eocco EASTERN OREGON COORDINATED CARE ORGANIZATION		Policy & Procedure	
Company:	EOCCO	**Department Name:**	Medicaid Services
Subject:	Flexible Services		
Division:	Medicaid		

I. Policy Statement and Purpose

EOCCO will use Flexible Services when appropriate. EOCCO needs to offer Flexible Services for EOCCO members as required by the Oregon Health Authority (OHA). These Flexible Services work to improve care with no cost for the member.

II. Definitions

A. Flexible Services: Non-covered services under Oregon's Medicaid State Plan to help care delivery and member and community health. The goal of Flexible Services is to encourage the use of helping resources and help a member's social determinants of health to help health outcomes. To be considered a Flexible Service, a service must meet the requirements for:
   a. Activities that help healthcare quality as defined by Federal Law (45 CFR 158.150)
   b. Costs related to Health Information Technology and important use requirements to help healthcare quality, as defined in 45 CFR 158.151

III. Procedure

A. Flexible Services may be given by clinical or non-clinical providers. Below are some examples:
   a. Educations for improving health or health management. Examples are classes and health meal preparation or diabetes self-management.
   b. Care coordination, navigation or case management activities that are no covered under Oregon Health Plan benefits.
   c. Home and living environment items that are not usually covered. Examples are non-Durable Medical Equipment (DME) items to help movement, access, cleanliness, or other items that help a certain health condition. Some examples are an air conditioner, athletic shoes, or a special clothing.
   d. Transportation that is not a Oregon Health Plan benefit, like a ride somewhere that is not for a medical appointment.
   e. Program that helps community or public health. Some examples are a farmers market or workforce development.
   f. Housing supports related to social determinants of health. Some examples are temporary housing or shelter, utilities, or important repairs.
   g. Help with food or social resources. Some examples or supplemental food or referral or job training or social services.
   h. Other non-covered services that comport

B. Asking for Flexible Services
   a. EOCCO tells providers that they can request Flexible Services for EOCCO members.

i. EOCCO shares this through the Provider Manual, trainings, and at the Local and Regional Community Advisory Councils.

b. The EOCCO Flexible Services Request for is available on the EOCCO website:
   i. On the member webpage under your resources and forms: https://www.eocco.com/members/your-resources/member-forms
   ii. On the provider webpage under Resources and Forms: https://www.eocco.com/providers/forms

c. EOCCO members, member representative, or a representative from the member's care team, as well as, community partners may submit to EOCCO a written request. This can be through the form, paper, fax, email or a telephonic request. Health Related Social Need requests that are denied may be reviewed under the Flexible Services benefit without members having to submit a separate request.
   i. A representative of the member's care team can include:
      1. Primary Care Provider (PCP)
      2. Specialist
      3. Social Worker
      4. Aging and Peopled with Disabilities (APD) Case Worker
      5. Traditional Health Worker (THW)

C. Review and Approval Process
   a. All requests for Flexible Services from a clinical or non-clinical providers will be shared with the EOCCO Care Coordination team.
   b. If the member is already assigned to a Case Manager, the request will be shared to that Case Manager. They will be responsible for reviewing the request.
   c. If the member does not have an assigned Case Manger, it will be placed in the Clinical Care Advance Flexible Service ordered list. Urgent requests will be higher on the list to be reviewed sooner. A Care Coordinated will be assigned to review.
   d. The Care Coordinator will check to make sure:
      i. The service may help improve your health.
      ii. The service fits with your care plan.
      iii. There are no other community programs or services that can meet the same need first.
   e. If another program can help, your Care Coordinator will help connect you to that resource.
   f. If your request meets the requirements and can be approved right away, your Care Coordinator will approve it.
   g. Some requests need extra review by EOCCO leaders before a decision is made.
   h. If your request is approved, your Care Coordinator will:
      i. Arrange or purchase the approved item or service.
      ii. Document the service in your care record.
      iii. Let you and your provider know what service or item was approved.
   i. If your request is denied, your Care Coordinator will send a letter to you and your provider. The letter will explain the decision and tell you how to file a grievance if you disagree

D. Pause or cancel of Flexible Services Requests
   a. If EOCCO temporarily stops accepting Flexible Service requests, EOCCO will post a notice on its website at least 30 days before the change.
   b. The notice will explain:

i. When the pause will start.
ii. How long the pause is expected to last.
iii. That requests received before the pause will still be reviewed.
iv. That new requests will not be accepted during the pause.

c. When EOCCO starts accepting requests again, a new notice will be posted with:
i. The date new requests can be submitted.
ii. How and where to submit a request.

E. Community Benefit Reinvestment Projects (CBIR)
a. CBIR projects help improve health and well-being for EOCCO members and local communities. These projects focus on community needs, better health care, and healthier lives.
b. Examples of CBIR projects may include:
i. Language support services
ii. Programs that help children get ready for school
iii. Improving access to health care
iv. Community projects that address social needs
c. Who Can Apply?
i. Organizations that serve EOCCO members or communities may apply for CBIR funding. This may include:
1. Health care providers
2. Community organizations
3. Nonprofit organizations
4. Local community partnerships
d. Applications are available on the EOCCO website.
e. How Projects Are Approved
i. Local Community Advisory Councils (LCACs) review project applications and recommend which projects should receive funding.
ii. EOCCO and its partners review applications, and the EOCCO Board makes the final funding decisions.

Learn more about Flexible Services at https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le4329.pdf. You can also call EOCCO Customer Service at 1-888-788-9821.

You can get this document in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 1-888-788-9821 or TTY 711. We accept relay calls.

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 1-888-788-9821 o TTY 711. Aceptamos todas las llamadas de retransmisión.