and mortality rates.
 - d. Implement, promote, and increase wellness and health activities.
 - e. Support expenditures related to HIT and meaningful use requirements necessary to accomplish the activities above that are set forth in 45 CFR 158.151 to promote clinic community linkage and referral processes or support other activities as defined in 45 CFR 158.150.

HRS may be provided as flex services or as a community benefit initiative (CBI).

YCCO will have the flexibility to identify and provide HRS beyond the following if HRS requirements are met:

1. Wellness assessments.
2. Wellness/lifestyle coaching programs designed to achieve specific measurable improvements.
3. Coaching programs designed to educate Members on clinically effective methods for dealing with a specific chronic disease or condition.
4. Public health education campaigns that are performed in conjunction with State or local health departments.
5. Actual rewards, incentives, bonuses, reductions in copayments (excluding administration of such programs) that are not already reflected in premiums or claims should be allowed as a quality improvement activity for the group market to the extent permitted by section 2705 of the PHS Act.
6. Any quality reporting and related documentation in non-electronic form for wellness and health promotion activities.
7. Coaching or education programs and health promotion activities designed to change Member behavior and conditions (examples: smoking and obesity).
8. Health information technology (HIT) to support these activities.
9. Enhance use of health care data to improve quality, transparency, and outcomes and support meaningful use of health information technology (HIT) consistent with 45 CFR 158.151.
10. As allowed under 42 CFR 438.6(e) YCCO may offer additional services that are separate from HRS and delivered at the complete discretion of YCCO.
11. HRS may be used to pay for non-covered health care services including physical health, mental health, behavioral health, oral health, and tribal-based services.

The following types of expenditures and activities are not considered HRS:

1. Those designed primarily to control or contain costs.
2. Those that otherwise meet the definition for quality improvement activities but that were paid for with grant money or other funding separate from revenue received through the YCCO OHP Health Plan Services contract.
3. Activities that may be billed or allocated by a Provider for care delivery and that are, therefore, reimbursed as clinical services.
4. Establishing or maintaining a claims adjudication system, including costs directly related to upgrades in HIT that are designed primarily or solely to improve claims payment capabilities or to meet regulatory requirements for processing claims, including maintenance of ICD-10 code sets adopted pursuant to the Health Insurance Portability and Accountability Act (HIPAA), 42 USC 1320d-2, as amended.
5. That portion of the activities of health care professional hotlines that do not meet the definition of activities that improve health quality.
6. All retrospective and concurrent utilization review.
7. Fraud prevention activities.
8. The cost of developing and executing Provider contracts and fees associated with establishing or managing a Provider network, including fees paid to a vendor for the same reason.
9. Provider credentialing.
10. Costs associated with calculating and administering individual Member incentives.
11. The portion of prospective utilization that does not meet the definition of activities that improve health quality.

3.0 Procedure

YCCO encourages accessibility to HRS in multiple ways:

- Information is posted on the YCCO website accessible to Members and Providers.
- Members or Providers can make HRS requests by:
 - Completing an HRS Request form located on the YCCO website available in English (and upon request in the language or format requested) and faxing or emailing the form to YCCO.
 - Calling YCCO Customer Service.
 - Sending an email request via the info@yamhillcco.org link on the YCCO website.
 - Contacting YCCO Customer Service to request the HRS Request form be sent to the Member in the language or format of the Member's choice. The form can then be faxed or emailed back to YCCO.
 - Submitting a request through the Unite Us/Connect Oregon platform.
 - If the Member is enrolled in Care Management, the assigned Care Manager can make an HRS Request on behalf of the Member.

Members have access to language services at no cost to assist in making an HRS request, as well as in any communication with YCCO regarding the Member's request. Members can request all YCCO forms and communications with YCCO in the format of the Member's choice including large print, Braille, and in the Member's language. Requested materials are provided in the format requested to the Member by mail or email (with the Member's consent) within five (5) business days of the request. This is provided at no charge to the Member. YCCO provides language and format information on the YCCO website, via Customer Service and in the Member Handbook; all notices sent to Members also contain this information.

