Oral Health
Regional Health Improvement Plan Physical Health Small Group

Join Zoom Meeting
https://us02web.zoom.us/j/82812892700?pwd=cHBOK0RYa0tJME0vVTBOrmxCVXV4UT09
Meeting ID: 828 1289 2700
Passcode: 016347

March 6, 2024
3:00-4:30pm

Physical Health Aim/Goal

Equitably and measurably support all Central Oregonians to prevent disease by improving health behaviors and reducing risk factors that contribute to premature death and diminish quality of life.

Oral Health Future State Metric

By December 2023, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team by 10 percentage points to:

<table>
<thead>
<tr>
<th>County</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crook County</td>
<td>29.8%</td>
</tr>
<tr>
<td>Deschutes County</td>
<td>32.75%</td>
</tr>
<tr>
<td>Jefferson County</td>
<td>31.3%</td>
</tr>
</tbody>
</table>

AGENDA

3:00 - 3:10 Welcome, Introductions, Announcements

3:10 - 4:30 Implementation
- RFP vs. RFA discussion
- Prioritization and Funding Allocation
- Next Steps

Working Document:
https://docs.google.com/presentation/d/1e4c364LrBPoekCuESQqmNm0tO-Wia0LvEKPaoKIPQOs/edit?usp=drive_link
Land Acknowledgment

We recognize and acknowledge the indigenous land on which we live, work, learn, play, and grow. This is the land of the Warm Springs, Wasco, Northern Paiute, Tenino, Klamath, Molalla, and Yahooskin. We acknowledge them as the past, present, and future caretakers of this land. It is on their traditional land that we partner to improve the health and well-being of Central Oregonians. We aspire to be good guests honoring the concept in the Warm Springs culture: “This land is for you to know and live upon and pass on to the children.”

Promote Enhanced Physical Health Across Communities

Oral Health Small Group

RHIP Workgroup Virtual Meeting
Regional Health Improvement Plan (RHIP) Workgroup

Guiding Principles

Shared Focus
We come together to improve the health and well-being of individuals living in various and diverse communities throughout Central Oregon region. We use the Regional Health Improvement Plan (RHIP) as our guide. It is our region’s shared vision of current problems and our aims. As workgroup partners we develop agreed-upon actions to solve the issues and keep the needs of our communities as the main focus.

Shared Metrics
We measure progress, process and outcomes through a shared lens. We use the Regional Health Assessment (RHA), Regional Health Improvement Plan and community dashboard.

Partner with Priority Populations
The individuals living in our diverse Central Oregon communities are the center of our work. We make every effort to include people from every part of the region in our workgroups, discussions, processes and decisions.

Collaborate to Solve Complex Issues
Inviting diverse perspectives from throughout the Central Oregon region deepens our shared understanding of complex issues and propels us toward better progress and outcomes. We practice frequent, structured, open communication to build trust, assure shared objectives, and create common motivation. We respect the privacy and sensitivity of information partners share.

Coordinate Collective Efforts
We are made up of diverse partner organizations and individuals with unique strengths, skills, and resources. We coordinate our efforts and use our unique strengths and skills to meet the goals of the RHIP.

Learn and Adapt Together
We embrace shared learning and a growth mindset. We create a space that allows for mistakes, failures, second changes, and a celebration of brave attempts. We adjust and apply our learnings to the complex and changing landscape of health and well-being in Central Oregon.

RHIP Workgroup Guiding Principles

Last updated 12.28.2020
Title: RHIP Oral Health Preventative Care

Background: Why are we talking about this?

- Oral health is directly tied to physical health outcomes.
- Oral health concerns impact daily lives - eating, smiling, self-esteem, speech, learning, working, etc.
- Decrease healthcare costs downstream and prevent non-urgent oral health use of the emergency department

2001-2015: Death of Deamonte Driver from dental infection
OHP offering comprehensive adult dental benefit OHP
2016-Present: Tried to pass an adult oral health benefit, didn’t pass in 2022, but now an awareness in the national legislature that it’s important. 4 dentists in Oregon Legislature. SB660 created organization over sealant programs across the state offering.

Current Condition: What’s happening right now?

The percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team was:

- Crook 6.6%; Deschutes 9.9%; Jefferson 10.6%; Northern Klamath: 6.9% (PacificSource, 2022)
- Crook 9.1%; Deschutes 13.1%; Jefferson 11.3%; Northern Klamath: 7.3% (PacificSource, 2018)

Goal Statement: Where do we want to be in 4 years?

By December 2024, increase the percentage of PacificSource (Central Oregon CCO) Medicaid members, at any age, who received both an annual wellness visit by a Primary Care Provider and a preventive dental visit by a member of the Oral Health Care Team by 10 percentage points to:

- Crook County 29.8%
- Deschutes County 32.75%
- Jefferson County 31.3%

Analysis: What’s keeping us from getting there?

- Resistance limits progress toward integration
- Difficulty contacting patients limits patients’ ability to receive care
- Low workforce retention disrupts continuity of care
- Delivery system structure and practices limit patient access to care
- Dental health is undervalued
- Complex insurance systems prevent patients from using their benefits
- Disparate geographic provider locations causes health disparities
- Client anxiety keeps patients at home

Date updated: 2.2024

Strategic Direction: What are we going to try?

- Creating seamless patient transitions, successful care navigation and leveraging community partnerships
- Widening the care bottleneck
- Supporting the provider and their development
- Reducing patient anxiety
- Building knowledge leading to action for oral health

Focused Implementation: What are our specific actions? (who, what, when, where?)

Follow-Up: What’s working? What have we learned?
<table>
<thead>
<tr>
<th>Resistance Limits Progress Toward Integration</th>
<th>Difficulty Contacting Patients Limits Patients’ Ability to Receive Care</th>
<th>Low Workforce Retention Disrupts Continuity of Care</th>
<th>Delivery System Structure &amp; Practices Limit Patient Access to Care</th>
<th>Dental Health Is Undervalued</th>
<th>Complex Insurance Systems Prevent Patients from Using Their Benefits</th>
<th>Disparate Geographic Provider Locations Causes Health Inequities</th>
<th>Client Anxiety Keeps Patients at Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider resistance to integration; i.e. fear of scope creep</td>
<td>Contact information is incorrect</td>
<td>Struggle with workforce retention</td>
<td>Demand exceeds dental delivery system capabilities</td>
<td>Preventive oral health care is undervalued</td>
<td>Insurance system created with the insurance system in mind</td>
<td>Dental Care Offices are too far away in some places</td>
<td>Clients have dental anxiety</td>
</tr>
<tr>
<td>Integration requires new and revised workflows across disciplines</td>
<td>Patient does not want services ever</td>
<td>Lower provider compensation inhibits providers from entering the field</td>
<td>Staffing shortages exacerbate existing weaknesses in system</td>
<td>Physical health exam is undervalued</td>
<td>Navigating the medicaid system is time consuming</td>
<td>Higher concentration of offices in some areas</td>
<td>Increased general medical anxiety after COVID</td>
</tr>
<tr>
<td>Space is limited for integration</td>
<td>Patient does not need services right now</td>
<td>The daily realities that providers experience do not meet their expectations</td>
<td>Small margin for unexpected provider absences</td>
<td>Politicization of medical and dental exams</td>
<td>Members do not know oral care is a covered benefit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Higher readiness for co-location rather than true integration</td>
<td>Transient patient population</td>
<td>Providers left profession after COVID</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Many parts of the healthcare system have broken communication</td>
<td>Mode of communication incompatible with patient need (i.e. text vs phone, social media, broadband access)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### STRATEGIC DIRECTIONS: What Moves Us Toward Our 2024 Practical Visions

#### Creating Seamless Patient Transitions
- Expand co-location
- Expand PH and OH integration
- Dental and physical care one-stop fair:
  - All providers use an EHR/HIE and share info in it; between OH providers
  - Provide wraparound (social service and clinical) care:
  - Offer dental services in urgent and immediate care settings

#### Strengthening Community Partnerships to Serve Patients
- Provide integrated care with correct clinical type of partners:
  - Use insurance assisters/CHW
  - Having resources available through partner agencies

#### Maximizing the Utilization, Skill and Role of Community Health Workers
- Employing Community Health Workers (CHW)
- Allowing care assistors/CHW's/navigators to schedule PH and OH appointments
- Addressing barriers and learnings from co-location pilots in the region.