HRS requests may be made by individual Members or the Member's representative; by the Member's Patient Centered Primary Care Home (PCPCH) care team, Dental Health Provider, Behavioral Health Professional, or a Traditional Health Worker (THW). YCCO communicates HRS Flex Funding and Community Benefit Initiative opportunities to the Provider network and the community through mailing lists, general community outreach efforts like press releases, social media, and Subcontractor meetings. Information on how to request HRS is available for Members and Providers on the YCCO website, in the Member and Provider handbooks, through Customer Service, and the Care Management team.

HRS funds may be prioritized for specific higher-risk populations, including populations with severe and persistent mental illness, those with high Social Determinants of Health and Equity (SDoH-E) needs, and for those Members experiencing health disparities. YCCO will use Member demographic data, claims and Member assessment analysis, and Community Health Assessment to identify and prioritize areas of high need.

HRS should be primarily designed to meet at least one (1) of the following:

- Training and education for health improvement or management (e.g., classes on healthy meal preparation, diabetes, or self-management curriculum).
- Care Coordination, navigation or Case Management activities not otherwise covered under State Plan benefits (e.g., high utilizer intervention program).
- Home and living environment items or improvements not otherwise covered by 1915 Home and Community Based Services Waivers (non-durable medical equipment to improve mobility, access, hygiene, or other improvements to address a health condition, e.g., air conditioners, athletic shoes, or other special clothing).
- Transportation not covered under State Plan benefits (e.g., other than transportation to a medical appointment).

- Programs to improve community or public health (e.g., farmers market in a “food desert” or workforce development).
 - Housing supports related to Social Determinants of Health and Equity (e.g., temporary housing or shelter, utilities, or critical repairs).
 - Assistance with food or other social resources (e.g., supplemental food, referral to job training or social services).
 - Other non-covered services that fit the definition of Health-Related Services.

YCCO HRS spending undergoes a community vetting process, including review of both HRS Strategy as well as individual CBI funding initiatives like grant cycles. Outreach includes, but is not limited to, the Community Advisory Council, members of the YCCO Provider network and committees, Tribal partners, local Public Health Authorities, and local Early Learning Hubs. All CBI spending will align with the YCCO CHIP and other local CHIPs when applicable. YCCO adheres to the following procedure for including Tribes in its decision processes:

1. YCCO has a tribal representative seat on the YCCO CAC, which is included in the funding approval process as a CCO governing body.
2. Part of the YCCO Tribal Liaison role description includes regular communication with and feedback gathering from the local Tribe(s). Engagement with the Tribal Councils, Tribal Advisory Council, and other representatives will ensure formal feedback on funding decisions.
3. YCCO Tribal Liaison participates in an internal HRS/SDOH workgroup that reviews and provides recommendations for CBI initiatives.

Exceptions:

The YCCO Board of Directors recognizes that occasionally, flexibility to these rules can assist in meeting the Triple Aim. In these limited circumstances, a Provider may request the YCCO President/CEO (or designee) for an exception or modification.

Examples:

- Waive or modify service plan documentation requirements where it creates an unintended burden (both clinical and non-clinical) such as with consumer provided services where a patient record may not exist.
- THW delivered services may be considered appropriate as a long-term service where it meets the HRS policy objectives.
- In certain prevention activities there is not a diagnosis or plan of care. In these instances, an alternative may be proposed by the Provider and approved by YCCO in which the Provider only reports the Member’s name, DOB, and Member ID.

The above requirements apply to all HRS. See next section for additional requirements for specific service components.

Flexible Services:

Flexible Services are cost-effective services offered to an individual Member as an adjunct to covered benefits. Flex Services are not available if the service requested is a covered service (has a billing code) or is a benefit related to Health-Related Social Needs (HRSN). Flex services need to be consistent with the Member’s treatment plan. YCCO and the care team will work with the Member and, as appropriate, the family of the Member in determining HRS Services needed to supplement the Member’s care. YCCO does not delegate administration of HRS Flexible services.

Flexible Services requests are intended to offer a service to Members that supplement covered benefits and align with the Members’ treatment plan. Requests can be submitted via the HRS Flexible Services Request form or via a telephone call to

YCCO staff who will complete the form on behalf of the requester. YCCO Health Services and Care Management is responsible for all aspects of the HRS Flexible Services process.

1. When an HRS Flexible Services Request form is received, YCCO Health Services and/or Care Management staff will ensure the form is complete and includes the information necessary for review and approval. If not already completed, a Health Risk and Social Determinants of Health and Equity (HRA/SDoH-E) Assessment will be completed to assist in identifying other potential needs of the Member.
2. Documentation in the Member Care Profile contains a description of the need, other resources attempted, and additional information to support the request, such as how the need will help the Member meet the goal of improved health outcomes.

Decisions on Flexible Services:

YCCO has developed an HRS Internal Reference Guide which is consistent with the OARs governing HRS Flexible Services that is used in the decision-making process. Decisions to fund or not fund a Flexible Service request will be made by the Health-Related Services Review Panel. The HRS Review Panel includes clinical representation from the Health Services and Care Management team including the Chief and/or Associate Medical Director. Authorization is made within the established dollar maximum for the item or service. Requests that exceed the established dollar maximum require President/CEO or designee approval. A decision to fund or not fund a Flexible Service request is separate from the Prior Authorization process and is based on the information provided and if the request meets the criteria to be approved. Decisions not to approve HRS Flexible Services are not subject to appeal. However, the Member can file a grievance.

1. If the decision is made to approve the request, the Member is notified through the coordination and delivery of the service. If the request is not approved, the Member and the requesting Provider will receive a letter providing notice of the non-approval decision and are given the right to file a grievance.
2. The Care Management team assigned to the request completes the necessary documentation in the Member Care Profile (Helios Electronic Medical Record). Additional documentation is made in the HRS Flexible Services Tracking Log. Documentation includes how the item or service is being procured, the cost of the item or service and any other pertinent information related to procurement and delivery. Payment is dependent on the service or item and may be made in a variety of ways including by not limited to billing of services to YCCO, or payment by YCCO directly to purchase an item or service. Direct Member reimbursement is not provided.
3. YCCO will review the following factors when approving Providers to deliver Flexible Services according to the following criteria:
 - a. Large or national Providers of services with generous return options
 - b. Licensed in the service required
 - c. More cost-effective option
 - d. No obvious negative reviews with the BBB or any credentialing entities
 - e. Not a part of the Medicaid exclusion list
4. HRS Flexible Services requests are typically processed within fourteen (14) days of receipt if the request is complete on submission. Additional time may be required if additional information is needed for review of the request.

Non-approval of Flexible Services

- YCCO will provide the Member and requester with written notification of the non-approval of individual Flexible Services requested. The written notification will inform the Member and Provider/requester of the Member right to file a grievance in response to the outcome. Members do not have appeal rights on non-approval of HRS Flexible Service requests but can file a grievance in response to the non-approval.

- YCCO has written procedures to acknowledge the receipt, disposition, and documentation of each grievance from Members, which is modelled on the procedures specified in 42 CFR 438.402-480 and OAR 410-141-3835 through 3915.

Pausing of HRS Flexible Services Request Processing

In the event that YCCO were to pause or cease processing of the HRS Flexible Services requests, YCCO will notify OHA, YCCO Members, Provider, and key community-based partner organizations of this occurrence 30-days prior to the pause. Notice of this occurrence will provide the following information:

1. The estimated length of the pause
2. The process for handling all pending requests submitted prior to the pause and during the pause
3. The process for notifying OHA, YCCO Members, Providers, and key community-based partner organizations once the pause has been lifted, and
4. Any additional action that is needed by requestors once HRS Flexible Services are restarted.