### Creating Seamless Patient Transitions, Successful Care Navigation, and Leveraging Community Partnerships

#### Widening the Care Bottleneck
- Place an Oral Health provider in the emergency department or as an alternative to using the emergency department.
- Use the dental car vans more.
- Use more community health workers and dental therapists in dental clinics especially in direct client care.
- Incentivize, make it easier, for dentists to participate in Medicaid.
- Use EPDHs in a broader way.
- Increase flexibility to use dental therapists much more broadly.
- Engage all the dental specialists in working for system change and accepting Medicaid patients.
• Identify what providers want in a clinical office.
• Adjust clinical office culture, practices, set up to meet provider preferences.
• Provide providers with self-care opportunities.
• Promote provider self-care and mental health care.
• Provide comprehensive care with KPI’s and track improvement-positive reinforcement for providers and communities.
• Use more CHW in dental clinics especially for client care (directly) and supporting clinic staff (indirectly).

Supporting the provider and their development

• Use CHW at chairside for anxiety management techniques with patient
• Connect member with CHW before treatment to build relationship, address anxiety
• Public education about OH care
• Offer dental services in urgent and immediate care settings

Reducing client anxiety

• Public education about OH care
• Public health announcements promoting dental care
• Preventative OH media campaign addressing negative impacts of substance use, etc.

Building knowledge leading to action for Oral Health
## PHYSICAL HEALTH
### 2024 Budget

### Overview

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Spent</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Year</td>
<td>$2,000,000</td>
<td>$1,500,478.10</td>
<td>$499,521.90</td>
</tr>
<tr>
<td>Cycle to Date</td>
<td>$2,000,000</td>
<td>$1,500,478.10</td>
<td>$499,521.90</td>
</tr>
<tr>
<td>Yearly</td>
<td>$500,000</td>
<td>$382,841.00</td>
<td>$499,521.90</td>
</tr>
<tr>
<td>Yearly Mini-Grant</td>
<td>$0</td>
<td>$0.00</td>
<td>$0.00</td>
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<tr>
<td>Yearly Standard Grant</td>
<td>$500,000</td>
<td>$382,841.00</td>
<td>$117,159.00</td>
</tr>
</tbody>
</table>

Currently Allocated: $382,841 = available to BLUE measures, per previous agreements (See A-16)

### By Future State Measure (5 year)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Budget*</th>
<th>Spent</th>
<th>Available</th>
<th>Currently Allocated</th>
<th>Projected Available</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease (1)</td>
<td>$15,048.81</td>
<td>$15,048.81</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit, Veggie &amp; Activity (2)</td>
<td>$544,970.00</td>
<td>$544,970.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable Disease (3)</td>
<td>$23,639.75</td>
<td>$23,639.75</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obesity (4)</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combined Funds</td>
<td>$382,841.00</td>
<td>$382,841.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexually Transmitted Illness (5)</td>
<td>$500,000.00</td>
<td>$500,000.00</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wellness and Dental (6)</td>
<td>$500,000.00</td>
<td>$478.54</td>
<td>$499,521.46</td>
<td></td>
<td>$499,521.46</td>
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</tbody>
</table>

*Budget for each FSM reflects the agreed upon 5 year 'soft budget' minus the portion contributed to shared mini grant budget.
<table>
<thead>
<tr>
<th>Request For Proposal (RFP)</th>
<th>Request For Application (RFA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What</strong></td>
<td>The workgroup creates an idea for a project or program, then approaches community entities that may be interested in carrying out the project. Workgroup requests that they apply for the opportunity.</td>
</tr>
<tr>
<td></td>
<td>Workgroup releases a Request for Proposal (RFP) to solicit applications for grants that address specific strategic directions and future state measures. Required if multiple entities could perform the work.</td>
</tr>
<tr>
<td><strong>Pros</strong></td>
<td></td>
</tr>
<tr>
<td>• Pulls from broader range of ideas, greater variety of input</td>
<td>• Less risk for the applicant</td>
</tr>
<tr>
<td>• Greater competition between applicants</td>
<td>• Greater collaboration between workgroup and applicant</td>
</tr>
<tr>
<td>• Opportunity offered to multiple entities</td>
<td>• Less for the workgroup to review</td>
</tr>
<tr>
<td><strong>Cons</strong></td>
<td></td>
</tr>
<tr>
<td>• More for the workgroup to review</td>
<td>• Workgroup only solicits applications from a few they are serious about</td>
</tr>
<tr>
<td>• Less collaborative with applicant</td>
<td>• Predefined criteria in RFAs may overlook important nuances or variations in proposals, leading to less comprehensive solutions.</td>
</tr>
<tr>
<td>• Greater competition between applicants</td>
<td></td>
</tr>
</tbody>
</table>
Examples of accepted HRS expenditures

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.

State and federal criteria

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. Additionally, as noted in the definition above, HRS cannot be used for a covered service. All examples in this document are assumed to be for non-covered services.

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): Services delivered to an individual OHP member to address social needs 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.

Purpose

The purpose of this document is to provide a list of CCO HRS expenditures that have been accepted by OHA as meeting HRS criteria and those that have not been accepted. While this document includes examples of prior HRS expenditures, HRS spending by CCOs remains at the CCOs’ discretion. Examples included here are examples only and do not indicate that CCOs must provide these as HRS. Additionally, as noted in the definition above, HRS cannot be used for a covered service.
Examples of accepted HRS expenditures: flexible services and community benefit initiatives

### Communications
- 24-hour nurse advice call line accessible after clinic and business hours
- Cell phones (or other mobile devices) and cell phone minutes or data to communicate with providers (including telehealth access), the CCO and potential employers
- Computers, laptops and tablets for educational purposes and/or communicating with providers (including telehealth access), the CCO and potential employers
- Monthly Wi-Fi/internet bills to access online patient portals and communicate with providers (including telehealth access), the CCO and potential employers, and/or to access remote education
- Payment of past due phone bill to prevent shut-off of services
- Peer counselor warmline services for individuals experiencing mental health needs
- Protective cases for cell phones, other mobile devices and other technology equipment to prevent damage and maintain access
- Software applications and devices for members to support communication and improve learning and social skills