Community Benefit Initiatives (CBI):

Community Benefit Initiatives (CBI) are community-level interventions that include but are not necessarily limited to Members and are focused on improving population health and health care quality. YCCO does not delegate the administration of CBI funding or oversight. YCCO has designated the following role for the Community Advisory Council (CAC) in relation to CBI:

1. For CHIP-specific granting processes and requests for proposals, YCCO CAC will be responsible for decision-making regarding priority areas for funding, funded programs, and evaluation of program success. Applications will be reviewed and approved by the CAC on a regular basis, to support CHIP-aligned programs with HRS CBI funding and recommended to the YCCO Board of Directors for funding.
2. For other CBI funding processes, the CAC will be engaged with the funding decision process, through representation on decision-making committees or review during CAC meetings. The CAC will receive, at minimum, annual updates on HRS spending, including CBI and Flexible Services. The CAC has designated seats for Tribal and Urban Indian Health Program representatives, local government representatives, and CCO Members to ensure community representation.

YCCO may choose to fund transformative or innovative projects which meet the goals of HRS using Community Benefit Initiative funds. These projects are identified for funding through a variety of mechanisms including formal request for proposals (RFP) aligned with the Community Health Improvement Plan (CHIP) priority areas. Projects will define the target populations to be served and stipulate the Member need-based criteria for participation in the project. Where need-based participation is pre-defined as part of the grant award, and meets the definition of HRS, the contract and grant award details may substitute for documenting in a Member's treatment or service plan. Where this is the case, specific service plan documentation may not be required. The Community Advisory Council will be involved in the decision-making process for HRS Community Benefit Initiative funding. For CHIP-specific RFPs and projects, the CAC will be the decision-making body for how those grant or project funds are spent. For other initiatives or funding processes, the CAC will be informed during CAC meetings, provide feedback, and make a formal recommendation for funding decisions. There are designated tribal representative and local public health authority seats on the CAC, which will ensure inclusion of community feedback in the decision process. In addition, the YCCO Tribal Liaison role will maintain formal lines of communication with the Tribal Advisory Council, local Tribal Council(s), and other appointed representatives as appropriate.

The CBI Template is required for all requests with the CBI Rubric Form being used to ensure consistent application of HRS CBI decision making. Committees engaged with the appropriate HRS-related activities use a common rubric with objective, CHIP-aligned criteria, and score according to program alignment and predicted impact. Once requests for CBI have been reviewed, awards or rejections are sent in grant award letters or denials to applicants with reporting forms, deadlines, and requirements for payment. Awardees all report regularly on program-specific outcomes. YCCO tracks applicants, awards, denials, reports, and contract completion for each grant cycle or CBI award.

Most community-based organizations can receive CBI funding, including but not limited to:

- 501(c)3 or 4 nonprofits
- Clinics, hospitals, or other healthcare centers, including Traditional Health Worker (THW) agencies
- Federally recognized Tribes or Urban Indian Health Programs
- Local public health authorities and other government agencies
- School districts, schools, and early childhood programs

Funding cannot be awarded:

- To individuals
- For political purposes or lobbying
- To disburse subgrants, although Subcontractors are permitted
- For any non-charitable purpose outside of the meaning of Chapter 65 of Oregon Administrative Rules regarding 501(c)3 corporations.

HRS Funds Management:

HRS funds are coordinated with Medicaid covered services and across the system and community resources to ensure the services provided meet the Members' specific health needs and that YCCO services are not duplicating available services elsewhere in the community or already covered. The request and coordination process are integrated through the YCCO Provider network and is made available at nearly any point of care in the community. Effective and efficient access to HRS funds directly from YCCO lessens the administrative burden on Members and the community to receive services that improve care, health outcomes, and reduces higher-cost care. HRS is managed by YCCO in one of the following:

YCCO Funded Projects:

1. Transformative CBI projects are pre-approved as part of the Board of Directors approval process and funded through a CAC review. Where the project meets the definition of HRS, the Provider will report to YCCO the information needed to complete the HRS Report template such as Member name, DOB, Member ID, project cost and any other information as required by OHA, or funding contracts, documentation, reports, and expenditures will serve as documentation for CBI funding. Awardees of CBI funds are alerted via an award letter, and contracts and reporting requirements are shared with all awardees. Reports are documented and evaluated upon project completion or termination.
2. HRS Flexible Services are intended to address a physical, behavioral, dental, or social need not otherwise covered by the plan benefits. YCCO Health Services and Care Management manage the request and approval processes. A request and approval procedure and the HRS Internal Reference Guide is in place to authorize, pay and report these services. Individuals may request HRS Flexible Services funds on an as need basis, on behalf of a specific Member by submitting a request form to YCCO. HRS Flexible Services are reviewed and approved in accordance with the HRS Internal Reference Guide and where indicated, decisions are made following review by the HRS Review Panel.
 - a. Individual requests for HRS Flexible Services funds for a specific Member can be requested through Health Services and/or Care Management. The request should include the minimum information:
 - i. Member name, DOB, ID Number, valid working phone number or email address of requestor.
 - ii. Type of HRS Flexible Services being requested
 - iii. Justification of the HRS Flexible Services request that is consistent with the Member treatment plan.

Evaluation:

YCCO evaluates the delivery of both HRS Flexible Services and Community Benefit Initiatives to determine the effect of the coordination and delivery of these services in meeting the intended goals of improved well-being and the health outcomes for Members. These evaluations consist of cost and utilization studies and program evaluations including Member specific feedback to ensure clear accountability of the services delivered.

As HRS services lack traditional billing codes and are not encounterable, increased analytical procedures are required to ensure the desired outcomes are achieved by the HRS programs and services. YCCO performs pre-engagement and post-engagement analytics on all HRS services and initiatives to determine if the initiative increased the well-being of the HRS beneficiary in a cost-effective manner. For HRS investments of greater time, an analysis is performed every six (6) months. The analyses performed consist of reviewing claims encounter data to evaluate utilization and cost. This data analysis is coupled with Member/community outreach to assess the efficacy of the HRS initiative in terms of improved well-being.

The results of the various evaluations are documented and used to prioritize the evaluation of HRS initiatives by investment magnitude and key targeted populations. Specific monitoring activities are performed for Members receiving HRS Flexible Services as the receipt of Flexible Services is documented in the Member Care Profile. Annually HRS Flexible Services expenses are reported to OHA through the Exhibit L report for compliance with OHA established HRS Flexible Services guidelines.

4.0 Compliance & Oversight

YCCO does not delegate HRS Flexible Services or Community Benefit Initiatives administration to Subcontractors.

All HRS Flexible Services are tracked for approval and non-approval. These are reviewed monthly and reconciled with YCCO Finance. All complaints related to HRS Flexible Services request processing is tracked through the Appeals and Grievance process.

Subcontractor and/or Provider Reporting:

Providers will report HRS expenses to YCCO on a quarterly basis utilizing Appendix A. YCCO then compiles this information for quarterly reporting to OHA.

1. Providers shall maintain a current record of approved HRS goods and services provided to YCCO Members and be able to produce quarterly details to YCCO staff upon request.
2. The record shall include all data elements noted in Appendix A.

YCCO will submit reports to OHA no less than annually that describe the role of the CAC in making decisions on HRS CBI expenditures.

YCCO will submit quarterly HRS Flexible Services reporting to OHA through the Exhibit L reports.

1. The HRS funds reported by YCCO shall be only the OHA Risk Based Service funds and should not include other funds (example: a portion funded by other grants, match, or OHA transformational funds).

YCCO will submit HRS policies annually to Oregon Health Authority, as noted in the current year OHP YCCO Health Services Plan contract via Administrative Notice, and within five (5) business days after receiving an OHA request.

1. HRS policies will be submitted within 20 business days of any material changes whether changes are made prior to or after approval by OHA and formal adoption by YCCO via Administrative Notice.

5.0 References

45 CFR 158.150
45 CFR 158.151
OAR 410-141-3180
OAR 410-141-3500
OAR 410-141-3845
OHA OHP YCCO Health Plan Services Contract
Health Related Services Exhibit L Reporting Guide
Health Related Services Policy - MM-009
Health Related Services CBI Guide 03-2020
Health Related Services FAQ
Health Related Services–Guide-Housing
Health Related Services-SDOH-E-Guide
OHA Health Related Services Brief
Health-Related Services (HRS) Flexible Services Internal Reference Guide 2025
Health-Related Services (HRS) Operational Workflow 11.2024