### Education
- **Adverse childhood experiences (ACEs) and community resilience training for community members**
- Coordination and outreach to increase vaccine confidence and increase childhood immunization rates
- Development of social media materials focused on increasing health literacy around pain science and effective pain management
- Diabetes **risk management program** in Spanish, including a weekly walking group and culturally specific nutrition education. Note: this program is not the National Diabetes Prevention Program (DPP), which is a covered benefit.
- Evidence-based health education to support members in understanding new diagnoses and managing chronic conditions
- Financial literacy counseling and community-wide classes on debt consolidation, budgeting, credit report reviews and managing housing and student loans
- Free books during wellness visits for children 3–6 years old; book gifting program that mails free books to children every month from birth to age five; child literacy and free book programming
- General education development (GED) preparatory courses and test fees
- **Hands-on education kits** to supplement remote-only education received during the pandemic
- Land use and homeownership trainings
- Livestreamed musical performances for seniors to reduce social isolation and improve overall wellness
- Long-term mentoring program for children facing adversity and/or at risk of dropping out of school
- Preschool and kindergarten readiness programs, including preschool enrollment fees and tuition
- Program that connects youth to employment and career pathway opportunities
- Program that partners students involved in special education classes with general education peer helpers/mentors and provides instruction in personal hygiene, physical activity and nutrition
- Program that provides academic help and enrichment in science and the arts
- Resource coordination for at-risk youth in a local school district
- School district’s trauma-informed practices training
- Seasonal camps and group classes focused on preserving Indigenous culture, language and wellness
- **Series of teen workshops at a local library focused on** wellness, stress management and healthy relationships
- Trainings, books and resources about body safety, boundaries and consent for children of all ages
- Youth leadership intern program focused on climate and social justice
### Family resources
- Advocacy services for children in the court system
- Bassinetttes, strollers, highchairs, portable cribs, baby formula, car seats and other items for infant health and safety
- Capacity building for a local relief nursery to expand family services and resources
- Child adoption fees
- Educational book in Spanish and English for parents of children with a new disability diagnosis
- Evidence-based, psychoeducational parenting program for fathers
- Local organization supporting foster family recruitment and retention through community education sessions, social and wellness events, and childcare supplies
- Medical liaison program to increase communication and collaboration between Oregon Department of Human Services (ODHS), medical providers and foster families
- Online educational videos and support groups for pregnant people
- Outreach, awareness building and improved cultural responsiveness efforts of community doula program
- Parenting classes and support groups for parents of neurodivergent youth
- Postpartum doula services, yoga classes and music classes for new parents and babies
- Recruitment and training of court-appointed volunteer advocates for foster kids
- Stethoscope to monitor a newborn’s heart condition
- Tobacco cessation incentive programs for pregnant people; substance use and addiction supports for expectant parents who want to maintain sobriety

### Food access
- Additional resources for a mobile food pantry, including replacing a refrigerated vehicle, to ensure food is provided across a community’s wide geography
- Blenders, supplements and nutritional drinks for members recovering from medical procedures
- Capacity building and resources for community kitchens, food banks, mobile food pantries and other community food programs to increase ability to provide food
- Community-supported agriculture (CSA) scholarship program to support access to nutritious foods and local farmers
- Culturally specific grocery items and outreach materials for a community kitchen that welcomes recently arrived refugees
- Evidence-based nutrition education programs and cooking demonstrations provided in public schools and community centers to support healthy eating habits
- Food bank programs that teach about growing food, food production, cooking or nutrition
- Free summer lunches and take-home meal programs for school-aged children and their families
- Grocery store gift cards or vouchers
- Produce and food prescription programs offering tailored nutrition education and produce prescriptions (“scripts”)
- Ready-to-eat meals and grocery box delivery services
- School-based garden program to increase understanding of food systems and local produce in lunches
- Vouchers, tokens and match programs at local farmers markets to support individuals enrolled in Supplemental Nutrition Assistance Program (SNAP) in accessing local, nutritious produce and proteins, like Double Up Food Bucks and Protein Bucks incentive programs

### Health information technology (HIT)
- Community information exchange (CIE) subscriptions and deployment to local providers, social service agencies and community-based organizations
**Health information technology (HIT)**

- Health information exchange (HIE) platforms for local clinics and providers to share care plans with patients and care team.
- “HIT Bonus” incentives for community providers that adopt HIT improvements and submit clinical data for outcome tracking.
- HIT improvements for an organization that provides electronic data sharing.
- New electronic health record (EHR) platforms for behavioral health providers, addiction recovery centers, local clinics and local public health departments.
- Online population health management platforms to inform and address health equity and quality improvement goals.
- Online portal improvements to provide CCO members on-demand access to health information without third party software involvement.
- PreManage subscriptions for local providers.
- Telehealth booths in a local library for patients to meet virtually and confidentially with healthcare providers.