6.0 Related Policies & Documents

COM-003 Communication Materials
CMPL-016 Subcontracting: Delegation and Oversight
GA-002 Member Complaints and Grievances
HE-001 Culturally & Linguistically Appropriate Services
PN-005 Traditional Health Worker Program
CBI LOA Template
CBI RFP Template
CBI RFP Template-Spanish
CBI Rubric Form
Flexible Services Funding Request Form
Health Related Services Request Non-approval
HRS Tracking Log Template
HRS Flexible Services Internal Reference Guide 2025
Health Related Services Workflow 11.2024

7.0 Log of Revision

DATE	REVISION	BY WHOM
05/14/2018	Updated with State and/or Federal policy changes, internal process and put into current format	KFerrua, Sr Financial & Contract Analyst
09/27/2018	Addition to Related Policies & Documents to include Flexible Services Funding Request Form. Font correction.	JRoe, QA Specialist

9/27/2019	Update and align with OAR language and policy requirements	JHarms, Quality Manager
11/13/2019	Updated with 2020 contract additions	EJohnson, Community Health Specialist
12/29/2020	Updated policy with Health Plan Services contract, State and/or Federal policy /rule changes, internal processes updates due to these changes.	JRoe, Benefit Administration Supervisor
09/28/2022	Updated policy with Health Plan Services contract, State and/or Federal policy /rule changes, internal processes updates due to these changes. Ensured clarity of policy by changing arrangement of the information.	JRoe, Benefit Administration Supervisor
11.08.2024	Updated Related Policies & Documents according to new naming conventions, Policy name updated from CM-004 to MM-009, no content change	HSerra, Project Manager I
11.17.2024	Policy updated to reflect new HRS Review Panel and new policy and procedure workflow.	MRiggsKlein, Nursing Director
03.07.2025	Added revision to first paragraph in Policy section. No other changes.	MRiggsKlein, Nursing Director
04.30.2025	Review and revision for consistency with current practices and related policies.	MRiggsKlein, Nursing Director
09.30.2025	Minor edits for typo errors; added new section on Pausing of HRS Flexible Services Request Processing.	MRiggsKlein, Nursing Director

8.0 Approval Log

DATE	REVISION	BY WHOM
05/17/2018	Updates and formatting changes approved	SMcCarthy, President/CEO
09/27/2018	Approved	SMcCarthy, President/CEO
11/13/2019	Updates approved.	SMcCarthy, President/CEO
12/29/2020	Updates and formatting changes approved	HRS/SDoH Strategy Workgroup

12/30/2020	Updates and formatting changes approved	SMcCarthy, President/CEO
02/19/2021	Clarification of internal processes, Tribal role in CBI and transparency accessibility clarification updates.	HRS/SDoH Strategy Workgroup
10/29/2021	Annual review of processes and contract requirements with updates as appropriate.	HRS/SDoH Strategy Workgroup
04/09/2022	Formatting and subcontractor clarification updates only, no content change	JRoe, Benefit Administration Supervisor
09/26/2023	Annual review of processes and contract requirements with updates as appropriate.	JRoe, Health Plan Operations Manager
11/8/2024	Updated Related Policies & Documents according to new naming conventions, Policy name updated from CM-004 to MM-009, no content change	HSerra, Project Manager I
11/17/2024	Policy updated to reflect new HRS Review Panel and new policy and procedure workflow.	MRiggsKlein, Nursing Director
03.07.2025	Added revision to first paragraph in Policy section. No other changes.	MRiggsKlein, Nursing Director
04.30.2025	Review and revision for consistency with current practices and related policies.	MRiggsKlein, Nursing Director

9.0 OHA Approval Log

DATE	METHOD OF APPROVAL (SharePoint/CCO and MCO Deliverable)
04/23/2021	CCO & MCO Deliverable Approval Letter Dated 04/23/2021
12/01/2021	CCO & MCO Deliverable Approval Letter Dated 12/01/2021
11/07/2022	CCO & MCO Deliverable Approval Letter Dated 11/07/2022
10/30/2023	CCO & MCO Deliverable Approval Confirmation Email 10/31/2023