**Housing improvements**

- Elevator repair to ADA standards in a senior living center that provides wraparound services, meals, transportation and a social space for seniors.
- Hoarding assistance and cleaning services to remove trash and other health hazards from members’ living spaces, dumpster rental and disposal fees.
- Home security cameras and systems to support the safety or sense of well-being of a member, such as families with children with developmental disabilities, families with older adults with dementia, or for members with mental health-related or trauma-related needs.
- Household amenities, like bathroom rugs, window coverings, soap dispensers and towels.
- Household appliances, like refrigerators, stoves, microwaves, toasters, washing machines and blenders.
- Household furniture, like beds and bedding, mattresses, couches, dining tables and chairs.
- In-home air quality and safety assessments, and purchase and installation of home air filtration devices to improve health during fire season.
- Installations of wheelchair ramps, wheelchair-accessible entryways and showers, elevated toilets, grab bars and other accessibility improvements to support older members and members living with disabilities to age in place.
- Mold, mildew and lead assessment and removal.
- Pest extermination, bedbug removal and biohazard cleaning services.
- Portable and window air conditioning units, air filtration devices and fans.
- Portable generators, space heaters, furnace filters and repairs to home heat pumps and water heaters.
- Weather-proofing supplies like drywall replacement, tarps and roof-patching materials.

**Housing services and supports**

- Campground, RV and mobile home parking fees and Safe Parking programs that provide a safe place for individuals and their belongings.
- Capacity building for local organization to provide meals, shelter, hygiene resources and medical and social service referrals.
- Expansion of supportive services program for transition age (16‒24) youth at risk of or experiencing houselessness.
- Lease and rental deposits.
- Moving service for members relocating.
- One month or partial rent payments for members at risk of houselessness.
- Past-due rent and utility payments, and short-term rent and utility payment assistance programs.
### Housing services and supports

- Storage unit fees for member to store belongings while looking for housing
- Support for a housing program for women and their children who have been or are at risk of becoming houseless
- Temporary hotel/motel stays and recuperative care programs for members recovering from a medical procedure or experiencing a housing transition
- Tents, tarps, rubber straps, sleeping bags, handwarmers, outdoor showers, portable toilets, burner fuel, coolers, portable gas stoves and other camping/shelter equipment (for members experiencing houselessness or staying in mobile homes, trailers or vehicles)
- Warming and cooling shelters to protect community members from inclement weather or severe weather events

### Legal supports and documentation

- Background checks for members to obtain employment
- Financial management services provided by a legal payee for members who are not able to manage their finances
- Immigration legal status consultations with an immigration attorney or accredited representative, attorney fees and federal immigration filing fees
- Legal advocacy assistance program to help negotiate reduced housing costs, contest eviction notices, file paperwork or address other legal housing issues
- Renewal or replacement driver’s licenses, birth certificates and social security cards for members to legally drive and apply for Housing and Urban Development (HUD) assistance and other assistance programs

### Mental health

- Art therapy program focused on exploring emotions through art and reducing stigma of mental health issues
- Community healing circles, emotional navigation support and other culturally specific services for Latino/a/x community members
- Equine-assisted mental health program to improve self-regulation, socialization and motor behaviors in children with autism spectrum disorder
- Evidence-based clubhouse model programs to support members living with mental illness
- Mental health first aid training for community members to learn how to identify, understand and provide initial response to signs of mental illnesses and substance use disorders
- Non-covered reintegration therapy costs for a child prior to reunification with parents
- Postvention resources and books to support children’s mental health after an unexpected death
- Safe spaces for LGBTQIA2S+ community members, including peer support, group meetings and drop-in services, and bi-monthly parent and caregiver support groups
- Training materials and participation fees for dialectical behavioral therapy skills training

### Personal items and non-covered durable medical equipment

- Art supplies, instruments, music players and other creative supplies to aid in behavioral health therapies
- Board games to facilitate family connection and promote overall wellness
- Business professional clothing to support members during interviews and in obtaining employment
- Central line covers
- Chest binders, electrolysis and other gender-affirming supports to reduce gender dysphoria and improve overall physical and psychological wellbeing
- Chewable items to prevent members from chewing non-food items
- Compression socks and wraps
- Fidget toys, swings, tents, sound machines and other sensory devices to meet member sensory needs
<table>
<thead>
<tr>
<th>Personal items and non-covered durable medical equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Forehead and ear thermometers</td>
</tr>
<tr>
<td>• Glucometer and blood pressure machines for at-home monitoring of health issues</td>
</tr>
<tr>
<td>• Heating blankets and pads to mitigate members’ chronic pain</td>
</tr>
<tr>
<td>• High-capacity weight scales</td>
</tr>
<tr>
<td>• Lontophoresis device for a member with focal hyperhidrosis</td>
</tr>
<tr>
<td>• Medical ID and alert bracelets, lanyards and buttons</td>
</tr>
<tr>
<td>• Nocturnal enuresis alarms</td>
</tr>
<tr>
<td>• Non-covered cranial electrotherapy device to treat member’s anxiety and depression</td>
</tr>
<tr>
<td>• Non-covered sound amplification devices to help with member hearing</td>
</tr>
<tr>
<td>• Pill/medication dispensers, medication reminder apps</td>
</tr>
<tr>
<td>• Portable wheelchair ramps</td>
</tr>
<tr>
<td>• Power scooters, wheelchairs, crutches and walking canes to aid in member mobility</td>
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<tr>
<td>• Powered sit-to-stand lift chairs and bath chairs</td>
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<tr>
<td>• Prosthetics and orthotics</td>
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<tr>
<td>• Protective covers, carriers, chargers, batteries and replacement wheels for mobility devices</td>
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<tr>
<td>• Pulse oximeters</td>
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<tr>
<td>• Seat and handheld massagers to treat chronic pain</td>
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<tr>
<td>• Self-cooling insulin storage wallets</td>
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<tr>
<td>• Shampoo, conditioner, deodorant, soap and sanitation wipes to facilitate healthy hygiene practice</td>
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<tr>
<td>• Shaped pillow to mitigate a member’s chronic pain while sitting</td>
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<tr>
<td>• Sharps containers</td>
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<tr>
<td>• Side-lying pillow for member with neurological impairment</td>
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<tr>
<td>• Sun protective clothing to reduce skin exposure</td>
</tr>
<tr>
<td>• Tampons, pads and other menstruation products</td>
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<tr>
<td>• Therapy lamps/light boxes to treat anxiety and depression</td>
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<tr>
<td>• <strong>Toothbrushes, fluoride rinse, floss and water flossers</strong></td>
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<tr>
<td>• Wedge pillows to elevate legs and reduce swelling, treat gastroesophageal reflux disorder (GERD), reduce chronic pain and improve sleep comfort</td>
</tr>
<tr>
<td>• Weighted vests or blankets for members to reduce sensory triggers</td>
</tr>
<tr>
<td>• Wool socks, winter coats, heated gloves, boots and other protective gear</td>
</tr>
<tr>
<td>• Workbooks and planners for attention-deficit/hyperactivity disorder (ADHD) and anxiety management</td>
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<tr>
<td><strong>Physical activity</strong></td>
</tr>
<tr>
<td>• Activity tracking watch/bracelets and scales</td>
</tr>
<tr>
<td>• Athletic apparel like athletic shoes, cleats, swimsuits, shorts and lifting gloves</td>
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<tr>
<td>• Dance, martial arts, tennis, hiking and other group exercise classes</td>
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<tr>
<td>• Gym or community center memberships</td>
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<tr>
<td>• Health and wellness program focused on nutrition, fitness and stress reduction</td>
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<tr>
<td>• Playground equipment for a local park to increase access to greenspaces and encourage physical activity</td>
</tr>
<tr>
<td>• Pool passes</td>
</tr>
<tr>
<td>• Treadmills, trampolines, dumbbells, bicycles, helmets and other personal exercise equipment</td>
</tr>
<tr>
<td>• Youth recreation sports league enrollment fees, uniforms, soccer balls, baseball bats and helmets</td>
</tr>
</tbody>
</table>
# Prevention
- Awards and incentives for patients as they complete diabetes prevention and treatment programming
- Care coordinator who assists members and families with complex physical/social needs in a community-based setting
- Culturally specific outreach and engagement services to immigrants and refugees to provide social navigation services
- Incentives for completing primary care visits, adolescent well-care visits, colorectal cancer screenings and other preventive visits
- Incentives for engaging in primary care and behavioral health care
- Incentives for teachers and schools to increase student participation in a school-based dental sealant program
- Locking medication bags and gun trigger locks to support safety plans of families with youth considered at risk of suicide
- Preventive behavioral health services, peer support and resource navigation to reduce the development or severity of behavioral health conditions
- Publication on suicide awareness and prevention for community-wide distribution
- Purchase of community-accessible automated external defibrillators and training of residents in cardiopulmonary resuscitation
- Smoke monitoring stations at schools to help determine when it is safe to engage in outdoor activities
- Voucher system for expectant and new parents to encourage completing provider visits (obstetrics/pediatric) and attending community sponsored classes (WIC/parenting)

# Substance use support and prevention
- Alternative services to manage patients being tapered from chronic opioids, like mindfulness, cognitive behavioral therapy (CBT), pain education, movement and nutrition
- Communications project to raise provider and community awareness, increase use of naloxone and reduce the amount of unused prescription medications in the community
- County narcotics team provision of drug prevention trainings and educational opportunities to county agencies and individuals, including law enforcement personnel, schools, landlords and the general public
- Group horsemanship/equine therapy program for behavioral health in foster youth and disabled adults
- Harm reduction programs and supplies, including safe needle exchange programs, safe injection supplies, wound care supplies, safer sex supplies, risk reduction counseling, naloxone kits, fentanyl strips, referrals to agencies and organizations
- Peer-led 12 Step + 5 program for members with mental illness and substance use disorder
- Recovery café model for adults struggling with drug and alcohol addiction

# Transportation
- Airline ticket for relocating member experiencing domestic violence
- Baggage fees for members traveling out of state to receive treatment
- Bicycle, bike pump, helmet and bike lock
- Bus/TRIMET passes, HOP cards and taxi rides
- Car payments, vehicle insurance payments, DEQ inspection and tags
- Car repairs and replacement car keys
- Gas cards
- Parking passes
Transportation

- Ride program for trips not covered under the Medicaid benefit, such as: grocery trips, health and wellness education classes, support groups, gym trips, court hearings, community forums, warming and cooling shelters, and other social services
- Vehicle purchase for a community-based non-medical transportation program

Other non-covered services

- Denture replacements, braces, teeth extractions and other non-covered dental and orthodontic services
- Eye exams and glasses
- Non-covered in-home adult caregiving services
- Over-the-counter (OTC) medicine for pain and anxiety
- Postage for medication delivery
- Treatment for damaged and breaking hair to help a member's mental health

Examples of rejected HRS expenditures: flexible services and community benefit initiatives

For more information about HRS exclusions, please read the HRS Brief and HRS FAQ.

Assessments, evaluation and research

- Evaluation of community information exchange (CIE) platform successes and challenges
- Incentives to participate in a community health assessment (CHA)
- Research and exploration of county childcare needs
- Regional food system gaps and assets assessment

Capital investments

- Building a nonprofit, integrated physical and behavioral health center
- Building an indoor community recreation center for the Parks & Recreation District
- Building renovations for a clinic or health system to meet ADA standards

Staffing, salary and hiring costs for CCO, health system or clinic staff

- Care coordinator staffing for a network primary care office
- Hiring and training a mobile staff person to assist with unhoused client services

Provider training and certification

- Educational programming for current behavioral health providers to acquire respective licensures or certifications
- Primary care provider (PCP) training to enhance ability to treat chronic and complex illness
- Provider vaccine hesitancy training
- Traditional health worker (THW) training to quickly increase the number of certified THWs
- Training and certification costs to become a provider, regardless of provider type (for example, nurse, physician, traditional health worker, licensed clinical social worker, medical assistant, etc.)

Resources:

- OHA HRS webpage: https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Health-Related-Services.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/section-158.150
• 45 CFR 158.151: https://www.ecfr.gov/current/title-45/section-158.151

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